

**Staff Assistance Visit  
National Detention Standards Assessment**

**El Paso Field Office  
Albuquerque Regional Correctional Center  
Bernalillo County  
July 11-13, 2007**

**Proposed Corrective Action Plan  
Update 09-05-07**

**DETAINEE SERVICES STANDARDS**

**ACCESS TO LEGAL MATERIALS**

**Acceptable**

**ADMISSION AND RELEASE**

**Acceptable**

1. Detainee handbook is not being handed out at admission. Admission stated that they are handed out at the housing unit. In the housing unit there is one superimposed handbook, but not everyone receives a copy.

Corrective Action:

*RCC is in compliance with the intent of this standard. Handbooks are available to detainees within each housing unit. This is a more efficient and effective process since detainees are in the admission/discharge area for a very brief period (less than two hours) before entering the units. To further enhance this process there is one extra large laminated format that is stationed at the officer's desk. This will be updated by 8-14-07.*

**Resolved - The Detainee Handbook was completed on August 9, 2007 and forwarded to a contract translation service for printing in Spanish. ICE Quality Assurance Robert Rillamis was provided an electronic copy. The Detainee Handbook will be issued to detainees upon intake.**

2. There are no Spanish versions available at the time of the review.

Corrective Action:

*RCC is in compliance with the intent of this standard. A Spanish version of the handbook is available in all ICE housing units. Although we are in the process of updating the handbook, the current version contains the majority of the information that new intakes would need to know upon initial intake.*

*The revised handbook will be published in Spanish by 8-14-07.*

**Resolved - The Detainee Handbook was completed on August 9, 2007 and forwarded to a contract translator.**

**CLASSIFICATION SYSTEM**

**Acceptable**

1. Several times during the review, this reviewer had seen the mixing of classification level one with level three. This error was corrected before the review was completed. It was determined that the local ICE office needed to provide classification information to the facility to provide accurate classification information on all detainees.

Corrective Action:

RCC staff have requested form 213 and 203 without success. The local ICE field office has agreed to provide classification documents (e.g. forms 213 and 203) to RCC effective immediately. RCC staff will work closely with the ICE field office RCC liaison to obtain any missing information. ICE is working on obtaining the missing information on detainees. ICE will provide the missing information by July 27, 2007. RCC will develop a plan for managing the recreation for detainees which are pending classification information by August 16, 2007.

**Immigration Officials have committed to providing this information to allow classification. Detainees arriving without form 213's, will be segregated until their security level can be determined.**

**CORRESPONDENCE AND OTHER MAIL**

**Acceptable**

**DETAINEE HANDBOOK**

**Deficient**

There are currently two types of handbooks used at the RCC. One is the Cornell Companies, Inc Inmate Orientation Handbook, which is a generic handbook that is not facility specific. This handbook is given to all detainees including the ICE detainees. ICE detainees receive an additional handbook which supplements the Orientation Handbook. This is the RCC ICE Detainee Handbook. It was revised on 4/23/07.

1. This reviewer has marked this area deficient, because there is no Spanish version that is available and the lack of directions of the telephone system. The staff has stated there is a Spanish version, but this reviewer was unable to obtain a copy through normal means. The detainee population predominantly speaks and reads Spanish.

Corrective Action:

RCC is in compliance with the intent of this standard and a deficient rating is not supported. The facility does have two specific hand books; one for domestic (USMS) detainees, the other is for ICE detainees. Both handbooks are specifically identified for the correct detainee population. Furthermore, a Spanish version of the hand book is available in all ICE housing units. Although we are in the process of updating the handbook, the current version contains the majority of the information that new intakes would need to know upon initial intake.

*The revised handbook will be published in Spanish by 8-14-07.*

**Resolved - The updated Detainee Handbook was completed on August 9, 2007, and forwarded to a contract translation service for printing in Spanish.**

2. Due to the current demands placed on ICE for detainees access to telephones, it is important that the detainees have instructions on use of the telephones. In the housing units the Free-Direct access list is current, but the directions for use are limited and only in English. The local ICE office stated this is being corrected. In the handbook there are no directions for access to Free-Direct or debit calls.

Corrective Action:

*The detention standards do not require the above information be incorporated into the hand book. However, we will include this information into the revised copy of the handbook. At the time of the review, phone directions were posted in a locked bulletin board within each unit, and available for the detainee to review. While we are in compliance, we will continue to provide additional telephone instructions adjacent to the phones. There are several areas in this section that meet the intent of the standard, but can be improved to assist the orderly running of the institution.*

***Resolved - English and Spanish instructions and necessary telephone numbers will be securely posted above all detainee telephones by August 10, 2007. ICE worked with PCS to revamp the detainee access to the Pro-Bono platform.***

**FOOD SERVICE**

**Acceptable**

**FOOD SERVICE**

1. Satellite feeding is utilized without the use of heated carts. Temperatures were taken in the kitchen at the steam table, in the tray, and at the housing unit, during the lunch time meal on 7/12/07. The temperature of the chicken staple at the steam table was 158 deg., carrots 180 deg. The temperature on the serving tray before leaving the kitchen, the chicken was 140 deg. and the carrots were 146 deg. Fifteen minute passed before serving in the unit. The chicken was 132 deg. and the carrots were 118 deg.

Corrective Action:

*We are in compliance with the intent of this standard. The ICE standard requires hot food to leave the serving line at 140+ degree and must be served within a two-hour window for food safety. This ICE standard is consistent with national food preparation standards (FDA code 3-501.19). Even though we are in compliance with the standard, and the point-of-delivery food temperature may be below 140 degrees, we are well within the two-hour serve time, as pointed out in the auditor's finding (observed meal was delivered to the detainee fifteen minutes after it was pre-plated.) While a slight lowering of the temperature is acceptable from a health integrity standpoint, a question of palatability of various food items sensitive to temperature is raised. Accordingly, housing units do contain microwaves where a detainee can heat up their food item to satisfy personal food temperature desires. To provide detainees with even more opportunity to heat up select food items, we will add additional microwaves to the larger housing units, and provide paper plates for reheating purposes.*

***RCC is researching thermal covers to be placed over food carts during delivery from the kitchen to the living areas to insulate and maintain appropriate food temperatures. The Metropolitan Detention Center is using a similar method of satellite food delivery.***

***RCC is fabricating (in house) a prototype insulated cover to be complete 09/07/07. Temperatures will be tested on this date to see if covers improve / maintain the heat from the serving line.***

2. The food service has given the females detainees the opportunity to work the lunch meal, due to complaints. On 7/11/07 FSA has scheduled 18 females to work the lunch meal, but only 5 detainees agreed to work. The other did not show because they stated they did not feel like working. This made the FS short handed and the lunch meal was served approximately two hours late.

Again on 7/11/07 11 females were scheduled to work, but only 8 showed up to work. The lunch meal was served on time.

Corrective Action:

*ICE standard require that all work performed by detainees must be voluntary, other than simple housekeeping. The ICE female detainees were given an opportunity to participate in a paid work assignment in the kitchen, however after various attempts to find willing participants, not enough ICE female volunteers could be recruited to constitute a dependable work crew. The food service area is now be staffed by volunteer USM detainees. This was a one time event and should not have been included in this report.*

***Resolved - Food service has a sufficient number of detainees assigned to perform all duties necessary to serve detainee meals in a timely manner.***

**FUNDS AND PERSONAL PROPERTY** **Acceptable**

**DETAINEE GRIEVANCE PROCEDURES** **Acceptable**

**GROUP PRESENTATIONS ON LEGAL RIGHTS** **Acceptable**

Legal groups were given more than enough time to give the briefings to all detainees. They were also given time for one on one explanation of individual cases.

**ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS** **Acceptable**

1. Undergarments are turned in and laundered together and detainees are issued clean used undergarments. They do not receive their own undergarments back.

Corrective Action:

*We are in compliance with the above detention standard. Bulk laundry and exchange is a common and acceptable practice provided the clothing is clean, serviceable and sanitary. The laundry equipment is checked to insure that water temperatures and appropriate laundry detergents meet clothing sanitation requirements.*

*However, due to the unique personal hygiene issues associated with female detainees, on 7-6-07 a modified clothing laundry/exchange program was implemented to allow only female detainees to receive their own undergarments back. (laundered via a mesh bag)*

*At this time, the RCC will not extend this program to the males due to the additional costs and labor associated with it. However, should ICE desire this to be added into their requirements, we would be pleased to discuss a modification to include such.*

***Resolved - Clothing exchange for male detainees will continue to be done daily on a one for one basis. Clothing exchange for female detainees allows for the return of the individuals undergarments. This is done in view of gender specific issues.***

2. This reviewer found three laundry workers (detainees) unsupervised for approximately 45 minutes at a time while the only laundry staff does laundry exchange in the housing units. This practice is an unacceptable security practice. Even though a security camera is in the room, the camera was not being observed by a control room.

Corrective Action:

*The laundry operation does have staff supervision. However, the area is also monitored by a camera in the control center. During the review, the ICE official questioned the officer in the control center and she became nervous and had difficulty operating the camera's. This officer was provided remedial training on how to operate and monitor the camera. There is no operational violation of the detention standards in this area. Adequate supervision is provided with a laundry room foreman and surveillance cameras. Additionally, post orders of the laundry supervisor and the control room officer will include notification that remote visual supervision is to be communicated and established between the two posts.*

***Resolved - A correctional position has been added to the north tower to facilitate monitoring the camera in the laundry area. Laundry staff will notify the officer whenever it becomes necessary to leave the laundry. A protocol was established in the form of a memorandum detailing this process. The Laundry Officer Post Order will be revised to reflect this change.***

**MARRIAGE REQUESTS**

**Acceptable**

**NON-MEDICAL ESCORTED TRIPS**

**Acceptable**

**RECREATION**

**At-Risk**

1. Detainees were observed in recreation without staff supervision.

Corrective Action:

*We agree with this finding and have taken immediate corrective action. The RCC post order specifies that the officer will continuously man the recreation post, and not depend of remote supervision via the control center's cameras. Appropriate staff has been assigned to escort detainees to and from the recreation area.*

***Resolved - The post orders require a constant staff supervision of detainees in recreation. This is being emphasized during staff training. All staff are currently receiving remedial training on detainee supervision. In addition this training is being conducted in the annual in-service training and pre-service training for all***

***new hires. We are currently conducting annual in-service in which all staff will complete by August 31, 2007.***

2. Level 1 and level 3 detainees were together on the first visit to the area and all levels were present in the same recreation yard on subsequent visits. This issue was reported to the facility and to local ICE staff to take immediate corrective action due to the risk of having various levels in recreation and with periodic staff absences

Corrective Action:

*Please refer to our response in finding #1, "CLASSIFICATION". RCC will develop a plan for managing the recreation for detainees which are pending classification information by August 16, 2007.*

***Resolved - This was the result of delays in classification due to the late receipt of form 213. Detainees who were unable to be classified upon admission will now be segregated until they are classified. They will then be assigned to an appropriate housing unit and will not be exposed to other detainees with non-compatible levels.***

3. The officers assigned to recreation also escort the detainees to and from their housing units.

Corrective Action:

*This is a redundant finding previously cited in this same section, under item #1. The RCC post order specifies that the officer will continuously man the recreation post. Appropriate staff have been assigned to escort detainees to and from the recreation area.*

***Resolved - Staff will now be assigned to recreation for the purpose of escorting detainees. Recreation staff will remain in the recreation unit.***

4. There was no recreation schedule. The supervising correctional officer in the area worked from her own schedule. She determines the unit recreation schedule based on her notebook and by using the camera system to scan the detention center floors and see which units are not involved in other activities such as meals, commissary, etc.

Corrective Action:

*A recreation schedule will be developed, posted for detainees and staff by July 27, 2007.*

***Resolved - A recreation schedule has been developed, will be followed, and posted in the housing units.***

**RELIGIOUS PRACTICES**

**Acceptable**

**ACCESS TO TELEPHONES**

**Deficient**

1. Information on telephone use needs to be readily available to detainees. Handbooks were not available.

Corrective Action:

ICE has provided laminate instructions for free calls for posting in the unit. The facility will develop a plan for posting telephone instructions for the detainee population in each housing unit by July 31, 2007 and implement the plan by August 10, 2007. We are not going to include the instructions in the handbook as it is not a requirement of the detention standard. We are going to notate in the handbook that these directions are posted on the bulletin boards and above the phone banks.

**Resolved - Directions in English and Spanish for use of the telephones will be securely mounted above all detainees' telephones by August 10, 2007. ICE worked with PCS to revamp the detainee access to the Pro-Bono platform.**

2. There was no Spanish language version of the handbook. Instructions for phone use were not in Spanish.

Corrective Action:

RCC is in compliance with the intent of this standard. A Spanish version of the handbook is available in all ICE housing units. Although we are in the process of updating the handbook, the current version contains the majority of the information that new intakes would need to know upon initial intake.

*The revised handbook will be published in Spanish by 8-14-07.*

**Resolved - The updated detainee handbook was completed on August 9, 2007 and forwarded to a contract translation service.**

3. Phone lists were not easy to read due to damage or placement. The OIG number was missing but was corrected during the review. Little information on the telephones is contained in the Detainee Handbook. The Handbook is not given to the detainees and the one available unit Handbook is not available in Spanish.

Corrective Action:

RCC has repeatedly posted this material and it is vandalized by the detainees. Recently installed locked bulletin boards have assisted, however, postings located adjacent to the phone banks continue to be vandalized. ICE has now provided laminated instructions, with the OIG phone number, for free calls for posting in the unit by August 10, 2007. These phone instructions / listed will be secured behind lexan sheets mounted to the walls with security screws.

**Resolved - As stated previously the necessary directions for use of the telephones will be securely posted above all detainee telephones by August 10, 2007.**

4. There are no instructions on the direct free access or calling card procedures. Access times in the handbook are incorrect.

**Resolved - The detainee handbook has been updated and contains the correct access times and instruction for calling card use. This information will also be posted on the unit bulletin board.**

Corrective Action:

ICE has provided laminated instructions, with the OIG phone number, for free calls for posting in the unit. The facility will develop a plan for posting telephone instructions for the detainee population in each housing unit by July 31, 2007 and implement the plan by August 10, 2007. These instructions will also be included in the Detainee Handbook.

5. There is no facility staff member designated to inspect the phones on a regular basis and to monitor phone repair/operation.

Corrective Action:

Daily security inspections to include phone checks are now being performed by the floor officer. These forms will be forwarded daily to the shift supervisor for review, signature and follow-up as necessary. These will be initiated July 23, 2007.

**Resolved - Administrative staff review of these security inspections began August 9, 2007.**

**VISITATION**

**Acceptable**

1. Visiting hours are somewhat limited given the large population. There is a handout that visitors receive from the facility. It is recommended that signage be placed in the lobby and that the information be included in the facility website.

Corrective Action:

RCC is in compliance with the standard. However, to enhance communication, the information that is currently given to the visitors when they sign in at the front entrance will also be posted, in a secure manner, in the lobby area. This will be completed by August 14, 2007.

**Resolved - Visiting directions have been posted in the front lobby. We do not have a facility website.**

2. Video conference room on upper floor could use some soundproofing to prevent poor sound quality.

Corrective Action:

RCC is in compliance with the standard and there have been no concerns raised in the past by staff or detainees. Nonetheless, this issue is being reviewed and sound quality will be enhanced by adding soundproofing panels to the room. This will be completed by 8-23-07.

**Instillation is on target for August 23, 2007.**

**VOLUNTARY WORK PROGRAM**

**Deficient**

Written procedures are in place. Food service detainee supervision meets standards.

1. Detainee voluntary work in other areas needs attention. Job descriptions and training were not able to be verified for detainee jobs other than food service.



Corrective Action:

RCC will develop job descriptions and training for ICE detainees, other than food service workers which are in compliance, for implementation by August 10, 2007.

**Resolved - Detainee position descriptions were completed on August 10, 2007 for all work assignments. Lesson plan for trainers will also be completed by August 17, 2007. .**

## HEALTH SERVICES STANDARDS

### HUNGER STRIKES

Acceptable

No documented hunger strikes. Policy explains care.

### MEDICAL CARE

Deficient

1. It is hot in medical due to no air-conditioning, only large fan. The detainees being kept in medical under observation were subjected to hot rooms.

Corrective Action:

RCC is not in violation of this standard. Temperatures in the unit have ranged from 79 degrees to a high during the review of 83 degrees. This is not considered a health or safety issue and does not pose any medical risk. The chilling system on the top of the roof was under repair and did not affect any other detainee living area. Repairs for this item have been expedited from the beginning, but the part had to be manufactured and a crane had to be scheduled to place the part on the roof. The RCC acted promptly and there is no standard violation.

**Resolved - The new air handler "chiller" was installed on July 19, 2007.**

2. Medical records door was open and accessible to anyone in clinic including guards.

Corrective Action:

On 7/13/07 staff responsible was immediately counseled on security procedures.

**Resolved - Medical staff received documented remedial training on their security responsibilities.**

3. In an X-ray room a medical supply box was found unlocked with syringes and needles accessible to detainees.

Corrective Action:

This is not a detention policy violation. The box observed was not a medical supply box, but a box that contained dental tools. This box contained dental irrigation syringes. These types of syringes do not have needles, nor were needles observed in the box. However, the dental irrigation syringes were removed from the dental supply box, inventoried and are now being stored in a locked cabinet.

**Resolved - The box has been removed from the x-ray room and the contents are secured in a locked cabinet. Contract medical staff received documented remedial training on their security responsibilities.**

4. Access to medical unit was done by pounding on the door to gain access from guard in medical unit. There is a call button to control area which is not staffed.

Corrective Action:

*This is not a detention standard violation. Staff entering medical can knock on the door or radio to gain access. RCC will consider other alternative means for possible enhancement.*

**Resolved - A call buzzer was installed on August 9, 2007 to alert the hospital officer that there are people at the door.**

5. In the X-Ray department, which is not connected, to the main medical unit was open. The chemical container area was open and accessible to anyone.

Corrective Action:

*On 7/13/07 staff responsible were counseled and retrained on proper security control. The chemical container observed was no longer in use and was empty.*

**Resolved - The chemical container has been removed and the staff received documented remedial training on their security responsibilities.**

6. Sharps available and not locked in dental.

Corrective Action:

*On 7/13/07 staff responsible were counseled and retrained on proper security control.*

**Resolved - These irrigation syringes were placed in a locked cabinet.**

NOTE: The ICE review team conducted a Chart review on 40 charts.

1. No documentation on PPD plants or readings in all charts even though forms available.

Corrective Action:

*Documentation does exist which shows that PPD plants are being done upon intake for all detainees that are not medically cleared upon arrival. This finding is based on the auditors recommendations that "previously cleared" or "chest x-ray" notation be documented on the PPD form. RCC will abide by this recommendation and implement immediately.*

**Resolved - PPD plants are being performed on all committed detainees with notations being placed on their vaccination log forms.**

2. Nursing documentation on continued cares inconsistent.

Corrective Action:

*This is a redundant finding on the exact same issue as item #1 above and should not have been cited twice. RCC will abide by this recommendation and implement immediately.*

**Resolved - Nursing care is now being documented on the detainees vaccination log form.**

3. No documentation on medication being released or transfer note on discharge or transfer

Corrective Action:

*Medication being released or transferred with a detainee was documented in a general log book. However, we have immediately implemented this recommendation and/or enhancement.*

**Resolved - Information concerning medication being released is contained on a medical clearance form. The original of the form is retained at our medical facility. This has been in practice since June 19, 2007.**

4. Medical consents signed on English side of sheet when detainee speaks Spanish. It is unable to be determined if consent was actually understood by detainee.

Corrective Action:

*All detainees had medical consent forms signed and there is no evidence that improper medical consents were obtained. However, staff will be retrained (July 27, 2007) and greater oversight will be provided to ensure compliance.*

**Resolved - Staff have received documented remedial training to ensure that the detainees read and sign consents in their preferred language.**

5. Physical exams were not done in 14 days according to standards.

Corrective Action:

*A policy is in place and we meet the intent of the standard, however more frequent auditing and review of the procedures will be conducted to insure full compliance. Remedial training on these procedures will be provided by July 27, 2007.*

**Resolved - A database was established and was on line August 9, 2007. This will insure physicals are performed on time.**

**SUICIDE PREVENTION AND INTERVENTION**

**Acceptable**

**TERMINAL ILLNESS, ADVANCED DIRECTIVES AND DEATH**

**Deficient**

1. No guidelines for addressing living wills or advanced directives. ICE has a policy for death. The death certificate on the death evaluated is available in a file.

Corrective Action:

RCC Corrective Action Plan  
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*RCC will incorporate the advanced directive information in the Detainee Handbook September 4, 2007.*

*As there is no standard requiring this advance directive information be included in the handbook, this is only a recommendation of an auditor. However the update detainee handbook will reference this topic and provide detainees information about the subject.*

**Facility case managers will be responsible for addressing living wills with terminal detainees. The facility hospital administrator will conduct training on this topic by August 14, 2007.**

**Special charts evaluated.**

Detainee [REDACTED] *btnc* a Guatemala male was sent to hospital on 10 July 2007. Detainee was seen in Emergency Department and by a Psychiatrist for having a convulsion and possible depression. According to the HAS detainee had suicide notes and a hangman noose in his SEG unit cell. Detainee also states he is a juvenile. Detainee was admitted to facility on June 19, 2007. He is currently under suicide watch in the medical unit. Fifteen minute observation is being maintained. There was no physical exam done on detainee since arrival in facility prior to convulsion.

Medical records indicate that no drugs except phenytoin found in which he received for his seizure in Emergency Department. Was seen in psychiatric unit and released to facility. He is being kept in Medical and evaluated by [REDACTED] contract psychiatrist.

According to ICE the detainee is not a juvenile. *btnc*

The plan is to continue monitoring for seizures and suicide attempts.

Detainee [REDACTED] was admitted to facility on 08/23/2006. Detainee was seen *btnc* 08/23/2006 for Physical. On 08/25/2006 was seen in clinic for rash and treated for rash with hydrocortisone cream. No documented complaint of abdominal pain or jaundice. Glucose sticks within acceptable range for diabetic. On 09/04/2006 was seen in clinic for abdominal pain. Detainee had jaundice and rausea. Biopsy at hospital showed metastatic cancer. Detainee was sent to hospital and diagnosed with pancreatic cancer. Detainee died in Hospice care on 09/11/2006.

## SECURITY AND CONTROL STANDARDS

### CONTRABAND

**Deficient**

1. There is a procedure but recent records, a contraband log and the contraband storage area were not available for review.

Corrective Action:

*RCC has a procedure in place and has counseled staff on following that procedure and will ensure compliance immediately. Retraining occurred on 7/16/07.*

**Resolved - There is a contraband log in the contraband storage area in this facility. Staffs are currently being trained on its use.**

## DETENTION FILES

Acceptable

Files reviewed were organized and contained necessary information.

1. The facility should continue to work with the ICE field office to obtain required ICE documents. The El Paso field office may want to take a stance on standardizing detention files for their AOR in light of the recent review of the El Paso SPC.

Corrective Action:

*We agree with the recommendation of standardizing detention files and RCC staff will work closely with the ICE field office RCC liaison to obtain any missing information. ICE is working on obtaining the missing information on detainees.*

***We have been assured by our ICE field office that all necessary information will be received at RCC in a timely fashion.***

2. The standard requires that "The field office with IGSA-facility jurisdiction shall create and maintain detention files on all detainees admitted to IGSA facilities. These files shall contain the same material (forms and other documents) as SPC/CDF detention files to the extent possible, given that they are created by the field office. For example, if the field office takes and holds detainee property, the detention file shall contain the G - 589's and I-77's. The file shall also contain copies of all I-203's and the G-385 related to the alien. The IGSA shall forward all documents relating to the individuals detention to the INS field office of jurisdiction for inclusion into the detention file." The field office unit needs to work on compliance with this aspect of the standard.

Corrective Action:

*We agree with the recommendation and RCC staff will work closely with the ICE field office RCC liaison.*

***RCC will do everything we can to facilitate the exchange of information between our field office and this facility.***

## DISCIPLINARY POLICY

Acceptable

1. The disciplinary rules and sanctions need to be posted in the units and contained in the Detainee Handbook to include a Spanish version.

Corrective Action:

*This information will be contained with the revised detainee handbook.*

***Resolved - This information is contained in the revised detainee handbook (English and Spanish) and posted on housing unit bulletin boards.***

2. The facility might consider separating the investigation and hearing chairperson roles to enhance neutrality.

Corrective Action:

*RCC will consider this recommendation.*

**Resolved - The investigator and hearing chairperson rolls are being fulfilled by different staff members.**

## **EMERGENCY PLANS**

**Deficient**

1. It is suggested a comprehensive general plan be developed containing the missing information from this worksheet. (Work/food strike, detainee transportation, adverse weather, internal search, and civil disturbance) It is further suggested the facility contact another Cornell facility and acquire the missing plans and tailor them to meet their needs.

Corrective Action:

*We have begun a full review the emergency plans and will have those missing sections in full compliance by August 16, 2007.*

**Resolved - A comprehensive set of emergency plans have been completed and approved by the Warden.**

## **ENVIRONMENTAL HEALTH AND SAFETY**

**Deficient**

The elements of a good environmental health and safety program are in place. There are some good procedures are in place. Practices and supervision appear to be in need of attention.

Concerns in this area include:

1. Training/certification for fire safety officer.

Corrective Action:

*The Safety Officer is scheduled to attend certification training August 1 – 5, 2007 in Socorro, New Mexico.*

**Resolved - The Safety Officer will complete his training certification August 10, 2007.**

2. Developing a comprehensive, central MSDS file.

Corrective Action:

*The centralized MSDS have been placed in the South Master Control Center, Correctional Supervisor's Office, Medical area, and the Warehouse. A memo was distributed to all staff on July 19, 2007 detailing the location of the books.*

**Resolved - This was completed 7-19-07.**

3. Checking MSDS availability throughout the facility.

Corrective Action:

*This item has been correct and MSDS sheets have been updated at each work station.*

**Resolved - The facility Safety Officer is responsible for monitoring MSDS throughout the facility.**

4. Developing an in-service training program for safety and sanitation issues.

Corrective Action:

*RCC will ensure a plan for conducting in-service training will be complete by August 16, 2007.*

**Resolved - All staff are currently undergoing remedial training on facility safety and sanitation. In addition this training is being conducted in the annual in-service training and the pre-service training for all new hires. We are currently conducting annual in-service training in which all staff will complete by August 31, 2007.**

5. There is a procedure in place for daily inspections of the living areas by officers. Supervisors need to review the daily inspections and take necessary action. Supervisory oversight will also help insure more uniform inspection results.

Corrective Action:

*The security inspection form has been developed and supervisors training will be conducted on July 20, 2007. The documented inspection program will begin 7-23-07.*

**Resolved - Security inspections are being completed daily. They are being logged and reviewed by administrative staff.**

6. There are also officers assigned to sanitation posts. A post order needs to be developed for these positions.

Corrective Action:

*This has been resolved. Post orders have been developed. These post orders have been reviewed and signed by the officers working those posts.*

**Resolved - Post orders for sanitation posts have been completed and will be signed by post Officers by August 10, 2007.**

7. The barber shop procedure is being finalized; equipment is in place but is apparently not in operation.

Corrective Action:

*This RCC issue was corrected and the barber shop was operational 7-17-07.*

**Resolved - Detainee position descriptions for barbers was completed on August 9, 2007. Barbershop equipment is in place and operational.**

8. During facility tours I observed a housing unit that had insufficient seating for detainees. Beds were in dayrooms. Trash was on the floor. Property boxes were being hoarded by some detainees. There were cardboard boxes being used as property boxes. Clothing was on the floor.

Corrective Action:

*The facility was designed for full satellite feeding, and adequate space/seating is provided in the dayroom and rooms/cells for detainees to eat their meals and participate in passive recreational activities (cards, televisions, movies, etc.) however, we will continue to review this item. Additionally, supervisors will be advised to address clutter,*

trash etc., while making daily rounds. This will be accomplished in accordance with the sanitation plan mentioned above, and supervisions will receive training on the plan July 20, 2007.

**Resolved - RCC has reviewed this concern further and will enhance the satellite feeding process by adding additional chairs for seating in the dayrooms. These chairs will be ordered on August 14, 2007. All staff are currently receiving remedial training on sanitation supervision. In addition this training is being conducted in the annual in-service training and pre-service training for all new hires. We are currently conducting annual in-service in which all staff will complete by August 31, 2007.**

9. The noon meal was being served at 2:45 pm. Detainees were sitting on the floor eating the meal due to insufficient chairs and tables in the dayroom.

Corrective Action:

See corrective action above.

**Resolved - Food service is sufficiently staffed to provide timely meals**

**HOLD ROOMS IN DETENTION FACILITIES**

**Acceptable**

1. It suggested that a Maximum Occupancy sign be posted on the Medical Holding Room. The Detail Waiting Room is used as a holding room.

Corrective Action:

This has been resolved. This space has the correct occupancy identified.

**Resolved - The maximum occupancy sign has been posted on the medical holding room.**

**Suggestion:** The design of the area (it wasn't designed as a Hold Room) is not appropriate for use as a Hold Room, If it is used, it is suggested that an officer be placed directly in the room (not outside the door in the hall) due to the type of entrance door (solid steel-no window) the blind spots in the room, the restroom door (solid steel-no window) and the shower in the room which can't be seen from the doorway -

Corrective Action:

While it is noted that this is only a suggestion, we are in compliance and while this space is rarely used, we will have a window installed for better visibility

**This project is scheduled for completion on August 24, 2007.**

**KEY AND LOCK CONTROL**

**Acceptable**

**This is an area of strength.** The Locksmith (32 years experience) at the facility has attended formalized training and is very knowledgeable. He has established a preventative maintenance program and has documented evidence that he is maintaining all locks.

**POPULATION COUNTS**

**Acceptable**



## POST ORDERS

Acceptable

1. A summary schedule indicating the daily activities which should take place needs to be drafted and placed in each post order.

Corrective Action:

*The Post Order is in compliance with standards and sound correctional practices. The suggestion of including a summary schedule is appropriate and will be included in all post orders by 8-16-07.*

**Daily activities are being listed in all post orders. This will be completed by August 16, 2007.**

## SECURITY INSPECTIONS

Acceptable

1. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager. It is suggested that a system be developed so that when staff identify concerns in their Fire and Security Inspection Reports, work orders are completed and the problem is tracked until it is resolved.

Corrective Action:

*A work order tracking system will be implemented by August 16, 2007*

**Resolved - A work order tracking system was put in place on August 8, 2007.**

2. Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.

Corrective Action:

*Procedures are being developed where all tools, will be the responsibility of the correctional security staff, with specific responsibility on effective posts (i.e. Front Entrance). These procedures and appropriate training on these new procedures will be finalized by 8-23-07.*

**Resolved - Contract / vendor tool inventories are the responsibility of the Front Desk Officer. This responsibility is noted in the post orders.**

3. The staff in the facility are very confused and are unsure as to whose responsibility it is to conduct inventories on contract vendors coming to the institution. It is suggested that the Front Entrance Officer be responsible for conducting the inventory. One copy of the inventory should be given to the contractor to keep while inside the facility while the other copy is maintained by the Front Lobby Officer so that prior to departing the facility the inventory can be verified.

Corrective Action:

*Security staff are conducting and maintaining inventories on all contract labor that bring tools into the facility. These procedures will be included in the corrective action mentioned above, with a completion date of 8-23-07.*

**Resolved - The Front Desk Officer's post orders require inventories on contract vendor's tools.**

4. Every search of the SMU and other housing units documented. There is a log book in SMU which staff are supposed to be using to document each cell searched but they are not utilizing the book. Staff need to be reminded of the importance of this requirement and the benefits for properly maintaining it.

Corrective Action:

Cell searches are being conducted, however not all staff are utilizing the new search log book. Recently, a "Cell Search" log book was created and instruction on the documentation of cell searches was given to staff. Supervisors and managers will daily inspect these logs to ensure compliance. Proper procedures for documentation cell searches will be contained within the post orders by 8-16-07.

**Resolved - A logbook has been created to document searches in the SMU. Officers are being trained on it's use in annual refresher training.**

**SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) Acceptable**

1. A health care professional visits every detainee at least three times a week.
  - The shift supervisor visits each detainee daily.  
Weekends and holidays.

A review of the unit log indicates that this is occurring however the health service staff are not documenting the individual SHU activity logs which will become part of the detainees detention file.

Corrective Action:

Although visits to the SMU are being conducted, they are not well documented. The segregation confinement record has been revised to include pertinent activities such as recreation, meals, medical staff visits, supervisor and case manager visits. Staff have been counseled accordingly. This was completed 7-19-07.

**Resolved - Health services staff are now documenting their visits on SMU activity logs. This is being overseen by the segregation lieutenant.**

Good Practice: The facility is recreating detainees in A/D seven days (7 hours) a week rather than the five hours required.

**SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) Acceptable**

1. The individual SHU activities sheets are not being used properly. All of the activities are not being documented. Staff need to be encouraged to use it and the importance of maintaining this document should be shared with them.

Corrective Action:

As noted above, this was resolved on 7-19-07 when the segregation confinement record was revised to include pertinent activities such as recreation, meals, medical staff visits, supervisor and case manager visits.

**Resolved - The special housing unit lieutenant ensures pertinent activities such as recreation, meals, medical visits, and case manager visits are noted on the segregation confinement record.**

## **TOOL CONTROL**

**At-Risk**

The tool control program is in dire need of attention. The new policy drafted is a great step in the right direction.

**COMMENT:** *We strongly disagree that this program is at-risk. We have a tool control policy that meets the intent of the ICE Detention Standards and is consistent with ACA Standards as well. Tools are inventoried, placed on shadow-boards, classified and controlled. Upon closer review of the other alleged deficiencies, there are some excellent recommendations that could further enhance our program. This will be addressed below.*

1. The new policy should identify the person responsible for the program. It should explain how new tools enter the facility. It is suggested that all tools enter the facility through the warehouse. Once in the warehouse, the responsible tool control authority should receive the tool, scribe it for the appropriate department, place it on an inventory and deliver it to the respective department.

**Corrective Action:**

*RCC has a tool control policy and meets the intent of the ICE standards. However a new policy is already in draft and will be further amended to incorporate the above recommendation. Target: August 16, 2007.*

***The target date of August 16, 2007 for the amended tool control policy is still accurate.***

2. A Master Inventory of all tools should be maintained by the Tool Control Authority for each department that has tools assigned to it, e.g. Maintenance, Food Service, Medical, etc. The Master Inventory should contain the current inventory as well as the revised inventory and lost or missing tool reports.

**Corrective Action:**

*As noted above, RCC has a tool control policy and meets the intent of the ICE standards. However a new policy is already in draft and will be further amended to incorporate the above recommendation. Target: August 16, 2007.*

***A master inventory of all tools will be maintained in departments having tools. There will also be a master inventory maintained by the facility tool control officer. This will be completed by August 16, 2007.***

3. Additionally, a report for any surveyed tools should be contained in the Master Inventory folder. This would allow the facility to track which tools are actually in the facility and prevent staff from bringing in new tools when they have lost or broken them.

**Corrective Action:**

*As noted above, RCC has a tool control policy and meets the intent of the ICE standards. However a new policy is already in draft and will be further amended to incorporate the above recommendation. Target: August 16, 2007.*

***The designated tool control officer will be responsible for any adjustments to the master roster as a result of a surveyed tool. This will be described in the amended policy which will be completed by August 16, 2007.***

4. It is suggested that a revision date be placed on all tool inventories to ensure the most current inventory is being used. Each time a new tool is added or a tool is surveyed, a new inventory should be generated.

Corrective Action:

*As noted above, RCC has a tool control policy and meets the intent of the ICE standards. However a new policy is already in draft and will be further amended to incorporate the above recommendation. Target: August 16, 2007.*

***This will be addressed in the new policy completed by August 16, 2007.***

5. There should be no pen and ink amendments to the inventories.

Corrective Action:

*As noted above, RCC has a tool control policy and meets the intent of the ICE standards. However a new policy is already in draft and will be further amended to incorporate the above recommendation. Target: August 16, 2007.*

***This will be addressed in the new policy completed by August 16, 2007.***

**TRANSPORTATION (LAND)**

**Acceptable**

**USE OF FORCE**

**Acceptable**

**STAFF/DETAINEE COMMUNICATIONS**

**Acceptable**

This is certainly an area of strength. Both female and male detainee housing units were visited and the detainees stated they knew who their Deportation Officers were, that they were being visited by their Deportation Officers on a regular basis, and how to contact them through the Communications Form if they needed to. One particular detainee indicated she has observed significant improvement in communications over the past 60 days. Each housing unit contained an ample number of Communication Forms for the detainees to use. A review of the log indicates ICE staff is visiting the detainees on a regular basis. The reviewer followed the process for submitting a Communications Form and discovered remarkable results with a very effective procedure. The procedure appears to have gone into effect on June 16, 2007. The procedure is as follows;

- 1) The detainee drafts a request on a Communications Form and places it in the box located in the housing unit.
- 2) All the forms are picked up each day by the Unit Manager and brought to [REDACTED]

*by TC*

- 3) [REDACTED] immediately logs the Communications Form in a log book and faxes them to the Field Office.
- 4) The Field Office logs the Communication Form in their log book, responds to the Communication Form and then faxes it back to [REDACTED]
- 5) [REDACTED] then logs the Communication Form disposition and makes a copy.
- 6) [REDACTED] then places the response in the appropriate housing unit box for return to the detainee (ordinarily within 72 hours, often the same day, the longest was four days).
- 7) [REDACTED] then routes the copy of the Communication Form to be placed in the detainee's Detention File.

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As an additional check and balance to ensure staff/detainee communication is on-going and can be verified, each Deportation Officer logs every visit/interview with a detainee in their own log book. At the conclusion of the visit/interview, the detainee either initials or signs their name indicating the visit/interview took place.

#### **DETAINEE TRANSFER STANDARD**

#### **Acceptable**

The reviewer was asked to check for documented evidence of a case proceeding. At the field office the case of [REDACTED] was reviewed for accuracy and to ensure it contained all appropriate information. A check sheet is used to ensure the proper information is contained in the file. The only information absent was the medical summary but since the detainee was still in the facility it was not expected to be in the file as of yet.

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