



U.S. Immigration  
and Customs  
Enforcement

MAR 30 2009

MEMORANDUM FOR: Kenneth L. Landgrebe  
Field Office Director

FROM:

[Redacted]  
[Redacted] b6, b6, b7c [Redacted] b6, b7c

Detention Standards Compliance Unit

SUBJECT: Polk County IAH Secure Adult Detention Facility  
Annual Detention Review

The annual review of the Polk County IAH Secure Adult Detention Facility, conducted on January 27–29, 2009 in Livingston, Texas, has been received. A final rating of Acceptable has been assigned.

The G-324A worksheets provided by the Reviewer-in-Charge (RIC) indicated the facility did not have any deficient standards. However, a Plan of Action is required for the line item deficiencies noted in the Food Service, Emergency Plans, Hold Rooms in Detention Facilities, Key and Lock Control, Population Counts, and Security Inspections Standards.

The rating was based on the RIC Summary Memorandum and supporting documentation. The Field Office Director must initiate the following actions in accordance with the Detention Management Control Program:

- 1) The Field Office Director, Detention and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, RIC Summary Memorandum, and a copy of this memorandum.
- 2) The Field Office Director is responsible for ensuring that the facility responds to all findings and a Plan of Action is submitted to the Review Authority (RA) within 30 days.
- 3) The RA will advise the Field Office Director once the Plan of Action is approved.
- 4) Once a Plan of Action is approved, the Field Office Director shall schedule a follow-up on the above noted deficiencies within 90 days.

Subject: Polk County IAH Secure Adult Detention Facility Annual Detention Review  
Page 2 of 2

The Field Office is responsible for assisting the Intergovernmental Service Agreement facility to respond to the Immigration and Customs Enforcement findings when assistance is requested. Notification to the facility shall include information that this assistance is available.

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

cc: Official File

ICE:HQDRO:[REDACTED]:2-4453:2/18/09

[REDACTED]  
b2High

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# ICE Detention Standards Compliance Review

Polk County IAH Secure Adult Detention Facility

January 27-29, 2009

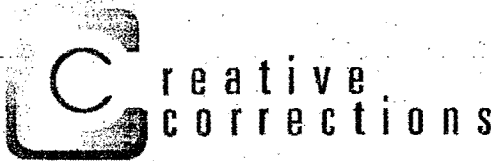
REPORT DATE – February 6, 2009



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

**[REDACTED]**, Executive Vice President  
Creative Corrections  
6415 Calder, Suite B  
Beaumont, TX 77706

**[REDACTED]**, COTR  
U.S. Immigration and Customs Enforcement  
Detention Standards Compliance Unit  
500 12th St, SW  
Washington, DC 20536



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February 6, 2009

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

FROM: [REDACTED] for [REDACTED]  
Reviewer-In-Charge [REDACTED]

SUBJECT: Polk County IAH Secure Adult Detention Facility  
Annual Detention Review

Creative Corrections conducted an Annual Detention Review (ADR) of the Polk County IAH Secure Adult Detention Facility, operated by Community Education Centers (CEC), and located in Livingston, Texas, on January 27-29, 2009. As noted on the attached documents, the team of Subject Matter Experts included [REDACTED] for Security; [REDACTED] for Health Services; [REDACTED] for Environmental Health and Safety; and [REDACTED] for Food Services.

A closeout meeting was conducted on January 29, 2009, with Sheriff Ken Hammick, Warden [REDACTED], Deputy Director CEC; [REDACTED], Special Assistant and a number of department heads and supervisors. ICE staff in attendance included AFOD [REDACTED] and COTR [REDACTED]. The closeout included a discussion of all aspects of this review.

**Type of Review**

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

**Review Summary**

The facility is not accredited by the National Commission on Correctional Health Care, the American Correctional Association, or the Joint Commission on Accreditation of Healthcare Organizations. The facility will undergo an American Correctional Association review on February 9-11, 2009, with a view toward accreditation.

**Standards Compliance**

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

**January 2008**      **Review**

**Compliant**                      **36**  
**Deficient**                        **1**  
**At-Risk**                            **0**  
**Not-Applicable**                **1**

**January 2009**      **Review**

**Compliant**                      **37**  
**Deficient**                        **0**  
**At-Risk**                            **0**  
**Not-Applicable**                **1**

**Recommended Rating and Justification**

It is the RIC recommendation that the facility receive a rating of "Acceptable." As there were no deficiencies noted above, no Plan of Action should be required.

**RIC Assurance Statement**

All findings of this review have been documented on the Detention Review Worksheet and are supported by the written documentation contained in the review file.

**A. Type of Facility Reviewed**

ICE Service Processing Center  
 ICE Contract Detention Facility  
 ICE Intergovernmental Service Agreement

**B. Current Inspection**

Type of Inspection  
 Field Office  HQ Inspection  
Date[s] of Facility Review  
**January 27-29, 2009**

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

Date[s] of Last Facility Review  
**January 29-31, 2008**  
Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**D. Name and Location of Facility**

Name  
**Polk County IAH Secure Adult Detention Facility**  
Address (Street and Name)  
**3400 FM 350 South**  
City, State and Zip Code  
**Livingston, Texas 77351**  
County  
**Polk**  
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  
**b6,b7c, Warden**  
Telephone # (Include Area Code)  
**936-967-b6,b7c**  
Field Office / Sub-Office (List Office with oversight responsibilities)  
**Houston**  
Distance from Field Office  
**50 Miles**

**E. ICE Information**

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

**F. CDF/IGSA Information Only**

Contract Number  
**SROISA-07-0029** Date of Contract or IGSA  
**July 25, 2007**  
Basic Rates per Man-Day  
**\$57.65**  
Other Charges: (If None, Indicate N/A)  
**NA**

Estimated Man-days Per Year:  
**90,000 plus**

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:  
 Check box if facility has no accreditation[s]

**H. Problems / Complaints (Copies must be attached)**

The Facility is under Court Order or Class Action Finding  
 Court Order  Class Action Order  
The Facility has Significant Litigation Pending  
 Major Litigation  Life/Safety Issues  
 Check if None.

**I. Facility History**

Date Built  
**January 2005**  
Date Last Remodeled or Upgraded  
**July 2006**  
Date New Construction / Bed space Added  
**July 2007/528 new beds added.**  
Future Construction Planned  
 Yes  No Date: **April 2009**  
Current Bed space  
**1057** Future Bed space (# New Beds only)  
Number: Date:

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
**9070**  
Total ICE Man-days for Previous 12 months  
**252,166**

**K. Classification Level (ICE SPCs and CDFs Only)**

	L-1	L-2	L-3
Adult Male			
Adult Female			

**L. Facility Capacity**

	Rated	Operational	Emergency
Adult Male	800	1054	1061
Adult Female	0	0	0

Facility holds Juveniles Offenders 16 and older as Adults

**M. Average Daily Population**

	ICE	USMS	Other
Adult Male	651	119	69
Adult Female	0	15	12

**N. Facility Staffing Level**

Security: **b2High** Support:

**Significant Incident Summary Worksheet**

For ICE to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	13	11	5	8
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	P	P	P	P
	With Weapon	1	0	0	0
	Without Weapon	4	3	2	1
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		9	10	2	5
Disturbances <sup>4</sup>		0	0	1	0
Number of Times Chemical Agents Used		5	3	1	3
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)				
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	2	0	1	0
	# Resolved in favor of Offender/Detainee	0	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	I	0	0	0
	Number	1	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	6	14	11	5
	# Psychiatric Cases referred for Outside Care	0	0	1	0

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

<sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

<sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"

<sup>4</sup> Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

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

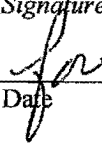
All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

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**RIC Review Assurance Statement**

By signing below, the Reviewer-In-Charge (RIC) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Reviewer-In-Charge: (Print Name) b6,b7c	Signature  b6,b7c
Title & Duty Location RIC, Creative Corrections	Date January 29, 2009

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

**Recommended Rating:**

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

Comments: The facility experienced one death since the prior review. The death was a 45-year-old, non-ICE, detainee who was being treated for HIV infection and pneumonia. He experienced what was believed to be a stroke and was transferred to the local hospital and placed on a respirator. Eight days later, he was removed from the ventilator, and he expired. The cause of death was listed as Respiratory Failure with HIV and Pneumonia listed as underlying causes.

The facility maintains a high level of sanitation and living areas are uncluttered.

The facility is seeking ACA accreditation and will undergo a standards compliance audit from ACA, February 9-11, 2009.

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# HEADQUARTERS EXECUTIVE REVIEW

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## Review Authority

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

HQDRO EXECUTIVE REVIEW: (Please Print Name) b6,b7c	Signature b6,b7c
Title Acting Chief, Detention Standards Compliance Unit	Date March 29, 2009

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

**Comments:** The Review Authority concurs with the recommended rating of "Acceptable." A Plan of Action is required for the line item deficiencies in the Food Service, Emergency Plans, Hold Rooms in Detention Facilities, Key and Lock Control, Population Counts, and Security Inspections Standards.