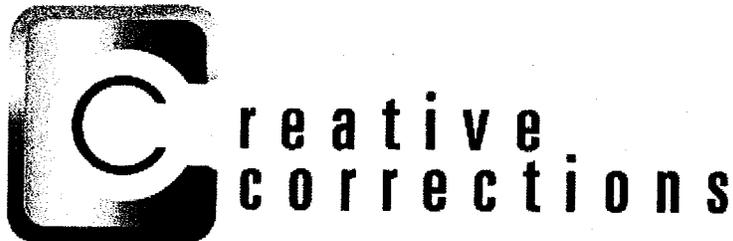

ICE Detention Standards Compliance Review

JEFFERSON COUNTY JAIL

November 27 – 28, 2007

REPORT DATE – December 1, 2007



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

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

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

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December 1, 2007

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

FROM:

[REDACTED] b6,b7c
Reviewer-In-Charge
Creative Corrections*for*

[REDACTED] b6,b7c

SUBJECT: Jefferson County (Downtown) Jail
Annual Detention Review

Creative Corrections conducted the Annual Detention Review (ADR) of the Jefferson County (Downtown) Jail (JCJ), Beaumont, Texas on November 27-28, 2007. The facility has an Intergovernmental Services Agreement (IGSA) with Immigration and Customs Enforcement (ICE), for the housing of ICE detainees for Under 72 hours. The facility is operated by The GEO Group. The facility houses Immigration and Customs Enforcement (ICE) detainees involved in immigration proceedings. As noted on the attached documents, the team of Subject Matter Experts (SME) included; [REDACTED] b6,b7c SME for Security; [REDACTED] b6 SME for Health Services; [REDACTED] b6,b7c SME for Safety; [REDACTED] b6, SME for Food Services; and [REDACTED] b6,b7c RIC/Security.

Type of Review:

This review is a scheduled Detention Standard Review to determine general compliance with established ICE National Detention Standards of an Under 72 Hours facility.

Review Summary:

The facility began operation in October 1981 and is accredited by the American Correctional Association (ACA) and the National Commission for Corrections (NCC).

Standards Compliance:

The following information summarizes the standards reviewed and the overall compliance for this review.

<u>March 27-30, 2006, Review</u>	
Compliant	37
Deficient	0
At Risk	0
Non-Applicable	1

<u>November 27-28, 2007, Review</u>	
Compliance	27
Deficient	1
At Risk	0
Non-Applicable	0

Food Service – Deficient

Every facility will provide detainees in its care nutritious and appetizing meals, prepared in accordance with the highest sanitary standards.

- Currently, the Food Service Department has approximately 80% of its major equipment in need of repair or replacement. This condition continues to have a negative impact on their daily operations. The Food Administrator has developed creative means to prepare three meals a day for a population of 387 offenders. The equipment identified as in need of repair or replacement is as follows;
 - Dishwasher and pot and pan machine
 - Steamers
 - Garbage Disposals (both)
 - Meat Slicing Equipment
 - Food Processors
 - Heated Serving Lines
 - Reach Refrigerator
 - Oven
 - Coffee Maker
- At the time of this review, the only major equipment operating to heat and cook food was 2 electric grills, 2 steam kettles and 1 oven.
- Currently, the existing tray washing procedures utilizing trash cans in place of sanitized containers to wash, rinse, and sanitized food trays could lead to cross contamination. All large Brute containers are gray in color; these containers are used for multiple purposes; trash containers, pot and pan washing containers, and storage containers for processed food, to include raw potatoes and other food items.
- Currently, the method of storing leftovers and prepared foods is not effective. Storage containers are not labeled in a consistent manner. Reviewers observed that most of the stored food products were either not marked and/or not disposed of properly adhering to expiration dates.

Recommendations

- It is recommended that an equipment review be conducted to determine the mechanical status of all equipment. This review should include;
 - Identify if a piece of equipment is worth repairing.
 - Determine the cost of repairs for each piece of equipment.
 - Develop a Plan of Action to prioritize repairs.
 - Repair and/or replace critically needed equipment first.

- It may be possible to locate and secure surplus or low cost used equipment at a discounted price.
- It is recommended that the current tray washing procedures be reviewed to ensure that systems are in place to safeguard tray washing and prevent cross contamination.
- It is recommended that the Food Service Staff receive additional training in the areas of cross contamination, food borne illnesses, cause and effect of not following safety and sanitation procedures. The Food Administrator is very knowledgeable in all areas of the Food Service Department; however, he is focused on meal preparation, and not the overall operation to include staff training and sanitation requirements.

RIC Issues and Concerns

Intake Screening And Discharge

- Currently, property management to include monies and property is conducted by only one staff member in the presence of the detainee. The property is received and listed on a property receipt. The property receipt is signed by both the detainee and the staff member. However, the required Supervisor's signature for verification of the transaction is not consistently obtained. The current property envelope does not reflect both staff's signatures required to maintain a chain of custody. It is recommended that a clear, see through, self sealing plastic bag be used. These bags are designed to show chain of custody, signature blocks for the detainee, the staff member receiving the valuables, date and time received, and a Supervisor's signature to verify all transactions.

Medical

- While observing the evening medication distribution process, reviewers observed staff dispensing medication without verifying the detainee's identity. There was no system to ensure the detainees receiving the medication were the intended recipient of the prescribed medication. It is recommended that all medical staff be appropriately trained in this area.

Food Service

- There are 2 Food Service positions vacant at this time. It is recommended that 1 of those positions be filled as soon as possible.

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 Review
11-27-28-2007

Previous/Most Recent Facility Review

Date[s] of Last Facility Review
03-22-23-2006

Previous Rating
 Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Jefferson County (Downtown) Jail

Address (Street and Name)
1001 Pearl, Suite 104B

City, State and Zip Code
Beaumont, Texas 77701

County
Jefferson

Name and Title of Chief Executive Officer
(Warden/OIC/Superintendent)
[Redacted] Warden

Telephone # (Include Area Code)
409 [Redacted]

Field Office / Sub-Office (List Office with oversight responsibilities)
Houston, Texas.

Distance from Field Office
90 miles

E. Creative Corrections Review Team

[Redacted]	Reviewer in Charge
[Redacted]	SME Safety
[Redacted]	SME Food Service
[Redacted]	SME Medical
[Redacted]	SME Security

F. CDF/IGSA Information Only

Contract Number IGA-78-01-0077	Date of Contract or IGSA 08-01-2001
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Basic Rates per Man-Day
51.00

Other Charges: (If None, Indicate N/A)
N/A ; ; ;

Estimated Man-days per Year
3600

G. Accreditation Certificates

List all State or National Accreditation[s] received:
ACA
 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
Year 1981

Date Last Remodeled or Upgraded
N/A

Date New Construction / Bed space Added
N/A

Future Construction Planned
 Yes No Date:

Current Bed Space 496	Future Bed Space (# New Beds only) Number: Same Date:
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J. Total Facility Population

Total Facility Intake for previous 12 months
1269

Total ICE Mandays for Previous 12 months
26,596

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	100	75	21
Adult Female	20	9	3

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	496	387	496
Adult Female	0	0	0

Facility holds Juveniles Offenders 16 and older as Adults

M. Average Daily Population

	ICE	USMS	Other
Adult Male	10	50	
Adult Female	0	0	0

N. Facility Staffing Level

Security: [Redacted] Support: [Redacted]

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. 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 ¹	Types (Sexual ² , 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 ³		0	0	0	0
Disturbances ⁴		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	1	3	1
	# Resolved in favor of Offender/Detainee	1	0	2	1
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

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.

DHS/ICE Detention Standards Review Summary Report

1. Acceptable 2. Deficient 3. At - Risk 4. Repeat Finding 5. Not Applicable

	1.	2.	3.	4.	5.
Legal Access Standards					
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"/>
Detainee Services					
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 type="checkbox"/>	<input checked="" 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"/>
Health Services					
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"/>
Security and Control					
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>

29 1 = 28

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	<i>Bobby Compton, Signature</i>  b6,b7c
Title & Duty Location RIC Creative Corrections	Date 12-1-2007

Team Members

Print Name, Title, & Duty Location b6,b7c	Print Name, Title, & Duty Location b6
Print Name, Title, & Duty Location b6	Print Name, Title, & Duty Location b6,b7c

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

Comments:

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)	Signature
<i>fm</i> [Redacted] b6,b7c	[Redacted] b6,b7c
Title	Date
Chief	2/27/08

Final Rating: Acceptable
 Deficient
 At-Risk

Comments:

The Review Authority concurs with the recommended rating of Acceptable.

The RIC found deficiencies the Food Service standard and found Issues and Concerns with the Intake screening and discharge, and Dispensing of medicine elements.

Warden Doughty has provided written documentation explaining how all deficiencies have been corrected.

No plan of action is required.