



U.S. Immigration and Customs Enforcement

MEMORANDUM FOR: Scott Baniecke
Field Office Director
St. Paul Field Office

OCT 22 2009

FROM:

b6,b7c

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Unit Chief
Detention Standards Compliance Unit

SUBJECT: Phelps County Jail Plan of Action

The Phelps County Jail Plan of Action dated July 27, 2009, has been received. The plan was developed in response to a review conducted by Creative Corrections on April 7-9, 2009.

The Review Authority concurs with the Plan of Action and this review is closed. The Field Office must now initiate the following actions in accordance with the Detention Management Control Program (DMCP):

- 1) The Field Office Director, Detention and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include a copy of this memorandum.
- 2) The Field Office Director shall ensure that the facility complies with its proposed Plan of Action and that a Field Office follow-up review of the deficiencies identified in the G324A, *Detention Facility Review Form* and the RIC Summary Memorandum is conducted within 90 days.
- 3) The next annual review will be scheduled on or before April 7, 2010.

Should you or your staff have any questions regarding this matter, please contact Detention and Deportation Officer at (202) 732-

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cc: Official File

ICE:HODRO: b6,b7c 2-3508: 09/16/2009

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ICE Detention Standards Compliance Review

Phelps County Corrections
April 7-9, 2009

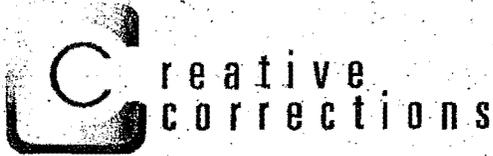
REPORT DATE – April 10, 2009



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

b6,b7c Executive Vice President
Creative Corrections
6415 Calder, Suite B
Beaumont, TX 77706

b6,b7c, COTR
U.S. Immigration and Customs Enforcement
Detention Standards Compliance Unit
500 12th Street, SW
Washington, DC 20536



April 10, 2009

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

FROM: [Redacted] *Jr* [Redacted] b6,b7c
Reviewer-In-Charge [Redacted] b6,b7c

SUBJECT: Phelps County Corrections
Annual Detention Review

Creative Corrections conducted an Annual Detention Review (ADR) of the Phelps County Corrections Facility, located in Holdrege, Nebraska, on April 7-9, 2009. As noted on the attached documents, the team of Subject Matter Experts included [Redacted] b6,b7c for Security; [Redacted] b6,b7c for Health Services; [Redacted] b6,b7c for Safety; and [Redacted] b6,b7c for Food Services.

On April 9, 2009, a closeout meeting, including a discussion of all aspects of the review, was conducted with Sheriff Thomas L. Nutt, Jail Administrator [Redacted] b6,b7c, and [Redacted] b6,b7c, U.S. Immigration and Customs Enforcement.

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 currently is not accredited by the American Correctional Association, the Joint Commission on Accreditation of Healthcare Organizations, or the National Commission on Correctional Health Care.

Standards Compliance

The following statistical information provides a direct comparison of the 2008 ADR and this ADR conducted for 2009.

<u>April 10-11, 2008</u>	<u>Review</u>	<u>April 7-9, 2009 Review</u>	
Compliant	37	Compliant	36
Deficient	0	Deficient	1
At-Risk	0	At-Risk	0
Not-Applicable	1	Not-Applicable	1

Access to Medical Care – Deficient

Policy: Every facility will establish and maintain an accredited/accreditation-worthy health program for the general well-being of ICE detainees.

- Of the 18 medical records reviewed, 5 records indicated TB-screening occurred more than one business day after the detainee's arrival to the facility.

Recommendations

The Detention Facility Administration should develop a plan to ensure that TB testing is completed upon the detainee's arrival.

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 corrective actions for the identified deficiency.

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
April 7-9, 2009

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
April 8-10, 2008
Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Phelps County Corrections
Address (Street and Name)
715 5th Ave.
City, State and Zip Code
Holdrege, NE. 68949
County
Phelps
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
Thomas L. Nutt, Sheriff
Telephone # (Include Area Code)
308-995-b6,b7c
Field Office / Sub-Office (List Office with oversight responsibilities)
North Platte, NE.
Distance from Field Office
93 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
b6,b7c RIC / Beaumont, Texas
Name of Team Member / Title / Duty Location
b6,b7c / Medical / Beaumont, Texas
Name of Team Member / Title / Duty Location
b6,b7c / Environmental Health & Safety / Beaumont, Texas
Name of Team Member / Title / Duty Location
b6,b7c / Food Service / Beaumont, Texas
Name of Team Member / Title / Duty Location
b6,b7c / Security / Beaumont, Texas

F. CDF/IGSA Information Only

Contract Number
47-99-0147
Date of Contract or IGSA
March 1, 2004
Basic Rates per Man-Day
\$55.00
Other Charges: (If None, Indicate N/A)
N/A

Estimated Man-days Per Year:
12,185

G. Accreditation Certificates

List all State or National Accreditation[s] received:
Nebraska 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
March 2004
Date Last Remodeled or Upgraded
N/A
Date New Construction / Bed space Added
N/A
Future Construction Planned
 Yes No Date: **N/A**
Current Bed space
51
Future Bed space (# New Beds only)
Number: **N/A** Date: **N/A**

J. Total Facility Population

Total Facility Intake for previous 12 months
1,029
Total ICE Man-days for Previous 12 months
12,185

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A
	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	45	45	59
Adult Female	6	6	8
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	30.5	0	9.3
Adult Female	2.7	0	3.1

N. Facility Staffing Level

Security: **b2High** Support:

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 ¹	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	Physical	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	1	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)	1-V	1-V	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	C	C	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	10	9	1	0
	# Resolved in favor of Offender/Detainee	3	5	0	0
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
2
3
4

Any attempted physical contact or physical contact that involves two or more offenders
 Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting
 Routine transportation of detainees/offenders is not considered "forced"
 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 type="checkbox"/>	<input checked="" 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 for [Redacted] b6,b7c
Title & Duty Location Reviewer-In-Charge, Beaumont, Texas	Date April 9, 2009

Team Members	
Print Name, Title, & Duty Location b6,b7c, Security Beaumont, Texas	Print Name, Title, & Duty Location b6,b7c Medical
Print Name, Title, & Duty Location b6,b7c, Food Service Beaumont, Texas	Print Name, Title, & Duty Location b6,b7c, Environmental Health and Safety Beaumont, Texas

Recommended Rating:

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

Comments: