
ICE Detention Standards Compliance Review

Travis County Jail / Correctional Complex

May 20-21, 2008

REPORT DATE – May 29, 2008



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

b6 Executive Vice President
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Detention Standards Compliance Unit
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Washington, DC 20536

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May 29, 2008

MEMORANDUM FOR: Gary E. Mead, Acting Director
Office of Detention and Removal Operations

FROM:

[REDACTED] b6, b7c
Reviewer-In-Charge

[REDACTED] b6, b7c
for

SUBJECT: Travis County Sheriff's Office Jail and
Correctional Complex
Annual Detention Review

Creative Corrections conducted the Annual Detention Review (ADR) of the Travis County Sheriff's Office Jail / Travis County Correctional Complex, located in Austin, Texas and Del Valle, Texas, on May 20-21, 2008. The facility has an Intergovernmental Service Agreement (IGSA) with Immigration Customs Enforcement (ICE). As noted on the attached documents, my team of Subject Matter Experts (SME) included: [REDACTED] b6, SME for Health Services; [REDACTED] b6, b7c SME for Environmental Health and Safety; [REDACTED] b6 SME for Food Service; and [REDACTED] b6, b7c SME for Security.

A review closeout was conducted on Wednesday, May 21, 2008 with Major [REDACTED] b6, b7c Jail Administrator, Captain [REDACTED] b6, b7e Captain [REDACTED] b6, b7c and [REDACTED] b6, b7c Immigration Enforcement Agent. During the closeout all deficiencies, observations, and recommendations were discussed.

Type of Review:

This review is a scheduled Detention Standard Review to determine general compliance with established ICE National Detention Standards for facilities used under 72 hours.

Review Summary:

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

Standards Compliance:

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

March 19-20, 2007, Review

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

May 20-21, 2008, Review

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

Tool Control-Deficient

Every facility will establish a tool-control policy with which all employees shall comply. The Maintenance Supervisor shall maintain a computer-generated or typewritten inventory of tools and equipment, and storage locations. These inventories shall be current, filed, and readily available during an audit.

- The facility has no tool classification system in place for restricted and non-restricted tools.

Recommendation

Develop a tool classification system identifying both restricted and non-restricted tools.

RIC Observations

Detainee Grievance Procedures

Staff should notify ICE officials when an allegation of staff misconduct is received from a detainee via the grievance process.

Environmental Health and Safety

Staff should increase focus on the control and inventory of hazardous chemicals throughout the facility. Such chemicals should be used as directed by the manufacturer and distributed for detainee use with general safety and security in mind, specifically in the food service area. Spray bottles should replace aerosol cans.

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 identify and implement necessary corrective actions for the deficiency and the RIC Observations.

RIC Assurance Statement

All findings of this review have been documented on the Detention Review Worksheet attached 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

B. CURRENT INSPECTION

Type of Inspection	
<input type="checkbox"/>	Field Office
<input checked="" type="checkbox"/>	HQ Inspection
Date[s] of Facility Review	
May 20-21, 2008	

C. PREVIOUS/MOST RECENT FACILITY REVIEW

Date[s] of Last Facility Review	
N/A-Initial Review	
Previous Rating	
<input type="checkbox"/>	Superior
<input type="checkbox"/>	Good
<input type="checkbox"/>	Acceptable
<input type="checkbox"/>	Deficient
<input type="checkbox"/>	At-Risk

D. NAME AND LOCATION OF FACILITY

Name	
Travis County Sheriff's Office Jail and Correctional Complex	
Address	
500 West 10 th Street / 3614 Bill Price Road	
City, State and Zip Code	
Austin, Texas 78701 / Del Valle, Texas 78617	
County	
Travis County	
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)	
Greg Hamilton, Sheriff	
Telephone Number (Include Area Code)	
512- b6, b7c 512- b6, b7c	
Field Office / Sub-Office (List Office with Oversight)	
San Antonio, Texas	
Distance from Field Office	
80 miles	

E. ICE INFORMATION

Name of Inspector (Last Name, Title and Duty Station)	
b6, b7c / Reviewer-In-Charge / Administration	
Name of Team Member / Title / Duty Location	
b6, b7c / SME / Security and Control	
Name of Team Member / Title / Duty Location	
b6 / SME / Health Services	
Name of Team Member / Title / Duty Location	
b6 SME / Food Service	
Name of Team Member / Title / Duty Location	
b6, b7c / SME / Environmental Health Safety	
Name of Team Member / Title / Duty Location	
/ /	

F. CDF/IGSA INFORMATION ONLY

Contract Number	Date of Contract or IGSA
ODT-6-D-0001	January 1, 1993

Basic Rates per Man-Day
\$45.00/day
Other Charges: (If None, Indicate N/A)
; ; ; <input checked="" type="checkbox"/> N/A
Estimated Man-days per Year
35,000

G. ACCREDITATION CERTIFICATES N/A

List all State or National Accreditation[s] received:

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

I. FACILITY HISTORY

Date Built	
July 1986	
Date Last Remodeled or Upgraded	
N/A	
Date New Construction / Bed Space Added	
Completion date approximately March 2009./87 additional	
Future Construction Planned	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
Date: Del Valle Correctional Complex	
Current Bed space	Future Bed Space (# New Beds only)
2750	Number: 87 Date: March, 2009

J. TOTAL FACILITY POPULATION

Total Facility Intake for Previous 12 months
60,503
Total ICE Man Days for Previous 12 months
Initial Review

K. CLASSIFICATION LEVEL (ICE SPCs AND CDFs ONLY)

	L-1	L-2	L-3
Adult Male	30	688	37
Adult Female	3	21	0

L. FACILITY CAPACITY

	Rated	Operational	Emergency
Adult Male	1937	2630	2630
Adult Female	228	353	353

Facility Holds Juveniles Offenders 16 and Older as Adults

M. AVERAGE DAILY POPULATION

	ICE	USMS	Other
Adult Male	94	26	2834
Adult Female	0	0	0

N. FACILITY STAFFING LEVEL

Security:	Support:
b2High	

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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.)	Unavailable	Unavailable	Unavailable	Unavailable
	With Weapon	Unavailable	Unavailable	Unavailable	Unavailable
	Without Weapon	13	18	24	14
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	Unavailable	Unavailable	Unavailable	Unavailable
	With Weapon	Unavailable	Unavailable	Unavailable	Unavailable
	Without Weapon	6	8	8	3
Number of Forced Moves, incl. Forced Cell Moves ³		7	3	24	16
Disturbances ⁴		2	1	2	2
Number of Times Chemical Agents Used		5	2	1	1
Number of Times Special Reaction Team Deployed/Used		8	7	25	16
# Times Four/Five Point Restraints Applied/Used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	210	162	161	204
	Type (C=Chair, B=Bed, BB=Board, O=Other)	C	C	C	C
Offender / Detainee Medical Referrals as a Result of Injuries Sustained.		9	14	21	21
Escapes	Attempted	1	0	0	2
	Actual	0	0	0	0
Grievances:	# Received	154	133	102	49
	# Resolved in Favor of Offender/Detainee	13	2	5	7
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	Illness	N/A	Illness	Illness
	Number	1	0	1	2
Psychiatric / Medical Referrals	# Medical Cases Referred for Outside Care	386	467	371	434
	# Psychiatric Cases Referred for Outside Care	Unknown	Unknown	Unknown	Unknown

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					
LEGAL ACCESS STANDARDS					1.	2.	3.	4.	5.
1.	Visitation				<input checked="" 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"/>	
DETAINEE SERVICES									
3.	Admission and Release				<input checked="" 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"/>	
5.	Detainee Handbook				<input checked="" 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"/>	
7.	Funds and Personal Property				<input checked="" 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"/>	
9.	Issuance and Exchange of Clothing, Bedding, and Towels				<input checked="" 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"/>	
HEALTH SERVICES									
11.	Medical Care				<input checked="" 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"/>	
SECURITY AND CONTROL									
13.	Contraband				<input checked="" 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"/>
15.	Disciplinary Policy				<input checked="" 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"/>	
17.	Environmental Health and Safety				<input checked="" 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"/>	
19.	Key and Lock Control				<input checked="" 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"/>	
21.	Security Inspections				<input checked="" 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"/>	
23.	Special Management Units (Disciplinary Segregation)				<input checked="" 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"/>	
25.	Transportation (Land management)				<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"/>	
27.	Staff / Detainee Communication (Added August 2003)				<input checked="" 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"/>	

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) b6, b7c	Signature b6, b7c b6, b7c
Title & Duty Location	Date May 21, 2008
Reviewer-In-Charge	

TEAM MEMBERS

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


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

COMMENTS: The facility maintains tazers and has utilized them 13 times during the past 12 months. The deaths at the facility were due to cardiac arrest, no other information was available. This facility does not track Detainee on Detainee nor Detainee on Staff assaults that occur in the facility. The three attempted escapes listed above were those inmates with special mental needs who violated perimeter policies of the facility and was then deemed as an escape attempt.

HEADQUARTERS EXECUTIVE REVIEW

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)	Signature
James T. Hayes, Jr.	 b6, b7c
Title	Date
Director	3/6/09

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

Comments: The Review Authority has downgraded the recommended rating of "Acceptable" to "Deficient" due to the use of EMDDs (Electro Muscular Disruption Devices). No plan of action is required in regard to the use of EMDDs. A plan of action has been received and accepted for the deficiencies identified in the Tool Control Standard, Environmental Health and Safety and Detainee Grievance Procedures. This Review is closed.