

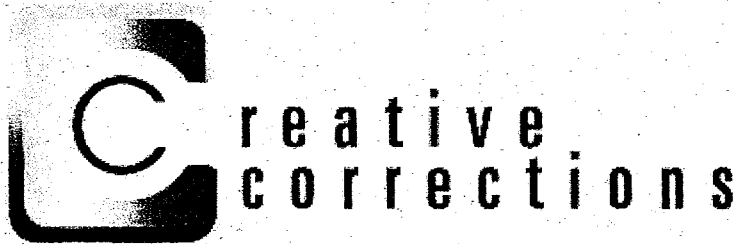
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# ICE Detention Standards Compliance Review

**Bowie County Correctional Center**

October 14-16, 2008

REPORT DATE – October 25, 2008



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

b6 Executive Vice President  
Creative Corrections  
6415 Calder, Suite B  
Beaumont, TX 77706

b6 III, COTR  
U.S. Immigration and Customs Enforcement  
Detention Standards Compliance Unit  
801 I Street NW  
Washington, DC 20536

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Making a Difference!

October 25, 2008

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

FROM: [REDACTED] b6,b7c  
Reviewer-In-Charge

*for* [REDACTED] b6,b7c

SUBJECT: Bowie County Correctional Center  
Annual Detention Review

Creative Corrections conducted an Annual Detention Review (ADR) of Bowie County Correctional Center operated by the Community Education Center Inc.,(CEC) located in Texarkana, Texas, on October 14-16, 2008. As noted on the attached documents, the team of Subject Matter Experts included [REDACTED] b6,b7c for Security; [REDACTED] b6 for Health Services; [REDACTED] b6,b7c for Environmental Health and Safety; and [REDACTED] b6 Food Service.

A closeout meeting was conducted on October 16, 2008, with Warden [REDACTED] b6,b7c; Associate Warden [REDACTED] b6,b7c; [REDACTED] b6,b7c CEC Special Assistant; [REDACTED] b6,b7c Chief of Security; [REDACTED] b6,b7c Captain; [REDACTED] b6 Food Service Director; and Sergeants [REDACTED] b6,b7c and [REDACTED] b6,b7c. 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 over 72 hours.

**Review Summary**

The facility is accredited by the Texas Commission on Jail Standards; however, it is not accredited by the National Commission on Correctional Health Care, American Correctional Association, or Joint Commission on Accreditation of Healthcare Organizations

### Standards Compliance

The following statistical information provides a direct comparison of the 2007 ADR and this ADR conducted for 2008.

<u>October 2007</u>	<u>Review</u>	<u>October 2008</u>	<u>Review</u>
Compliant	38	Compliant	37
Deficient	0	Deficient	0
At-Risk	0	At-Risk	0
Not-Applicable	0	Not-Applicable	1

### Recommended Rating and Justification

It is the RIC recommendation that the facility receive a rating of "Acceptable."

### 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  
**October 14-16, 2008**

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

Date[s] of Last Facility Review  
**October 2-3, 2007**  
 Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**D. Name and Location of Facility**

Name  
**Bowie County Correctional Center**  
 Address (Street and Name)  
**105 West Front Street**  
 City, State and Zip Code  
**Texarkana, Texas 75501**  
 County  
**Bowie County**  
 Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  
 b6,b7c **Warden**  
 Telephone #. (Include Area Code)  
**903** b6,b7c  
 Field Office / Sub-Office (List Office with oversight responsibilities)  
**Dallas, Texas**  
 Distance from Field Office  
**200 miles**

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
 b6,b7c **RIC / Creative Corrections**  
 Name of Team Member / Title / Duty Location  
 b6,b7c **SME / Security**  
 Name of Team Member / Title / Duty Location  
 b6 **SME / Medical**  
 Name of Team Member / Title / Duty Location  
 b6 **SME / Food**  
 Name of Team Member / Title / Duty Location  
 b6,b7c **SME / Environmental Health & Safety**

**F. CDF/IGSA Information Only**

Contract Number  
**78-02-0086** Date of Contract or IGSA  
**01-01-2003**  
 Basic Rates per Man-Day  
**41.23**  
 Other Charges: (If None, Indicate N/A)  
**Transport 19.02 per hour**  
 Estimated Man-days Per Year:  
**26,280**

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:  
**Texas Commission on Jail Standards**  
 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  
**1992**  
 Date Last Remodeled or Upgraded  
**1995**  
 Date New Construction / Bed space Added  
**1995/236**  
 Future Construction Planned  
 Yes  No Date:  
 Current Bed space  
**748** Future Bed space (# New Beds only)  
 Number: Date:

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
**1,347**  
 Total ICE Man-days for Previous 12 months  
**48**

**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	320	320	320
Adult Female	428	428	428

Facility holds Juveniles Offenders 16 and older as Adults

**M. Average Daily Population**

	ICE	USMS	Other
Adult Male	0	65	234
Adult Female	0	2	420

**N. Facility Staffing Level**

Security: b2High Support:

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**Significant Incident Summary Worksheet**

For ICE 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 against the needs of the ICE and its detained population. 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 and the possible reduction or removal of ICE' detainees at your facility.

<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.)	P	P	P	P
	With Weapon	0	6	0	0
	Without Weapon	5	1	2	1
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	0	0	1	1
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		4	4	4	1
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		1	1	1	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	55	88	81	83
	# Resolved in favor of Offender/Detainee	0	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	0	2	1
	# Psychiatric Cases referred for Outside Care	0	0	0	1

<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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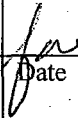
DHS/ICE Detention Standards Review Summary Report						
1. Acceptable	2. Deficient	3. At Risk	4. Repeat Finding	5. Not Applicable		
Legal Access Standards		1.	2.	3.	4.	5.
1.	Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Services						
5.	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15.	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Services						
18.	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security and Control						
22.	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.	Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32.	Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.	Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34.	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.	Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38.	Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

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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 
Title & Duty Location RIC, Creative Corrections	Date October 16, 2008

Team Members	
Print Name, Title, & Duty Location b6,b7c SME, Security	Print Name, Title, & Duty Location b6 Medical
Print Name, Title, & Duty Location b6 Food	Print Name, Title, & Duty Location b6,b7c Environmental Health & Safety

Recommended Rating:

- Superior
- Good
- Acceptable
- Deficient
- At-Risk

Comments:

The original building for this facility was a warehouse built in the 1930's and was converted to the county jail in 1992. It was expanded in 1995 to the current size. Given the age of this facility, maintenance has been excellent. In addition, the facility maintains an outstanding level of sanitation. We found the staff to be knowledgeable and very cooperative.

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# HEADQUARTERS EXECUTIVE REVIEW

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**Review Authority**

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

HQDRO EXECUTIVE REVIEW: (Please Print Name) b6,b7c	Signature b6,b7c
Title Acting Chief, Detention Standards Compliance Unit	Date Dec. 21, 2008

- Final Rating:**
- Superior
  - Good
  - Acceptable
  - Deficient
  - At-Risk
  - No Rating

Comments: The Review Authority concurs with the recommended rating of "Acceptable". No further action is required and this review is closed.