
ICE Detention Standards Compliance Review

Midland County Detention Center

February 21-22, 2008

REPORT DATE – February 29, 2008



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
801 I Street NW
Washington, DC 20536



Making a Difference!

February 29, 2008

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

FROM: [Redacted] for [Redacted]
Reviewer-In-Charge
Creative Corrections

SUBJECT: Midland County Detention Center Annual Review

Creative Corrections conducted an Annual Detention Review (ADR) of the Midland County Detention Center, located in Midland, Texas, on February 21-22, 2008. The facility is operated by the County of Midland, which has an Intergovernmental Services Agreement with the United States Marshals Service. As noted on the attached documents, my team of Subject Matter Experts (SME) included: [Redacted] Security; [Redacted], Health Services; [Redacted] Safety; and [Redacted] Food Services. A closeout meeting was conducted with Captain [Redacted] on February 22, 2008 that included a discussion of all deficiencies, concerns, and recommendations noted during 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 currently accredited by the Texas Commission on Jail Standards.

Standards Compliance:

The following statistical information provides a direct comparison of the 2005 ADR and this ADR conducted for 2008.

<u>November 17, 2005 Review</u>		<u>February 21-22, 2008 Review</u>	
Compliant	28	Compliant	26
Deficient	0	Deficient	1
At-Risk	0	At-Risk	0
Not-Applicable	0	Not-Applicable	1

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, filed and readily available for tool inventory and accountability during an audit.

- The facility does not have a Tool Control policy. Tools are not classified as restricted or not restricted.
- The maintenance staff does not maintain a master inventory for tools located at the downtown facility.
- No shadow boards were in use at the downtown facility or the main facility.
- A master inventory of tools was available at the main facility; however, it was not typewritten or computer-generated.
- One bolt cutter was found in a maintenance room at the downtown facility, which was not inventoried.

Recommendations

- A Tool Control policy should be developed to adhere to ICE Detention Tool Control Standards.
- The facility should develop and implement a tool classification system.
- The facility should establish written procedures for marking tools, and making them readily identifiable. All tools should be marked in every work location with a symbol signifying its storage location.
- The facility should maintain shadow boards and accurate inventories in all locations maintaining tools.

RIC Issues and Concerns

Environmental Health and Safety

- The Midland County Detention Center has a system for ordering and issuing a minimum amount of chemical products. There is no chemical inventory, constant or otherwise,

maintained for this facility. Inventories are necessary for the accountability of the proper usage of these products.

- The fire safety practices of this facility are fully meeting the intent of the requirements for a fire prevention, control, and evacuation plan. The actual written plan, however, does not document any of the listed requirements. To insure continued compliant practices for life safety, these required issues should be addressed in written form in the existing fire plan.
- There is no written procedure to regulate the handling and disposal of used needles and other sharp objects. A written procedure needs to be provided.

Key and Lock Control

- The facility has no policy on key and lock accountability, which addresses the issue of compromised keys and locks. The development of a facility procedure, which outlines the procedures, to follow in handling compromised keys and locks is recommended to correct this area.
- Keys in use at the downtown facility are maintained in the control center; however, there is no accountability of these key rings when drawn by staff. This area should be addressed when developing the facility procedures.

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 to implement necessary corrective actions.

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.



DETENTION FACILITY INSPECTION FORM

FACILITIES USED LESS THAN 72 HOURS

A. TYPE OF FACILITY REVIEWED

<input type="checkbox"/>	ICE Service Processing Center
<input type="checkbox"/>	ICE Contract Detention Facility
<input checked="" type="checkbox"/>	ICE Intergovernmental Service Agreement

Other Charges: (If None, Indicate N/A) ; ; ; <input checked="" type="checkbox"/> N/A
Estimated Man-days Per Year 16

B. CURRENT INSPECTION

Type of Inspection <input type="checkbox"/> Field Office <input checked="" type="checkbox"/> HQ Inspection
Date[s] of Facility Review February 21-22, 2008

G. ACCREDITATION CERTIFICATES N/A
List all State or National Accreditation[s] received:
Texas Commission on Jail Standards

C. PREVIOUS/MOST RECENT FACILITY REVIEW

Date[s] of Last Facility Review November 17, 2005
Previous Rating <input type="checkbox"/> Superior <input type="checkbox"/> Good <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Deficient <input type="checkbox"/> At-Risk

H. PROBLEMS / COMPLAINTS (COPIES MUST BE ATTACHED)

The Facility is under Court Order or Class Action Finding <input type="checkbox"/> Court Order <input type="checkbox"/> Class Action Finding	
The Facility has Significant Litigation Pending <input type="checkbox"/> Major Litigation <input type="checkbox"/> Life/Safety Issues	
<input checked="" type="checkbox"/> None	

D. NAME AND LOCATION OF FACILITY

Name Midland County Detention Center
Address 115 W. Industrial
City, State and Zip Code Midland, Texas 79702
County Midland
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) [Redacted] b6,b7c
Telephone Number (Include Area Code) 432 [Redacted] b6,b7c
Field Office / Sub-Office (List Office with Oversight) El Paso, Texas
Distance from Field Office 300 Miles

I. FACILITY HISTORY

Date Built April, 1990	
Date Last Remodeled or Upgraded N/A	
Date New Construction / Bed Space Added N/A	
Future Construction Planned <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: Unknown	
Current Bed space 296	Future Bed Space (# New Beds only) Number: 400 Date: Unknown

E. CREATIVE CORRECTIONS INFORMATION

Name of Inspector (Last Name, Title and Duty Station) [Redacted] b6,b7c RIC / Creative Corrections
Name of Team Member / Title / Duty Location [Redacted] b6 SME / Medical
Name of Team Member / Title / Duty Location [Redacted] b6,b7c SME / Safety
Name of Team Member / Title / Duty Location [Redacted] b6,b7c SME / Security
Name of Team Member / Title / Duty Location [Redacted] b6 SME / Food

J. TOTAL FACILITY POPULATION

Total Facility Intake for Previous 12 months 10,501
Total ICE Man Days for Previous 12 months 204

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	248	248	258
Adult Female	48	48	48

Facility Holds Juveniles Offenders 16 and Older as Adults

F. CDF/IGSA INFORMATION ONLY

Contract Number 80-99-0079	Date of Contract or IGSA January 1, 1999
Basic Rates per Man-Day \$44.00	

M. AVERAGE DAILY POPULATION

	ICE	USMS	Other
Adult Male	16.33	15.91	198
Adult Female	.66	5.33	39

N. FACILITY STAFFING LEVEL

Security: [Redacted] b2High	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 ¹	Types (Sexual ² , Physical, etc.)	P-24 S-2	P-10	P-12 S-1	P-9
	With Weapon	P-1	0	0	0
	Without Weapon	P-23 S-2	P-10	P-12 S-1	P-9
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	P-5	P-1	0	0
	With Weapon	0	0	0	0
	Without Weapon	P-5	P-1	0	0
Number of Forced Moves, incl. Forced Cell Moves ³		17	4	9	1
Disturbances ⁴		9	2	6	8
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)	V-11 M-1	V-5	V-11	V-7
	Type (C=Chair, B=Bed, BB=Board, O=Other)	C-1,B-5,O-6	B-2, O-3	C-1,B-2,O-8	C-1,B-6
Offender / Detainee Medical Referrals as a Result of Injuries Sustained.		26	17	18	6
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	0	0	0	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	S	0
	Number	0	0	1	0
Psychiatric / Medical Referrals	# Medical Cases Referred for Outside Care	37	18	15	32
	# Psychiatric Cases Referred for Outside Care	19	18	16	13

¹ Any attempted physical contact or physical contact that involves two or more offenders

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

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

⁴ 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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DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT

1. ACCEPTABLE	2. DEFICIENT	3. AT-RISK	4. REPEAT FINDING	5. NOT APPLICABLE						
LEGAL ACCESS STANDARDS					1.	2.	3.	4.	5.	
1.	Visitation				<input checked="" 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"/>	
DETAINEE SERVICES										
3.	Admission and Release				<input checked="" 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"/>	
5.	Detainee Handbook				<input checked="" 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"/>	
7.	Funds and Personal Property				<input checked="" 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"/>	
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"/>	
10.	Religious Practices				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEALTH SERVICES										
11.	Medical Care				<input checked="" 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"/>	
SECURITY AND CONTROL										
13.	Contraband				<input checked="" 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"/>
15.	Disciplinary Policy				<input checked="" 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"/>	
17.	Environmental Health and Safety				<input checked="" 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"/>	
19.	Key and Lock Control				<input checked="" 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"/>	
21.	Security Inspections				<input checked="" 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"/>	
23.	Special Management Units (Disciplinary Segregation)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Tool Control				<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
26.	Use of Force				<input checked="" 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"/>	
28.	Detainee Transfer (Added September 2004)				<input checked="" 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.

RIC REVIEW ASSURANCE STATEMENT

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

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 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 21-22, 2008

TEAM MEMBERS

Print Name, Title, & Duty Location [REDACTED] b6 SME, Medical	Print Name, Title, & Duty Location [REDACTED] b6, b7c SME, Safety
Print Name, Title, & Duty Location [REDACTED] b6, b7c SME, Security	Print Name, Title, & Duty Location [REDACTED] b6 SME, Food

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

COMMENTS: A 47-year old Hispanic Male was admitted to Midland County Detention Center on September 6, 2007, at 1900 hours. He was charged with Sexual Assault. Staff relates that the prisoner was advised he was to be charged with several other sexual assaults that had taken place in the local area. At the time of his booking it was noted that he did not exhibit any signs of intoxication, drug use, or suicidal tendencies.

The following morning at approximately 1138 hrs, the prisoner was found by correctional staff in the shower of his cell with pieces of torn blanket around his neck and the showerhead. The nurse responded immediately and stated she felt a faint pulse and observed shallow breathing. No attempts were made to begin CPR or to utilize the AED. EMS responded within 4 minutes and pronounced the prisoner dead in his cell.

An autopsy was performed on September 10, 2007. Preliminary cause of death was listed as asphyxia due to hanging. Toxicology and pathology reports were listed as pending and are not present in the current file.

The Midland County Detention Center detainee grievance system currently involves one form that is used for any and every common complaint or request, of which there are many. Having reviewed detainee files and found no actual grievances, it is recommended that a separate system of requests be developed so as to clearly identify and track actual grievances. This current system does not lend itself to being able to readily retrieve and count the numbers or outcomes of grievances. Captain [REDACTED] b6, b7c stated they would implement our recommendation.

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MANAGEMENT REVIEW

Review Authority

The signature below constitutes review of this report and acceptance by the Review Authority. FOD/OIC/CEO will have 30 days from receipt of this report to respond to all findings and recommendations.

HQDRO MANAGEMENT REVIEW: (Print Name)	
<i>[Signature]</i> James T. Hayes, Jr.	b6,b7c
Title	Date
Acting Director	7/2/08

- Final Rating: Acceptable
 Deficient
 At-Risk

The Review Authority has downgraded the recommended rating of "Acceptable" to "Deficient" due to the use of Electro Muscular Disruption Devices (EMDDs). No Plan of Action is required in regard to the use of EMDDs. A Plan of Action is required to address the deficiency identified in the Tool Control standard.