



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO San Francisco Field Office
Rio Cosumnes Correctional Center
Elk Grove, California**

January 27–29, 2015

**COMPLIANCE INSPECTION
RIO COSUMNES CORRECTIONAL CENTER
ERO SAN FRANCISCO FIELD OFFICE**

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INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

REPORT ORGANIZATION

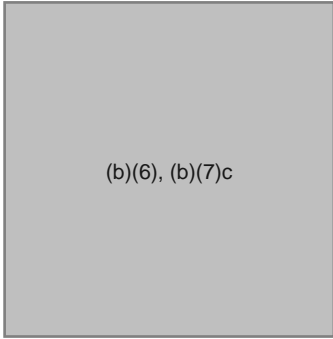
ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replaced the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS



Deputy Division Director	ODO
Section Chief (Team Lead)	ODO
Inspections & Compliance Specialist	ODO
Inspections & Compliance Specialist	ODO
Inspections & Compliance Specialist	ODO



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EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Rio Cosumnes Correctional Center (RCCC) in Elk Grove, California, from January 27 to 29, 2015. RCCC, which opened in 2001, is owned by the County of Sacramento and operated by the Sacramento County Sheriff’s Department. ERO began housing detainees at RCCC in October 2013 under an Intergovernmental Service Agreement. Male detainees of security classification levels I through III are detained at the facility for periods in excess of 72 hours. The inspection evaluated RCCC’s compliance with the 2000 NDS.

The ERO Field Office Director (FOD) in San Francisco, California, is responsible for ensuring facility compliance with the 2000 NDS and ICE policies. (b)(7)e ERO staff member is located on site. A Detention Service Manager is not assigned to RCCC.

Capacity and Population Statistics	Quantity
Total Bed Capacity	2505
ICE Detainee Bed Capacity	244
Average Daily Population	1989
Average ICE Detainee Population	119
Average Length of Stay (Days)	25 ¹
Male Detainee Population (as of 01/27/2015)	178
Female Detainee Population (as of 01/27/2015)	0

A Captain is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. Sacramento County Sheriff’s Department provides food services and the County of Sacramento provides medical services. The facility holds no accreditations.

This inspection represents ODO’s first visit to RCCC. During this inspection ODO reviewed 16 NDS and found RCCC compliant with one standard. ODO found a total of 49 deficiencies in the remaining 15 standards: Access to Legal Materials (3 deficiencies), Admission and Release (3), Contraband (1), Detainee Classification System (2), Detainee Grievance Procedures (2), Detainee Handbook (3), Environmental Health and Safety (7), Food Service (4), Funds and Personal Property (3), Medical Care (6), Special Management Unit – Administrative Segregation (4), Special Management Unit – Disciplinary Segregation (4), Staff-Detainee Communication (2), Telephone Access (4), and Use of Force (1). ODO made four recommendations² regarding facility policy and procedures, cited three best practices³ and identified four opportunities where the facility initiated corrective action⁴ during the course of the review.

This report details all deficiencies and refers to the specific, relevant sections of the 2000 NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed preliminary findings with RCCC and ERO management during the inspection and at a closeout briefing conducted on January 29, 2015.

Upon admission into RCCC, detainees are screened and provided all the required items, including a detainee handbook. Strip searches are only conducted when there is reasonable suspicion. RCCC lacks an orientation video to inform detainees of facility operations, programs,

¹ Data from the February 26, 2015 ICE Authorized Facility Spreadsheet.
² Recommendations are annotated in this report as “R.”
³ Best practices are annotated in this report as “BP.”
⁴ Corrective actions initiated by the facility are annotated in this report as “C.”

and services. Further, the facility never had its orientation procedures approved by ERO. The facility collects, stores and tracks detainee funds, but lacks processes and procedures for handling claims of lost or damaged property and forwarding items to detainees post release. ODO recommended RCCC revise their policy to include completion of an ICE Report of Missing Property form or equivalent in the event of future missing property claims.

Detainees are classified using the Custody Classification Worksheet in the 2011 PBNDS. The facility met all NDS classification requirements with the exception of supervisory review and approval of classification assignments and detainees of different classification levels being commingled.

RCCC does not require detainees to acknowledge receipt of the local detainee handbook or the ICE National Detainee Handbook. Multiple versions of the local detainee handbook were in circulation during the inspection. ODO found the local detainee handbook lacked required information across a number of standards, all of which are referenced in this report.

RCCC has a designated law library containing all the required furnishings and supplies; however, issues were identified with the disposal and updating of legal material, and providing notice to detainees of hours of operation.

The facility's grievance system allows detainees to file informal, formal and emergency grievances. ODO reviewed only 15 grievances, as the design of the facility's electronic log prohibited staff from easily identifying detainee grievances from inmate grievances. The local detainee handbook lacked information about grievance appeal procedures, and the recently issued facility policy failed to notify staff that grievances alleging staff misconduct are to be forwarded to ERO.

Overall, sanitation at the facility was acceptable despite the age of the facility, but issues were identified in a number of areas, including, sanitation in the main kitchen, hazardous substance tracking and storage, fire safety inspections, emergency key testing, and spill kits. Weekly fire and safety inspections are not conducted, nor are monthly inspections conducted by maintenance staff. RCCC lacks a fire prevention, control, and evacuation plan and exit diagrams are not posted in the housing areas or other locations. Fire drills are conducted quarterly rather than monthly.

The food service operation is managed by the Sacramento County Sheriff's Department. Staffing consists of a food service manager, a food service supervisor, and (b)(7) books with support received from (b)(7) county inmates.

RCCC has a satellite system of meal service involving preparation of meals in the kitchen and delivery to the housing units. ODO observed the deputy assigned to the housing units did not document when trays were issued to detainees. ODO recommends the facility consider developing a method to document issuance of trays in order to confirm special diets are received by the correct detainees. ODO's inspection identified sanitation deficiencies in the main kitchen area and inmate workers' restroom. Paint was observed peeling from the walls in the dishwasher area and overhead fans where bread is cooled had dust wads suspended from the fan guards.

RCCC health care is provided 24 hours a day seven days a week by the County of Sacramento. ODO confirmed credentials for all medical personnel are current and primary source verified.

Detainee intake screenings are completed by registered nurses within 12 hours of arrival. A review of 25 detainee medical files showed 21 records where tuberculosis screening was not completed at the time of intake. Five out of the 25 medical files showed delays of administering the purified protein derivative (PPD) skin test greater than four days and as long as 15 days.

ODO observed that detainee access to extensive patient education materials in both English and Spanish is a best practice. The clinic uses an electronic pharmacy dispensing system and an electronic medical record which reduces opportunities for medication and recordkeeping errors, ODO cites this as a best practice. ODO observed that detainees frequently access health care by submitting sick call request forms directly to a detainee worker within the housing units who then submits the request forms to the nurse during medication distribution. The facility handbook also instructs detainees to give their request forms to the deputy.

ODO evaluated RCCC's sexual abuse and assault prevention and intervention program. RCCC was not contractually required to comply with the 2011 Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard at the time of the inspection; however, ODO noted RCCC's efforts to comply with the standard's requirements. The Reentry Services Bureau Commander has been assigned the responsibility to implement a program that will comply with the Prison Rape Elimination Act (PREA). ODO observed postings in the housing units and booking areas regarding the facility's zero tolerance for sexual abuse and assault, and how to report it. RCCC developed a Sexual Assault and Custodial Sexual Misconduct pamphlet containing information on know your rights and how to prevent and report sexual assault. The facility also developed a policy on preventing, detecting, responding to inmate or detainee sexual assault and created an online staff training program on PREA. Detainees are asked about any history of sexual abuse at classification. According to RCCC leadership, no incidents or allegations of sexual abuse occurred during the 12 months preceding this inspection.

RCCC's procedures for both the administrative and disciplinary special management units failed to address critical areas, such as status reviews, detainee property, and requirements for basic living conditions. Sanitation in the cells, day rooms and showers was found poor. Grime and dirt was observed in corners and graffiti was on the walls. Windows and light fixtures were observed to be covered with paper. ODO observed a detainee in one of the segregation units had 105 empty toilet tissue rolls stacked between the commode and the wall. The empty toilet paper rolls potential constitute a fire hazard and may promote pest and vermin infestation. ODO recommends that status reviews for detainees presumed to have mental health issues include consultation with mental health staff.

Detainees have opportunities to communicate with ERO staff in writing and in person; however, ODO noticed significant delays in responding to requests. Boxes for ICE request forms are available in the housing units and ERO staff was observed picking up request forms on their daily rounds. The Department of Homeland (DHS) Office of Inspector General (OIG) hotline information was available to detainees in the housing units, but not found in the facility detainee handbook.

Telephone access is available in the housing units daily during waking hours. ERO staff checks the telephones for operability in compliance with the NDS and applicable change notices, but RCCC staff does not check the telephones. During the inspection, ODO found two telephones in the SBF 500 housing unit to be inoperative. Operational checks in the KBF 100 housing unit found that when calls were made to access free speed dial numbers, the caller was prompted to accept collect call charges.

RCCC has multiple written policies governing the use of force; however, ODO found none of the policies address the distinction between immediate and calculated force, confrontation avoidance, use-of-force team technique, and health services staff involvement prior to the incident. Also, the facility lacks written procedures for after-action reviews.

OPERATIONAL ENVIRONMENT

DETAINEE RELATIONS

ODO interviewed 20 randomly selected male detainees to assess the conditions of confinement at RCCC. Interview participation was voluntary and none of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services with the exception of the complaints below:

Access to Legal Materials: Three detainees complained about the long wait associated with access to the library and legal material. Interviews with facility staff and review of detainee requests showed the wait time can be up to 12 days. The facility has one law library that is used by both detainees and inmates at separate times during the day.

Admission and Release: Three detainees stated they were strip searched upon admission to the facility. ODO reviewed the detention files for each and found all three were high-level classified detainees. Thirteen detainees stated they did not receive the local detainee handbook, 14 denied receiving an ICE National Detainee Handbook, and 11 were charged by the facility for replenishment of hygiene items. ODO's findings on the Detainee Handbook standard are addressed in the body of this report. ODO found the facility did not start providing hygiene products to detainees at no cost until December 2014.

Food Service: Seven detainees complained the food was either generally not good or was too salty or had too much pepper. ODO tasted the food during the inspection and found it satisfactory.

Medical Care: A number of detainees raised concerns about their dental and medical care. One detainee complained that he had waited for over a month for a dental issue related to a cavity. The detainee was seen by the dentist during the review. Two detainees complained they were charged for medical care and had to follow up with facility ERO staff to get reimbursement.

Visitation: Two detainees in administrative segregation identified as gang members complained of difficulties in exercising visitation. For one detainee, who had family in the local area, it was unclear whether his family would be allowed to visit during general visitation or only during visitation for protective custody and administrative segregation, as the dates and times were different. The other detainee, also in administrative segregation, had an issue with his family being informed that he was in protective custody rather than administrative segregation. Although ODO did not review the visitation standard the detainees' concerns were discussed with facility staff for their awareness.

ICE 2000 NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 NDS and found RCCC fully compliant with the following standard:

1. Suicide Prevention and Intervention

As the standard above was compliant at the time of the inspection, a synopsis for this standard is not included in this report.

ODO found 49 deficiencies in the following 15 standards.

1. Access to Legal Materials
2. Admission and Release
3. Contraband
4. Detainee Classification System
5. Detainee Grievance Procedures
6. Detainee Handbook
7. Environmental Health and Safety
8. Food Service
9. Funds and Personal Property
10. Medical Care
11. Special Management Unit – Administrative Segregation
12. Special Management Unit – Disciplinary Segregation
13. Staff-Detainee Communication
14. Telephone Access
15. Use of Force

Findings for these standards are presented in the remainder of this report.

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at RCCC to determine if detainees have access to a law library, legal materials, courts, counsel and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE 2000 NDS. ODO interviewed detainees and staff, reviewed policies and the detainee handbook, and inspected the area designated for law library use.

RCCC has a designated law library in a separate room inside of an inmate housing unit. Detainees are escorted to the library by request. The room is equipped with only one computer, one printer, and one copy machine. The facility is working on getting a second computer. Four kiosks are available to detainees to explore legal information, but not immigration-specific information. At the time of the inspection, ODO observed outdated law library materials that had not been disposed of and were accessible to detainees (**Deficiency ALM-1**). The one computer was equipped with a September 2014 version of LexisNexis. A newer version was available, but the facility had not yet installed the latest software.

Detainees have access to the law library on a rotational basis, governed by the librarian. Only one housing unit can have access to the law library at a time to prevent commingling. ODO reviewed ten detainee requests regarding the law library submitted between November 2014 and January 2015, and found it took up to a week or more before those detainees were granted access to the law library (**Deficiency ALM-2**). The librarian stated there is no set schedule in place, but the housing unit selected to go to the law library has unlimited access during the hours of operation, which are 6 a.m. to 4 p.m. Tuesday through Friday.

The librarian informed ODO illiterate and limited English proficient detainees who indicate difficulty with legal materials, and who wish to pursue a legal claim related to their immigration proceedings or detention, may request assistance from other detainees and staff. Detainees have access to notary, certified mail, and other such services. ODO reviewed the facility handbook and found it does not include the law library hours of operations (**Deficiency ALM-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE 2000 NDS, Access to Legal Material, section (III)(E), the FOD must ensure, "The facility shall dispose of outdated supplements and other materials when it receives new materials."

DEFICIENCY ALM-2

In accordance with the ICE 2000 NDS, Access to Legal Material, section (III)(G), the FOD must ensure, "Each detainee shall be permitted to use the law library for a minimum of five (5) hours per week."

DEFICIENCY ALM-3

In accordance with the ICE 2000 NDS, Access to Legal Material, section (III)(Q)(2) the FOD must ensure, “The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

2. The scheduled hours of access to the law library.”

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at RCCC to determine if procedures are in place to protect the health, safety, security and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, reviewed policy and detainee files, and observed the admission of detainees.

RCCC has policy and procedures governing the admission and release of detainees. During the course of the inspection, ODO observed the admission processing of five detainees. The facility has a language interpretation service and noticed language assistance posters were posted; the five detainees did not appear to have any language barriers necessitating interpretation assistance. The detainees were fingerprinted, photographed and provided with an identification wrist band. Signed Orders to Detain accompanied each arriving detainee, and were also found in the detention files of ten randomly selected detainees admitted prior to the inspection. Pat searches were conducted of each detainee. Strip searches are prohibited without reasonable suspicion and require the approval of supervisory staff. Prior to December 2014, RCCC charged detainees for replenishing hygiene items. RCCC staff assured ODO this was no longer the practice.

The admission process, as observed by ODO, included the inventorying of funds and property, classification, and screening by medical staff. The five detainees were issued jail clothing, bed linens, towels, personal hygiene items, and a local detainee handbook. Following medical screening, the detainees were escorted to a housing unit based on their classification level.

RCCC staff stated that an orientation video is available in the housing units and plays on a continuous loop, 24 hours a day, seven days a week. ODO found there is no RCCC orientation video to inform detainees of facility operations, programs, and services; nor is there any other formal orientation process specific to RCCC (**Deficiency AR-1**). The video found playing in the housing units is the “Know Your Rights” presentation, produced and distributed by the American Bar Association. Further, the facility never had its orientation procedures approved by ERO, as verified by ERO staff and demonstrated by use of this video for an orientation program (**Deficiency AR-2**).

No detainees were released during this inspection. The facility’s release policy includes the elements required by the NDS; however, the facility was unable to provide documentation showing its release procedures were approved by ICE (**Deficiency AR-3**).

Facility policy addresses procedures for investigating claims of missing property; however, it states that if the property is not found, the detainee must file a claim with County of Sacramento, Internal Services Agency. It does not require completion of an ICE Report of Missing Property form or equivalent, and reporting to ICE. Although ODO identified no claims of missing property, ODO recommends revision of the RCCC policy to address requirements of the standard, supporting compliance in the event of future missing property claims (**R-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with ICE NDS, Admissions and Release, section (III)(A)(1), the FOD must ensure, “The orientation process supported by a video and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable behavior and the associated sanctions.”

DEFICIENCY AR-2

In accordance with ICE NDS, Admissions and Release, section (III)(J), the FOD must ensure, “In IGSA the INS office of jurisdiction shall approve all orientation procedures.”

DEFICIENCY AR-3

In accordance with ICE NDS, Admissions and Release, section (III)(J), the FOD must ensure, “INS will approve the IGSA release procedures.”

CONTRABAND⁵

ODO noted a deficiency related to contraband in the administrative special management unit, CBF Pod 400. ODO observed a detainee in CBF Pod 400 had 105 empty toilet tissue rolls stacked between the commode and wall. This potentially constitutes a fire hazard and may promote pest and vermin infestation (**Deficiency C-1**).

Further review found the detainee assigned to the cell was the assigned “houseman” for CBF Pod 400, responsible for performing duties such as cleaning the dayroom and shower area, and distributing food trays. ODO found the door to his cell was not secure when pulled open. The detainee had used playing cards to effectively disable the locking device, allowing him to come and go from his cell as he wished. ODO recommends the facility remove the playing card that is effectively disabling the cell door locking device (**R- 2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY C-1

In accordance with the ICE NDS, Contraband section (III)(A), the FOD must take steps to minimize or eliminate, “Contraband” refers to all items that pose a threat to the security of people or property. A contraband item fits into either category of “hard” contraband or the category of “soft” contraband.

Hard contraband includes any item that is inherently dangerous as a weapon or tool of violence, e.g., a knife, explosives, a “zipgun,” brass knuckles, etc. Because hard contraband presents an immediate physical threat to the facility, a detainee found in possession of hard contraband could face disciplinary action or criminal prosecution.

Soft contraband, on the other hand, comprises “nuisance” items that do not pose a direct and immediate threat to individual safety. Nonetheless, soft contraband has the potential to create dangerous or unsanitary conditions in the facility, such as excess papers that create a fire hazard, food items that are spoiled or retained beyond the point of safe consumption, etc.

⁵ The NDS standard pertaining to Contraband was not scheduled to be reviewed during this inspection and was not reviewed in its entirety. This deficiency is being formally cited in the body of this report based on information obtained during the inspection of the Special Management Units.

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System standard at RCCC to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO toured the facility and classification area, interviewed staff, reviewed detainee files and classification living unit rosters, and observed the intake and classification process.

Detainees are classified upon admission by RCCC staff using the ICE 2011 PBNDS Custody Classification Worksheet. ODO reviewed ten randomly selected detention files and confirmed each contained the worksheet and information necessary to support classification decisions. A supervisor oversees the intake process; however, deputies informed ODO the supervisor does not review and approve each detainee's classification (**Deficiency DCS-1**). No documentation of supervisory review was found.

There are procedures in place for reclassification and reclassification documentation was found in the ten detainee files reviewed. There is also a procedure in place for detainees to appeal their classification and notice of the appeal process is detailed in the local detainee handbook. The handbook also includes an explanation of the ICE classification level system.

ODO's review of the housing roster found a detainee classified as a level 1 was housed in a unit with level 2 and level 3 detainees (**Deficiency DCS-2**). The detainee complained about his housing during an interview with ODO. ODO reviewed an incident report documenting the detainee was transferred from level 1 housing one day earlier, after speaking to security staff loudly in Chinese in response to instructions given in English, which he did not understand. There was no information in the report indicating language interpretation assistance was sought. The booking deputy stated moving detainees between units consistent with their classification levels is an accepted practice at RCCC, and acknowledged the level 1 detainee should not have been placed in a level 2/3 unit. Prior to completion of the inspection, the detainee was returned to his original level one housing unit (**C-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System section (III)(A)(3), the FOD must ensure, "The classification system ensures:

3. The first-line supervisor will review and approve each detainee's classification."

DEFICIENCY DCS-2

In accordance with the ICE NDS, Detainee Classification System section (III)(E)(1)(a), the FOD must ensure, "Level 1 Classification:

- a. May not be housed with Level 3 detainees."

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedure standard at RCCC to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE 2000 NDS.

The grievance system at RCCC allows detainees to file informal, formal, and emergency grievances. Grievance forms are available in the housing units from the facility detention officers. Detainees may obtain assistance from other detainees or facility staff in preparing a grievance. The RCCC grievance form is a triplicate form that is signed and dated by the facility detention officer accepting the form from a detainee. The detainee retains one copy while the grievance officer retains the original and second copy.

On May 27, 2014, the facility issued guidance to staff on significant incidents involving detainees, which require notification to ICE. The guidance did not specifically state that any grievances alleging staff misconduct would be forwarded to ERO (**Deficiency DGP-1**).

At the time of inspection, RCCC maintained an electronic grievance log to document and track all grievances filed by both inmates and ICE detainees. The design of the electronic grievance log maintained by facility staff prevents them from easily identifying ICE detainee grievances. As a result, ODO was unable to identify detainee grievances filed earlier than July 2014. ODO reviewed 15 randomly selected grievances from a six-month period (July to December 2014). Of these 15, one alleged staff misconduct and two involved use of force or excessive use of force. Facility staff was unable to verify the allegations had been reported to ICE. The other grievances involved various less significant issues and no patterns or trends were observed.

The local detainee handbook provides notice to detainees of the opportunity to file informal and formal grievances and the procedures for filing an appeal. RCCC's detainee handbook does not provide notice of the appeal level beyond the facility's Detention Commander. The local detainee handbook does not provide guidance on the procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels, the procedure for contacting ICE to appeal a grievance, and the opportunity to file a complaint regarding officer misconduct directly with the DHS Office of the Inspector General (**Deficiency DGP-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(F), the FOD must ensure, "Staff must forward all detainee grievances containing allegations of officer misconduct to a supervisor or higher-level official in the chain of command. CDFs and IGSA facilities must forward detainee grievances alleging officer misconduct to INS. INS will investigate every allegation of officer misconduct."

DEFICIENCY DGP-2

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(G), the FOD must ensure, “The grievance section of the detainee handbook will provide notice of the following:

3. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved. The level above the CDF-OIC is the INS-OIC.
4. The procedures for contacting INS to appeal the decision of the OIC of a CDF or an IGSA facility.
5. The policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance.
6. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to:

Department of Justice
PO Box 27606
Washington, DC 20038-7606

In accordance with the National Detention Standards Staff-Detainee Communication Standard Change Notice,” dated June 15, 2007, the FOD must ensure, “until the detainee handbooks can be revised during the annual update, ICE staff shall ensure that each detainee in ICE custody is informed in writing the OIG contact information:

DHS OIG Hotline
Write to:

245 Murray Drive, S.E., Building 410
Washington, D.C. 20538

Email to:
DHSOIGHOTLINE@DHS.GOV

OR Telephone
1-800-323-8603”

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook standard at RCCC to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in accordance with the ICE 2000 NDS. ODO reviewed the detainee handbook, staff training records, detention files, and interviewed staff and detainees.

ODO reviewed 30 detention files to verify whether RCCC provides the local detainee handbook and/or the ICE National Detainee Handbook, after several detainees claimed to have not received a copy of either handbook. ODO found the facility does not require detainees to sign for the local detainee handbook (**Deficiency DH-1**) or for the ICE National Detainee Handbook (**Deficiency DH-2**). RCCC does not require detainees to sign an acknowledgement form, or equivalent, for either handbook and does not track distribution. The local detainee handbook does have a signature form in the back for verification of receipt, but none were signed.

During the inspection, ODO witnessed facility staff issuing different versions of the local detainee handbook. ODO was provided a November 2014 version prior to the inspection. During the inspection, ODO witnessed a June 2014 English version and a June 2010 Spanish version in circulation. RCCC staff said the November 2014 version of the handbook was not yet in circulation. ODO asked facility officers about having an appointed committee to conduct annual reviews of the handbook. The facility does not have a committee for such reviews (**Deficiency DH-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE 2000 NDS, Detainee Handbook, section (I), the FOD must ensure, "Every detainee will receive a copy of the handbook upon admission to the facility."

DEFICIENCY DH-2

In accordance with ICE National Detainee Handbook Change Notice memorandum, dated November 2, 2007, the FOD must ensure, "Distribute the new ICE National Detainee Handbook to all those in your area of responsibility that address detainee issues and to all detention facilities for immediate distribution to all ICE detainee."

DEFICIENCY DH-3

In accordance with the ICE 2000 NDS, Detainee Handbook, Section (III)(I), the FOD must ensure, "an appointed committee will conduct annual reviews of the handbook, after the annual reviews and revisions by facility department heads and the OIC."

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at RCCC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, and fire drills.

Overall, the sanitation of the facility was acceptable despite the age of the facility, though ODO noted sanitation concerns in the main kitchen and in the special management units, documented in the Food Service and Special Management Unit standards .

ODO's inspection found a master file of Material Safety Data Sheets (MSDS) was available; however, the facility does not maintain a master index of hazardous substances, to include locations, emergency numbers, and documentation of semi-annual review (**Deficiency EH&S-1**). During the inspection, ODO found aerosol cans were not listed on any running inventory (**Deficiency EH&S-2**), and not stored in a flammables storage cabinet (**Deficiency EH&S-3**). The cans included three disinfectant sprays, observed in the bathroom and shower areas of the medical unit, and in excess of 200 cans stored on open shelves in the facility warehouse. Paper products and cardboard boxes were stored in locations immediately adjacent to the aerosol cans.

ODO also observed the inventory of paint thinner was inaccurate. The inventory reflected two gallons, although five gallons were present (**repeat Deficiency EH&S-2**); and the paint thinner was not stored in a flammables cabinet (**repeat Deficiency EH&S-3**). Prior to completion of the inspection, the facility partially corrected the deficiency by removing the aerosol cans from the medical area and moving the aerosol cans into a flammables storage cabinet (**C-2**).

Per State of California guidelines, fire inspections by an external source are completed every other year. The facility was last inspected by the Cosumnes County Fire Department on August 28, 2013. Issues with the sprinkler system and alarm system were noted. Documentation reflected a new sprinkler and alarm system was installed and is tested per system requirements by an external company.

ODO was informed the fire and safety officer position has been vacant for approximately nine months for budgetary reasons. A deputy has been designated to conduct fire safety inspections on a monthly basis; however, she has no specialized training and there was no documentation demonstrating she conducts inspections outside administrative areas. Weekly fire and safety inspections are not conducted by any staff member, nor are monthly inspections conducted by maintenance staff (**Deficiency EH&S-4**). Documentation reflects maintenance staff inspects fire extinguishers only. A facility-specific fire prevention, control, and evacuation plan has not been developed, and exit diagrams are not posted in the housing areas or other locations (**Deficiency EH&S-5**). Fire drills are conducted quarterly rather than monthly; also, during the drills detainees are not evacuated and emergency keys are not tested (**Deficiency EH&S-6**). Inspection of the medical department confirmed sharps are inventoried at the beginning and end of each shift. ODO found all inventories current and accurate. RCCC's medical services contractor has chosen to compose their own spill kits for body fluid or blood spills. Upon inspection of the kits, ODO found they did not contain plastic bags of the size specified by the

standard, absorbent paper towels, and a bottle of hospital disinfectant (**Deficiency EH&S-7**). Bio-hazardous waste is disposed of under contract with a local contractor.

Copies of the water certification, pest control, and generator testing and maintenance, were current and available. Generator testing and servicing was in compliance with the recommendations of the manufacturer.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with ICE NDS, Environmental Health and Safety, section (III)(C), the FOD must ensure, “The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the master file. The master index will also include a comprehensive, up to date list of emergency phone numbers (fire department, poison control center, etc.)”

DEFICIENCY EH&S-2

In accordance with ICE NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure, “Every area will maintain a running inventory of the hazardous (flammable, toxic, caustic) substances used and stored in that area.”

DEFICIENCY EH&S-3

In accordance with ICE NDS, Environmental Health and Safety, section (III)(F)(1), the FOD must ensure,

1. “Any liquid or aerosol labeled “Flammable” or “Combustible” must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property.”

DEFICIENCY EH&S-4

In accordance with ICE NDS, Environmental Health and Safety, section (III)(L)(2), the FOD must ensure, “A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office.”

DEFICIENCY EH&S-5

In accordance with ICE NDS, Environmental Health and Safety, section (III)(L)(3)(a)(b)(c)(e)(g)(h), the FOD must ensure, “Every institution will develop a fire prevention, control, and evacuation plan to include, among other things, the following:

- a. Control of ignition sources;
- b. Control of combustible and flammable fuel load sources;
- c. Provisions for occupant protection from fire and smoke;
- e. Monthly fire inspections
- g. Accessible, current floor plans (buildings and rooms); prominently posted evacuation maps/plans; exit signs and directional arrows for traffic flow; with a copy of each revision filed with the local fire department.
- h. Conspicuously posted exit diagrams conspicuously posted for and in each area.”

DEFICIENCY EH&S-6

In accordance with ICE NDS, Environmental Health and Safety, section (III)(L)(4)(a)(b)(c), the FOD must ensure, “Monthly fire drills will be conducted and documented separately in each department.

- a. Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours will be timed so that employees on each shift participate in an annual drill.
- b. Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases where evacuation of patients is logistically not feasible. Staff simulated drills will take place instead in the areas where detainees are not evacuated.
- c. Emergency key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.”

DEFICIENCY EH&S-7

In accordance with ICE NDS, Environmental Health and Safety, section (III)(R)(3)(a), the FOD must ensure,

“a. To prepare a cleanup kit for blood and body fluid spills, package the following materials in a 12” x 15” clear “Ziplock” bag.

Gloves, rubber or vinyl, household type, (2 pair)

Clean absorbent rags (4)

Absorbent paper towels (15)

Disposable bag marked “Contaminated” size 23”x 10”x 39”, minimum thickness 1.5 mils

Clear plastic bag 13”x 10”x 39”, minimum thickness 1.5 mils

Bottle of “hospital disinfectant” (containing quaternary ammonium chlorides in at least 0.8% dilution), or a bottle of household bleach such as “Clorox” or “Purex” (5.25% sodium hypochlorite).”

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at RCCC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the NDS. ODO reviewed documentation, interviewed staff and detainees, inspected the food service area, and observed meal preparation and service.

The food service department is operated by the Sacramento County Sheriff's Department. The full-time staff consists of the food service manager who also oversees food service at the main jail, a food service supervisor, and (b)(7) cooks; also, there are (b)(7) part-time cooks. In addition to the staff, (b)(7) county inmates support the food service operation. Security in the kitchen is monitored by a deputy. ODO verified the staff and inmate workers received medical clearance. Inmate workers are inspected by the kitchen deputy prior to starting their shift for any signs of illness or personal hygiene concerns. Kitchen workers and staff were observed wearing hairnets, beard guards and plastic gloves.

RCCC's menu is certified annually by a registered dietitian based on a complete nutritional analysis, and religious and medically prescribed meals were provided and properly documented. During the inspection, there were no detainees on religious diets, and six detainees were receiving special diets for medical reasons.

Food is prepared in the main kitchen and portioned out for transportation to two satellite areas for placement on insulated trays. ODO observed meal preparation and placement of food items on trays in the satellite area where detainee trays are prepared. ODO verified both hot and cold food temperatures met NDS requirements when placed on trays. The food was taste-tested and found satisfactory. The trays were loaded on carts and delivered to the housing unit by an inmate worker under the direct supervision of a deputy. The deputy assigned to the housing unit did not record or check off a roster as trays were issued to detainees. ODO recommends that the facility consider instituting a method to document issuance of trays in order to confirm special diets are received by the correct detainees **(R-3)**.

Knives are kept in a locked storage cabinet, checked out by a cook, and then tethered to the work table where used. Other kitchen utensils are signed out by staff and kept in a locked cabinet on a shadow board.

Documentation reflects a contract is in place for pest control services. No signs of any vermin or pests were noticed by ODO. The kitchen is inspected annually by the Sacramento County Health Department, the last inspection having been conducted on February 18, 2014.

ODO found adequate sanitation in the satellite area where detainee trays are prepared. However, sanitation concerns were noted in the main kitchen area **(Deficiency FS-1)**. Trash was observed on the floor in the food preparation and dry storage areas, and on floors inside the walk-in coolers. The floors underneath the steam pots and tilting skillets appeared not to receive attention on an ongoing basis, as an accumulation of dirt and food particles were observed. In the bakery area, overhead fans where bread is cooled had dust and dust wads hanging from the fan guards. Paint was observed peeling from the walls in the dishwasher area. A three compartment sink in the dishwasher area was not labeled to identify which compartment is used

for washing, rinsing, and sanitizing (**Deficiency FS-2**). In addition, inspection of the bathroom used by inmate workers found poor conditions. The trash can was overflowing and paper towels were strewn on the floors, and the room had a foul odor. The hot water faucet dispensed cold water. No signs were posted in the restroom directing inmate workers to wash their hands before returning to the kitchen area (**Deficiency FS-3**).

Based on interviews and review of available documentation, ODO determined there is no documented inspection of the kitchen on any routine basis (**Deficiency FS-4**). According to the food service manager, the cooks are required to conduct a daily inspection and he personally walks through the area and gives staff instructions; however, no documented, regimented inspections occur. **STANDARDS/POLICY REQUIREMENTS FOR**

DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE NDS, Food Service, section (III)(H)(5)(c), the FOD must ensure, “All facilities shall meet the following environmental standards:

- c. Routinely cleaned walls, floors, and ceilings in all areas.”

DEFICIENCY FS-2

In accordance with ICE NDS, Food Service, section (III)(H)(7)(f)(1), the FOD must ensure, “A sink with at least three labeled compartments is required for manually washing, rinsing, and sanitizing utensils and equipment. Each compartment shall have the capacity to accommodate the items to be cleaned. Each shall be supplied with hot and cold water.”

DEFICIENCY FS-3

In accordance with ICE NDS, Food Service, section (III)(H)(9)(a)(b), the FOD must ensure, “Adequate and conveniently located toilet facilities shall be provided for all food service staff and detainee workers. Toilet fixtures shall be of sanitary design and readily cleanable... Toilet facilities, including rooms and fixtures, shall be kept clean and in good repair. Signs shall be prominently displayed directing all personnel to wash hands after using the toilet... Lavatories shall have readily available hot and cold water.”

DEFICIENCY FS-4

In accordance with ICE NDS, Food Service, section (III)(H)(13)(a), the FOD must ensure, “The facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food preparation areas. All components of the food service department, (ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal, etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily, recording the results... The FSA or CS of food service shall inspect food service areas weekly.”

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at RCCC to determine if controls are in place to inventory, receipt, and store and safeguard detainees' personal property, in accordance with the ICE NDS. ODO toured the intake and property storage area, interviewed facility staff and ERO personnel, reviewed policy and relevant documents, and observed intake processing.

According to RCCC booking staff and ERO staff, detainees are admitted to RCCC with limited property; specifically, the clothing they are wearing, monies, jewelry and medications. ERO staff stated any other property confiscated upon apprehension is maintained by either the Sacramento or San Francisco field offices. The detainee handbook provides instructions for contacting ERO with any questions concerning property maintained at the field offices. Prior to transport to RCCC, property and funds being transferred with the detainee are inventoried and placed in sealed plastic bags with a copy of the inventory signed by the detainee.

ODO's observation of the intake processing of five detainees received by RCCC during the inspection confirmed adherence to facility policy. Upon detainee arrival at RCCC, booking deputies open the sealed bags, re-inventory the property and monies in the detainee's presence, and record the inventory on a facility form. The detainee signs and receives a copy of the inventory form as a receipt and the form is placed in the RCCC property file maintained in the cashier's office. A copy of the inventory form is not placed in the detention file as required by the ICE NDS, Detention Files. ODO did not review the detention file standard at this facility, however, the issue was addressed with senior RCCC staff.

Inventoried property and clothing worn by the detainee upon arrival is placed in a property storage box with a copy of the inventory. The area where property boxes are stored was secure and well-organized, and property boxes were clearly labeled with the detainees' name and A-numbers. A random inspection of ten property boxes confirmed they contained signed inventory forms.

U.S. currency is placed in a safe pending verification of the amount recorded on the inventory form and establishment of a commissary account by the cashier. The cashier's office is adjacent to the booking area and was found to be secure. Foreign currency is documented in denominations on the inventory form and secured with other property. Any medication received with a detainee is given to medical staff for review and then placed in the detainee's property box.

Review of the facility's policy and procedures confirmed the requirements of the NDS are addressed with two exceptions. Deputies do not collect forwarding addresses from detainees (**Deficiency F&PP-1**), and there is no internal process in place to handle claims of lost or damaged property (**Deficiency F&PP-2**). Likewise, the detainee handbook does not notify detainees of procedures for filing a claim of lost or damaged property received by RCCC (**Deficiency F&PP-3**). According to the policy, detainees with missing or damaged property are instructed to file a written complaint with the County of Sacramento, Internal Services Agency. ODO's review of the claims form found it is unspecific to RCCC and includes such information as instructions for traffic accidents. The booking deputy informed ODO that any claim of lost or damaged property would be forwarded to ERO, though he could not recall any such claim.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with ICE NDS, Funds and Personal Property, section (III)(C), the FOD must ensure, “Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property that could be lost or forgotten in the facility after the detainee’s release, transfer, or removal.”

DEFICIENCY F&PP-2

In accordance with ICE NDS, Funds and Personal Property, section (III)(H), the FOD must ensure, “All CDF and IGSA facilities will have and follow a policy for loss of or damage to properly receipted detainee property as follows:

1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard;
2. Supervisory staff will conduct the investigation;
3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;
4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim;
5. The (sic) will promptly reimburse detainees for all validated property losses caused by facility negligence;
6. The (sic) will not arbitrarily impose a ceiling on the amount to be reimbursed for a valid claim; and
7. The senior contract officer will immediately notify the designated ICE officer.”

DEFICIENCY F&PP-3

In accordance with ICE NDS, Funds and Personal Property, section (III)(J)(5), the FOD must ensure, “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

5. The procedures for filing a claim for lost or damaged property.”

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at RCCC to determine if detainees have access to healthcare and emergency services to meet detainee health needs in a timely manner, in accordance with the ICE NDS. ODO toured all areas where detainee medical services are provided, reviewed the department's policies and procedures, and examined the medical files of 25 male detainees, 18 of whom required chronic care monitoring. Interviews were conducted with the senior administrative analyst, medical director, staff physician, dental lead, staff dentist, the director of nurses, day shift supervisory nurse, licensed mental health therapist, pharmacy lead, and the correctional training manager.

RCCC has no healthcare accreditations. The medical department is staffed for 24-hour coverage by the County of Sacramento. The medical director is a board-certified medical doctor who oversees health care at both the main jail and RCCC. A senior administrative analyst, lead pharmacist, and lead dentist also hold oversight positions for both the main jail and RCCC. The senior administrative analyst is the administrative health authority and is not a clinician. There are (b)(7)e full-time physicians and (b)(7)e family nurse practitioner assigned to RCCC. Nursing supervisory staff includes the director of nurses and (b)(7)e full-time supervisory registered nurses who work 12-hour shifts. In addition to the supervisory staff, the day shift is typically staffed with (b)(7)e registered nurses, and (b)(7)e licensed vocational nurses. The evening and night shifts are staffed with (b)(7)e registered nurses and (b)(7)e licensed vocational nurses. There is currently (b)(7)e vacancy for a registered nurse. Full-time dental services are provided on site by (b)(7)e dentist and (b)(7)e dental assistant. Pharmacy services are provided by full-time pharmacists and pharmacy technicians. RCCC holds contracts with (b)(7)e temporary staffing agencies to ensure adequate nursing and pharmacy coverage.

Mental health services for the main jail and RCCC are provided by the University of California's Jail Psychiatric Services program. The staff includes a part-time licensed mental health therapist, (b)(7)e full-time licensed clinical social workers, (b)(7)e full-time mental health nurse practitioner, and a part-time social worker. A psychiatrist provides onsite services at RCCC one day per week.

For specialty medical care required beyond RCCC's scope of services, contracted physicians provide services onsite and off-site and emergency care is provided at San Joaquin or Mercy General hospitals. Contracts are in place for onsite specialty services in orthopedics, orthopedic casting, cardiac, nephrology, podiatry, ophthalmology, and ears, nose, and throat.

The main RCCC medical clinic is small, consisting of two examination rooms, a triage area, waiting area, and a biohazard closet. A room divider separates the triage area from the waiting area, providing privacy of sight but not sound. ODO did not observe more than one patient in this area, and according to the supervisory registered nurse, one of the two examination rooms would be used for triage privacy, if needed. A restroom and drinking water were available in close proximity. There is a medical observation unit adjacent to the clinic with four secured cells and 17 cots in a large common area. Two of the four cells have two beds, and the other two have one bed each. A nurse's station with large glass windows allows direct observation of the common area, and camera surveillance provides direct observation of the secured cells.

In addition to RCCC's main clinic, there is a satellite medical clinic near the detainee housing units with one large, private examination room and a two-chair dental clinic. ODO found sanitation in the satellite medical and dental clinics to be unsatisfactory. Countertops and sinks were stained, and extreme corrosion was noted in the ceramic sink in the medical clinic. In addition, pink hand soap was observed splattered over counter tops. During the inspection, the senior administrative analyst and director of nurses counseled staff on sanitation requirements and requested replacement of the sink (**C-3**). Flyers addressing wellness, infectious disease prevention, diabetes, stress, and mental health are on display and easily accessible to detainees throughout the clinic areas.

A review of 25 detainee medical files confirmed intake screenings were completed by registered nurses within twelve hours of detainee arrival. Intake screening is manually documented on forms which are then scanned into the electronic medical record. The screening form is comprehensive, addressing potential suicide risk and mental disabilities, symptoms or history of tuberculosis, history of substance abuse and symptoms of withdrawal, medical history, and current medications. Consent for medical treatment statements were included on the intake forms and were signed by the detainees in all 25 cases. According to the director of nurses, detainees who are believed to be under the influence of alcohol or drugs are placed in an observation cell within the medical unit and assessed for withdrawal prior to placement in general population housing. ODO was informed and observed that many of the RCCC medical staff speaks Spanish. Use of interpretation services was documented in medical records reviewed by ODO.

A review of the 25 medical files confirmed completion of tuberculosis (TB) screening by means of symptom check, purified protein derivative (PPD) skin test, and chest X-ray for current or past positive skin tests. However, in 84 percent of cases reviewed (21 of 25), TB screening was not initiated at the time of intake (**Deficiency MC-1**). According to the senior administrative analyst and the ICE Health Service Corps field officer, RCCC policy was recently changed to require PPD placement within three days of intake. ODO was informed the change was made in response to refusal of the U.S. Marshals service to take custody of its prisoners if PPD tests had not been both placed and read. Five of the 21 detainees whose PPDs were delayed post intake were not tested for four days and as long as 15 days, in violation of both the standard and the facility's new policy. RCCC does not currently have an option for immediate tuberculosis screening by way of chest X-ray. The facility has a digital radiology machine; however, American Correctional Solutions, Inc. only provides technician services on Mondays, Wednesdays, Fridays, and as needed on Tuesdays and Thursdays. Film interpretations are faxed to the facility within 24 hours of request. There are no rooms equipped with negative airflow for respiratory isolation within the RCCC. ODO was informed that if needed, detainees would be housed in a negative pressure room at the main jail or transferred to one of the area hospitals pending clearance.

The initial 14-day physical examination is conducted by a physician, nurse practitioner, or a registered nurse. Based on review of training records and interviews, ODO found registered nurses did not receive training in performing physical examinations. In addition, ODO found four health appraisals conducted by registered nurses did not document review by a physician; and one detainee admitted on December 10, 2014, had not received a health appraisal at the time

of the inspection (**Deficiency MC-2**). The detainee received a health appraisal prior to departure of the ODO inspection team.

RCCC's dentist does not conduct initial dental screenings (**Deficiency MC-3**). Instead, dental screenings are performed by medical staff conducting the health appraisal. ODO confirmed staff who conducts the dental screenings were trained in the function within the past year. During detainee interviews, one detainee claimed to have a piece of metal embedded in his gum after biting into a food item, and had not received dental attention in three days. ODO found no sick call request in his medical record, and was unable to substantiate his claim that he reported his complaint to the deputy. He was seen by the dentist prior to completion of the inspection. Another detainee claimed he submitted a sick call request for a toothache on December 28, 2014, and had not been treated. ODO confirmed the sick call request was triaged; however, he was not seen by the dentist (**Deficiency MC-4**). This detainee was also seen by the dentist prior to completion of the inspection (**C-4**).

Sick call request forms in English and Spanish are available upon request from licensed vocational nurses during medication distribution and the deputies in the general population and special management housing units. According to a nurse interviewed by ODO, the detainee worker within the units often collects the unsealed requests and forwards them to the nurse during medication distribution. ODO also notes the detainee handbook instructs detainees to give their completed sick call requests to the deputy (**Deficiency MC-5**). Whereas detainees may record medical information on sick call requests, involvement of another detainee and/or deputy violates patient confidentiality. Once received by the licensed vocational nurse, sick call requests are forwarded to a registered nurse who triages them within 24 hours. ODO's review of 14 sick call requests confirmed triage within this timeframe, and timely follow up.

ODO found chronic care clinic enrollment primarily consisted of detainees with stabilized hypertension, asthma, diabetes, and mental illness. The medical records of 18 detainees with chronic conditions documented regular clinical monitoring by a physician, mental health professional, or nurse practitioner. Detainee access to extensive patient education materials in both English and Spanish was cited as a best practice (**BP-1**).

Automated external defibrillator (AED) and emergency first aid bags are located in the main satellite clinics. Medical personnel conduct daily checks to ensure the breakable locks are intact on the first aid bags and that AEDs are properly functioning. After opening and using the emergency bags, supplies are refilled to meet the inventory content. Training records indicated (b)(7)e deputies, all medical staff, and none of the pharmacists or pharmacy technicians received medical emergency and cardio pulmonary resuscitation (CPR) training. Additionally, the CPR certification of one RN had expired the month prior to the inspection (**Deficiency MC-6**). According to the senior administrative analyst and lead pharmacist, these individuals will be scheduled to receive CPR training.

RCCC has a full-service pharmacy with two automatic unit dose and packaging dispensers. Medications are dispensed in small plastic bags which are labeled with complete prescription information and scanning codes. When distributing medications, nurses scan the codes and detainees' wristbands to verify accurate administration. Because this system provides an

electronic record of administration and reduces opportunities for medication errors, ODO cites it as a best practice **(BP-2)**.

RCCC's electronic medical record system was designed by the senior administrative analyst specifically for the correctional environment. System enhancements in the six years since implementation have included allowing cross referencing of rosters, interfacing with pharmacy records, and automatic scheduling of follow-up appointments. Administrative features include management of professional continuing education programs, and rosters indicating medical personnel who are on duty at the various clinics at any given time. RCCC's electronic medical record system is cited as a best practice **(BP-3)**.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE NDS, Medical Care, section (III)(D), the FOD must ensure, "all new arrivals receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained."

DEFICIENCY MC-2

In accordance with ICE NDS, Medical Care, section (III)(D), the FOD must ensure, "the health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. Health appraisals will be performed according to NCCHC and JCAHO standards."

DEFICIENCY MC-3

In accordance with ICE NDS, Medical Care, section (III)(E), the FOD must ensure, "an initial dental screening exam be performed within 14 days of the detainee's arrival. If no onsite dentist is available, the initial dental screening may be performed by a physician, physician assistant, or nurse practitioner."

DEFICIENCY MC-4

In accordance with ICE NDS, Medical Care, section (III)(E), the FOD must ensure, "detainees be afforded only authorized dental treatment defined as follows: 1) Emergency dental treatment, which includes those procedures directed toward the immediate relief of pain, trauma, and acute oral infection that endangers the health of the detainee. It also includes repair of prosthetic appliances to prevent detainee suffering; 2) Routine dental treatment may be provided to detainees for who dental treatment is inaccessible for prolonged periods because of detention for over six months. Routine dental treatment includes amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances, and other procedures required to maintain the detainee's health."

DEFICIENCY MC-5

In accordance with ICE NDS, Medical Care, section (III)(M), the FOD must ensure, "all medical providers shall protect the privacy of detainees' medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well being of detainees."

DEFICIENCY MC-6

In accordance with ICE NDS, Medical Care, section (III)(H), the FOD must ensure, “detention staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following:

1. The recognition of signs of potential health emergencies and the required response;
2. The administration of first aid and cardiopulmonary resuscitation (CPR);
3. The facility plan and its required methods of obtaining emergency medical assistance;
4. The recognition of signs and symptoms of mental illness (including suicide risk) retardation, and chemical dependency; and
5. The facility’s established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital and other medical services.”

SPECIAL MANAGEMENT UNIT (SMU) ADMINISTRATIVE SEGREGATION

ODO reviewed the Special Management Unit Administrative Segregation (SMU AS) standard at RCCC to determine if the facility has procedures in place to temporarily segregate detainees for administrative reasons, in accordance with the ICE NDS. ODO toured the SMUs, interviewed staff, and reviewed policies, logs and segregation documentation.

RCCC has two operations orders addressing operation of the SMUs. ODO's review of the orders found them vague. They do not address segregation orders, status reviews, requirements for basic living conditions, and documenting activities on permanent logs (**Deficiency SMU AS-1**). In addition, the orders do not include guidelines for property detainees may keep while on administrative segregation (**Deficiency SMU AS-2**).

RCCC's SMUs are CBF Pod 400 and Unit SBF Pod 100. The SMUs have two tiers with eight double occupancy cells, making the total capacity in each SMU 32. The cells are 70 square feet and contain two beds in bunk bed configuration, a table, stool, toilet/sink combination, stainless steel mirror, and security light. All furnishings and fixtures were properly secured to the floor, walls and/or ceiling. Both SMUs have a dayroom, a shower, and two telephones. Inspection found the SMUs had adequate ventilation, light, and heat; however, sanitation in the cells, day rooms and showers was poor (**Deficiency SMU AS-3**). Grime and dirt was observed in corners and where floors met the walls. There was graffiti on the walls and windows and light fixtures were covered with paper. In addition, ODO observed a detainee in CBF Pod 400 with 105 empty toilet tissue rolls stacked between the commode and wall. This constitutes a fire hazard and promotes pest and vermin infestation. According to the deputy assigned to the unit, searches of cells in the SMUs rarely occur. Further review found the detainee assigned to the cell was the assigned "houseman" for CBF Pod 400, responsible for performing duties such as cleaning the dayroom and shower area, and distributing food trays. ODO found the door to his cell was not secure when pulled open. With knowledge of the correctional staff, the detainee had used playing cards to effectively disable the locking device, allowing him to come and go from his cell as he wished.⁶

In addition to the SMUs, KBF Pod 100 has been designated as RCCC's housing unit for inmates and detainees who require protective custody from the general population, but who may be safely housed together. At the time of the inspection, there were 19 detainees in KBF 100. Because detainees in this unit have the same privileges and freedom of movement as detainees in general population, requirements for segregation orders and status reviews do not apply.

The facility was unable to produce a listing of detainees assigned to the SMU during the preceding year. At the time of the inspection, seven detainees were on administrative segregation status in the SMUs, six in CBF 400 and one in SBF 100. All were segregated for protective custody reasons and determined ineligible for housing in KBF 100. Segregation orders were issued, and required status reviews were conducted. ERO staff stated they were aware of detainee segregation assignments. ODO's review of documentation finds the following:

⁶ Issue and associated recommendations were addressed under the "Contraband" standard

- Detainee assigned to administrative segregation for protective custody at his own request on December 23, 2014, due to difficulty getting along with others and fear for his safety in an open dorm setting.
- Detainees (three) assigned to administrative segregation for protective custody at their own request on December 23, 25, and 29, 2014, claiming disassociation from various gangs and stating they feared for their safety.
- Detainee assigned to administrative segregation for protective custody at his own request on May 29, 2014, due to history of sex offenses prior to his detention, about which other detainees became aware.
- Detainee assigned to administrative segregation for protective custody at this own request on December 4, 2014, having expressed he had difficulty being housed with multiple detainees and that he had a history of frequent mood swings. ODO confirmed a diagnosis of anti-social personality and routine contact with mental health staff.
- Detainee assigned to administrative segregation for protective custody on August 10, 2014, for “pod harmony” due to mental health issues. Further investigation by ODO found no mental health basis for the assignment. The detainee was returned to general population housing during the inspection. ODO recommends that status reviews for detainees presumed to have mental health issues include consultation with mental health staff **(R-4)**.

Services, privileges, and opportunities to engage in activities such as recreation and visitation are documented on Special Management Housing Unit Records (form I-888) in CBF 400 and on a facility log in SBF 100. ODO’s review found inconsistent entries on the logs in SBF 100; therefore, it could not be verified the detainee housed in that unit received required services, privileges and activities. ODO’s review of I-888 documentation in CBF showed entries were consistent and reflected compliance with the NDS, with the exception of meal service **(Deficiency SMU AS-4)**. RCCC’s system of tray issuance in the SMUs relies on the unit worker (houseman) to distribute trays once they arrive on the unit. The worker is only intermittently supervised by the deputy; therefore, the deputy does not directly observe and cannot document that each detainee received a tray. In addition to the documentation concerns, this system allows tampering with food by the worker, as well as issuance of two trays to one SMU occupant and withholding of a tray to another.

Documentation showed medical staff visits the SMUs daily; however, the visit is documented by a deputy rather than the medical staff person. During interviews of deputies and a nurse, detainees are seen on the unit for medication distribution and if a sick call request has been submitted.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU AS-1

In accordance with the ICE NDS, Special Management Unit, Administrative Segregation, section (III)(A), the FOD must ensure, “Administrative Segregation is a non-punitive form of separation from the general population used when the continued presence of the detainee in the general population would pose a threat to self, staff, other detainees, property, or the security or orderly operation of the facility. Others in this housing status includes detainees who require protective custody, those who cannot be placed in the local population because they are en route to another

facility (holdovers), those who are awaiting a hearing before a disciplinary panel, and those requiring separation for medical reasons. Administrative segregation status is a non-punitive status in which restricted conditions of confinement are required only to ensure the safety of detainees or others, the protection of property, or the security or orderly running of the facility.

The facility shall develop and follow written procedures consistent with this standard.”

DEFICIENCY SMU AS-2

In accordance with the ICE NDS, Special Management Unit, Administrative Segregation, section (III)(D)(9), the FOD must ensure, “The [Officer in Charge] will issue guidelines concerning the property that detainees may retain in administrative segregation.”

DEFICIENCY SMU AS-3

In accordance with the ICE NDS, Special Management Unit, Administrative Segregation, section (III)(D)(2), the FOD must ensure, “The quarters used for segregation shall be well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.”

DEFICIENCY SMU AS-4

In accordance with the ICE NDS, Special Management Unit, Administrative Segregation, section (III)(E)(1), the FOD must ensure, “A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.”

SPECIAL MANAGEMENT UNIT (SMU) DISCIPLINARY SEGREGATION

ODO reviewed the Special Management Unit Disciplinary Segregation (SMU DS) standard at RCCC to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary reasons, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, and reviewed policies and logs.

RCCC's SMUs are CBF Pod 400 and Unit SBF Pod 100. SBF Pod 100 is typically used for disciplinary segregation. The SMUs have two tiers with eight double occupancy cells, making the total capacity in each SMU 32. The cells are 70 square feet and contain two beds in bunk bed configuration, a table, stool, toilet/sink combination, stainless steel mirror, and security light. All furnishings and fixtures were properly secured to the floor, walls and/or ceiling. Both SMUs have a dayroom, a shower, and two telephones. Inspection found the SMUs had adequate ventilation, light, and heat; however, sanitation in the cells, day rooms and showers was poor (**Deficiency SMU DS-1**). Grime and dirt was found in corners and where floors met the walls, there was graffiti on the walls, and windows and light fixtures were covered with paper.

There were no detainees on disciplinary segregation during the inspection, and the facility was unable to produce a listing of detainees sanctioned with disciplinary segregation during the preceding year. During interviews, shift sergeants and the SMU deputy stated they did not recall a detainee being placed on disciplinary segregation in recent history.

A log is used to record services, privileges and daily activities of detainees on disciplinary segregation. ODO notes RCCC's system of tray issuance in the SMUs would not support documentation of meal service to each detainee, which the standard requires be recorded on the permanent log (**Deficiency SMU DS-2**). The RCCC system relies on the unit worker (houseman) to distribute trays once they arrive on the unit. The worker is only intermittently supervised by the deputy; therefore, the deputy does not directly observe and cannot document that each detainee received a tray. In addition to the documentation concerns, this system allows tampering with food by the worker, as well as issuance of two trays to one SMU occupant and withholding of a tray to another.

ODO confirmed detainees on disciplinary segregation are to be afforded the services and privileges required by the NDS with two exceptions: detainees are denied recreation privileges (**Deficiency SMU DS-3**) and social visitation privileges (**Deficiency SMU DS-4**). Legal visitation is allowed.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU DS-1

In accordance with the ICE NDS, Special Management Unit, Disciplinary Segregation, section (III)(D)(6), the FOD must ensure, "The quarters used for segregation shall be well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times."

DEFICIENCY SMU DS-2

In accordance with the ICE NDS, Special Management Unit, Disciplinary Segregation, section (III)(E)(1), the FOD must ensure, “A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.”

DEFICIENCY SMU DS-3

In accordance with the ICE NDS, Special Management Unit, Disciplinary Segregation, section (III)(D)(13), the FOD must ensure, “Recreation shall be provided to detainees in disciplinary segregation in accordance with the ‘Recreation’ standard. The standard provisions shall be carried out, absent compelling security or safety reasons documented by the [Officer in Charge]. A detainee’s recreation privileges may be withheld temporarily after a severely disruptive incident... Staff shall document by memorandum and logbook(s) notation every instance when a detainee is denied recreation. The memorandum shall be placed in the detainee’s detention file.”

DEFICIENCY SMU DS-4

In accordance with the ICE NDS, Special Management Unit, Disciplinary Segregation, section (III)(D)(17), the FOD must ensure, “The facility follows the ‘Visitation’ standard in setting visitation rules for detainees in disciplinary segregation. As a rule, a detainee retains visiting privileges while in disciplinary segregation. The determining factor is the reason for which the detainee is being disciplined.”

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at RCCC to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff; and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE 2000 NDS.

The facility uses a common log for all visitors. It was difficult to determine if unannounced visits by ICE supervisors are conducted. However, both the facility and the field office noted there is regular communication between senior facility staff and senior field office staff. Additionally, the field office has stationed an ERO staff member at the facility. The ERO staff member at the facility is responsible for daily staff-detainee communications and visiting the housing units and special management units on a daily basis to address detainees' personal concerns. ODO verified three months of facility liaison visit checklists and telephone serviceability checklists to ensure facility visits are conducted.

Detainees can submit written requests to facility or ERO staff by filling out a request form and handing it to either a facility staff member or ERO staff. Boxes for ICE request forms are also available in the housing units. ODO observed ERO staff picking up request forms on their daily rounds. Request forms are scanned and emailed to ERO staff in the field office and sub-office by the ERO staff member at the facility. ODO reviewed the detainee request log and found there are multiple instances of delay between the date the detainee submitted a request form and the date the request form is received by ICE at the field office or sub-office (**Deficiency SDC-1**). The ERO staff member at the facility suggested there may be delays between when a detainee provides an ICE request to a facility staff member and when it is received by the ERO staff member at the facility.

ODO reviewed all detainee requests from July to December and found that the requests are generally responded to within 72 hours of receiving the request from the facility. Most requests are sent to ERO staff in the field office and sub-office the date they are received by the ERO staff at the facility and then responded to and returned to the detainee the next day.

ODO reviewed written policies and the detainee handbook. The facility handbook is also missing the DHS OIG hotline information (**Deficiency SDC-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B), the FOD must ensure, "The detainee request form shall be delivered to ICE staff by authorized personnel (not detainees) without reading, altering or delay."

DEFICIENCY SDC-2

In accordance with the Change Notice, National Detention Standards, Staff-Detainee Communication Standard, dated June 15, 2007, the FOD must ensure, "The OIG Hotline information is to be included in the detainee handbooks in each of the aforementioned locations [IGSAs]."

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at RCCC to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE 2000 NDS. ODO interviewed facility staff and detainees; reviewed policy, procedures, and the detainee handbook; and conducted functionality tests on the telephones located in detainee housing units.

Detainees have reasonable and equitable access to telephones at RCCC. ODO confirmed the telephone availability ratio at RCCC is one telephone per 25 detainees. Telephone access is available during established during facility waking hours. RCCC does have a TTY device.

The RCCC detainee handbook states if others are waiting to use the telephones, all calls must be limited to 15 minutes. It further states that if you abuse the equipment, attempt to charge your call to another inmate and/or make three-way calls, your telephone privileges may be revoked (**Deficiency TA-1**). As per the NDS, the facility may restrict the number and duration of non-legal calls for reasons of availability, orderly operation (such as meals and counts), and emergencies only.

ICSolutions is the telephone service provider. Detainees need an X-Ref number and personal identification number (PIN) to make a call. Detainees select a PIN number during the initial booking process. Current calling rates for local and intraLATA⁷ calls are charged as follows: \$2.40 surcharge, \$0.175 first minute for collect and pre-paid collect. Calling rates for interstate calls are as follows: \$2.40 surcharge, \$0.09 first minute for collect calls and \$2.40 surcharge, \$0.05 first minute for pre-paid collect calls. Current calling rates for debit calls are as follows: local, intraLATA, and interLATA are charged \$1.75 surcharge, \$0.20 first minute and interstate debit calls are \$1.75 surcharge and \$0.09 first minute. Current calling rates for international (Canada, Mexico, USVI, Puerto Rico, and Guam) are as follows: \$1.75 surcharge and \$0.20 first minute. For all other international countries, the calling rate is \$1.50 surcharge and \$0.50 first minute.

ERO staff inspects the telephones regularly and reports out-of-order telephones. ODO verified serviceability checks by reviewing weekly serviceability worksheets. RCCC staff stated they do not regularly check telephones for serviceability; but if an issue is discovered, it is reported to ICSolutions for repair (**Deficiency TA-2**).

ODO conducted operation checks of telephones in three of the housing units and found two telephones in the SBF 500 unit to be inoperative. ODO also conducted operational checks in the KBF 100 unit and found that when calls were made to access free speed dial numbers, the caller was prompted to accept collect call charges. Subsequent checks of the telephones in all other units found the telephones in working order. Pro bono numbers were updated and working. The listings for pro bono services, DHS OIG, consulates, and embassies, as well as telephone operating instructions are posted near the telephones in each housing unit.

⁷ Local Access Transport Area describes the area that a local telephone company manages.

RCCC Policy and Procedures for Telephone Access notifies the detainee that calls are subject to monitoring which these procedures are posted near each telephone; however, these procedures are not included in the detainee handbook (**Deficiency TA-3**). Telephones are available in the intake area for detainees to make calls.

ODO received different responses from RCCC staff regarding privacy for legal telephone calls. One RCCC staff member stated that detainees need to use the telephones in their respective units, which does not provide the required level of privacy. A second RCCC staff member stated detainees need to fill out a facility request form, and once the request is processed, the detainee will be granted a call. ERO staff confirmed detainees can request a facility call via the request form (**Deficiency TA-4**).

RCCC allows detainees to receive email communications from outside the facility. Incoming emails are screened by facility staff and then provided to the detainee. ODO identifies this as a best practice, as it facilitates familial connections.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE NDS, Telephone Access, section (III)(F), the FOD must ensure, “The facility may restrict the number and duration of other types of telephone calls for the following reasons only:

1. availability (i.e., the usage demands of other detainees);
2. orderly operation of the facility (e.g., scheduled detainee movements, court schedules, meals, counts, etc.); and
3. emergencies (e.g. escapes, escape attempts, disturbances, fires, power outages, etc.).”

DEFICIENCY TA-2

In accordance with the ICE NDS, Telephone Access, section (III)(D), the FOD must ensure; “Appropriate facility staff shall inspect the telephones regularly.”

DEFICIENCY TA-3

In accordance with the ICE NDS, Telephone Access, section (III)(K), the FOD must ensure, “If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating:

2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.”

DEFICIENCY TA-4

In accordance with ICS NDS, Telephone Access, section (III) (J), the FOD must ensure, “The facility shall ensure privacy for detainees’ telephone calls regarding legal matters. For this purpose, the facility shall provide a reasonable number of telephones on which detainees can make such calls without being overheard by officers, other staff or other detainees.”

USE OF FORCE

ODO reviewed the Use of Force standard at RCCC to determine if necessary use of force is used only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE NDS. ODO toured the facility, inspected equipment, interviewed staff, and reviewed policy, training records, and use of force documentation.

A search of the facility's database and interviews with deputies and shift sergeants indicated there were no calculated and three immediate uses of force incidents involving detainees during the year preceding the inspection. None involved intermediate force devices, including tasers and oleo capsicum spray (OC). Facility policy allows use of tasers and OC spray on detainees by trained deputies, and requires that a shift supervisor be present when either is used, if possible.

ODO's review of training records for (b)(7) deputies found all were trained in the use of force, including pressure point control tactics, tasers and OC, confrontation avoidance, communication techniques, cultural diversity and the application of restraints. RCCC has a Correctional Emergency Response Team (CERT), and members receive specialized annual training in forced cell extraction techniques. ODO confirmed training documentation was present in ten CERT members' training records, and verified appropriate protective equipment is available. The facility has numerous fixed security cameras installed throughout the facility. In addition, hand-held video cameras are maintained in the control center and shift supervisor's office.

RCCC has multiple policies addressing use of force; however, ODO's review found none of the policies specifically address the distinction between immediate and calculated force, confrontation avoidance, use-of-force team technique, and health services staff involvement prior to the incident. In addition, there are no written procedures for after-action reviews (**Deficiency UOF-1**). Though not addressed in policy, ODO's review of documentation found after-action reviews were conducted in the three immediate force incidents that occurred during the past year. In addition, interviews with shift sergeants and the CERT commander found confrontation avoidance, the use-of-force team technique, and consultation with medical staff prior to a calculated use-of-force incident occur in practice.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDING

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(K), the FOD must ensure, "Written procedures shall govern the use of force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures."