



# IDAHO DEPARTMENT OF CORRECTION

*"Protecting You and Your Community"*

C. L. "BUTCH" OTTER  
Governor

BRENT D. REINKE  
Director

October 27, 2008

Warden Arthur Anderson  
Bill Clayton Detention Center  
2600 S Sunset  
Littlefield, TX 79339

Dear Warden Anderson,

A comprehensive contract audit was conducted at your facility on September 3-6, 2008. I would like to thank you for the courtesy extended to the Idaho Department of Correction (IDOC) audit team. We found your staff to be open and honest, which made the process go very smoothly.

The scope of the contract audit was limited to all contract terms and conditions and applicable ACA Standards, in accordance with contract subsection 4.19.1. There are sixteen (16) findings of non compliance that are detailed below. The Idaho Department of Correction requires a plan of action be submitted within fifteen (15) business days from the date of this letter. The plan of action must note corrective action measures to be taken for each finding of non compliance, to include time frames. Please send the plan of action to:

Natalie Warner, Contract Officer  
Idaho Department of Correction  
1299 N Orchard Ste 110  
Boise, Idaho 83706

Please note, there were nine (9) areas in which the auditors noted concerns, and those are included below for your information. No response is required for those items.

**Areas of Concern:**

<p>Question 1.21: Does the contractor have access to electronic offender data in Correctional Integrated Systems (CIS), and to what extent has that access been granted? (contract subsection 3.3.2)</p>	<p>Contract subsection 3.3.2 states in part, "... Contractor will input and update data in the OMP or CIS, whichever is in use, to the extent input is possible and access is available". Some employees have access to CIS, such as case managers, grievance coordinator, and education staff. However, the contractor could not provide a comprehensive list of which employees have access, nor could they articulate the IDOC's expectations of data input into CIS. Staff are confused about what is expected of them in regards to data input, other than case managers are supposed to enter C Notes. There is no formal review process in place to ensure data integrity, nor is there a clear understanding of IDOC requirements. Typically, staff rely on the IDOC contract monitors to let them know what they need to enter into CIS, and staff attempt to comply. However, staff indicated communication about data input into CIS remains confusing and vague.</p>
<p>Question 2.19.a: Is the medical staff's visits to</p>	<p>Medical visits to the segregation unit are logged on separate activity logs and are maintained in each offender's medical file. Based on a random review of these logs,</p>

<p>restrictive housing documented in a logbook in the restrictive housing unit? (ACA Standard 4-4258)</p>	<p>there is evidence that medical visits did take place consistently and in accordance with ACA Standard 4-4258. Therefore this standard is compliant. However, some logs were missing entries for a particular shift. For example, [REDACTED] is missing entries for the 1800 shift check on 7/23, 7/24, 7/26, and 7/30/08; [REDACTED] is missing entries for the 1800 shift check on 8/5 and 8/14/08; [REDACTED] is missing an entry for the 1800 shift check on 8/5/08; and Shewfelt is missing entries for the 1800 shift check on 7/23, 7/24, 7/26, 7/30, and 8/5/08. When the sample data from July and August is compared, there is evidence that no medical check was documented for 5 days during the 1800 shift from late July to early August.</p>
<p>Question 2.65.a: Based on observation, does staff interaction with offenders follow the facility policy, and is it effective for maintaining order and security? If no, explain exactly why. (contract subsection 4.3.3 and ACA Standard 4-4180)</p>	<p>Based on observation, staff and offender interaction were appropriate and professional, and appeared to follow policy. However, there have been multiple incidents at the facility involving manipulation of staff; the introduction and discovery of contraband such as cell phones, marijuana, and tobacco; and instances of staff sexual misconduct. This is an area of concern due to the types of contraband discovered, the lack of security checks when entering or exiting the facility, instances of staff sexual misconduct, the lack of clarity specific to staff and offender interaction in facility policy, and the inability to determine if policy supports an effective environment for maintaining order and security.</p>
<p>Question 2.95: Is there a written policy and procedure for how searches are conducted in all areas of the facility and for all persons, to include staff, visitors, offenders, vehicles, mail, offender property, food service, warehouse goods, and other persons or activities that may pose a threat through the introduction of contraband into the facility? Based on documentation and observation, is there evidence the policy is followed? (ACA Standard 4-4192)</p>	<p>BCDC policy 3.16 <i>Searches for Contraband</i> provides for facility searches, pat and strip searches of offenders, and cell searches. Staff and visitors are required to clear through a metal detector, and staff are subject to a physical search based on probable cause suspicion. It was observed by the auditor that the facility entrance is a very relaxed checkpoint. During the audit, the auditor's bag was searched only once at the auditor's urging. The staff member conducting the search stated "I don't want to intrude". This concern is raised due to the types of contraband found at the facility to include cell phones, marijuana, and tobacco. Tighter security upon entrance to the facility could help deter the introduction of contraband.</p>
<p>Question 2.128.d: Is there a written policy and procedure that addresses the conditions of confinement, movement, restraints, and security practices specific to a restrictive housing unit? (ACA Standards-Section D)</p>	<p>BCDC Policy 3.1 does specify procedures to be followed within the restrictive housing unit, however a practice was observed that is cause for concern. The audit team requested offenders in administrative segregation be moved from their cell to a separate room for an interview. When the segregation unit officer removed the first offender, he opened the cell door and handcuffed the offender, rather than using the bean slot. The entire premise of an offender's placement in administrative segregation is they are a threat to security, self, or others. However, if the officer felt comfortable enough with the action of handcuffing the offender through an open cell door instead of a bean slot, the auditor questions the validity of the offender's continued placement in administrative segregation.</p>
<p>Question 2.224: Is there a designated staff person responsible for the religious activities at the facility? (ACA Standard 4-4512 and 4-4513)</p>	<p>The Chief of Security is responsible for all religious activities at the facility. There is no chaplain employed by the contractor. The Chief could not articulate requirements found in the federal Religious Land Use and Institutionalized Persons Act (RLUIPA), and has little formal training in the oversight of religious activities.</p>
<p>Question 2.301: Review monthly reports for</p>	<p>Based on a review of the payroll report for August 2008, only 35 out of 371 offenders do not have a job. On average, each offender worked 168 hours per month with an</p>

<p>the last year, has the facility consistently met the contract requirement of 50% of eligible offenders to be employed for at least 50 hours per month per offender worker? (contract subsection 4.13.7)</p>	<p>average pay of \$50.50. Contractual requirements are therefore met. However, rosters indicate there are 3 offenders assigned to the same job, working 3 shifts per day. For example, there are 3 shower porters assigned to each shift in housing unit Delta, resulting in 9 offenders cleaning 1 shower stall each in 1 housing unit. Those offenders are all claiming 7-8 hour days, 5 days per week. The probability that an offender is actually cleaning 1 shower stall for 7-8 hours a day is unlikely. This observation is true among most other job categories as well.</p> <p>While the contract percentage requirement is met, the facility cannot demonstrate the actual hours claimed by offenders are spent in a meaningful, skill learning job activity. Rather, it seems that the hours claimed are misrepresented and not verified by direct staff observation.</p>
<p>Question 3.4: Is sufficient personnel retained to deliver 24 hour care and supervision to the offender population, as well as accompanying administrative and support personnel for the overall operation of the facility? (contract subsection 4.3.3 and ACA Standard 4-4050)</p>	<p>The contractor is required to comply with Texas Jail Commission Standards staffing requirements, a 1:48 ratio of security staff to offenders. The facility does comply with this requirement, however continues to face a sustained, high vacancy rate averaging 30%. In order for the facility to maintain the required ratio, security staff are required to work overtime or non security staff, who are certified in Texas Jail School, are used to provide security supervision.</p> <p>Based on a review of payroll reports, there are significant concerns with security staff working excessive amounts of overtime for long periods of time. This can lead to compromised facility security practices and increased safety issues, as evidenced by observations made during the audit and discussed with facility leadership during the exit briefing (e.g. policy violations of facility key control and segregation practices).</p>
<p>Question 3.5: Does the facility have a detailed roster which outlines how critical security functions and duties are staffed, the number of persons on each post, and how mandatory posts will be filled in the event of a shortage of staff reporting for a particular shift? (ACA Standard 4-4051)</p>	<p>The BCDC shift roster indicates there are 16 security positions per shift, 13 of which are mandatory posts. There are two 12 hour shifts daily, requiring 32 security staff in a 24 hour period. On the BCDC staffing plan, there are a total of 89 security positions. The current vacancy rate for security staff at BCDC is 32.6% (they are down 29 security staff). Essentially the facility is relying on a workforce of 60 security staff to provide 24/7 coverage.</p> <p>According to payroll reports, the facility payroll averaged 48 security positions weekly (from June to August 2008). Analysis indicates each non exempt security staff person worked an average of 21 hours of overtime per week. This amount of overtime has had to be sustained over months due to the high vacancy rate and difficulty recruiting and retaining staff.</p>

**Corrective Action Items:**

<p>Question 1.21.a: Is there evidence the contractor is inputting, tracking, and maintaining electronic offender data in CIS to the extent that access has been granted? (contract subsection 3.3.2)</p>	<p>Based on a random review of CIS records, the auditor is able to determine that staff input data into C Notes in CIS. However, the C Note entries are inconsistent, and some records have no entries at all. Without written, clearly defined expectations from the IDOC, it is difficult to determine if the contractor is compliant with this standard. Therefore, this requirement is found non compliant due to inconsistencies and lack of data input, and the inability to provide a comprehensive list of which employees have access to CIS and the extent to which they are required to input and update data. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.52: Were any offenders reclassified to a higher or lower security level? Did the contract monitor receive notification of the reclassification? (contract subsection 4.15.1)</p>	<p>BCDC reclassifies offenders pursuant to Texas Commission Jail Standards and facility policy. BCDC does not notify the IDOC when offenders are reclassified. Contract subsection 4.15.1 states, "Any Inmate may be administratively transferred to a higher or lower custody level subject to notification of the contract monitor". This standard is non compliant because BCDC does not provide such notification. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.102: Does written policy establish</p>	<p>Based on a review of facility policy, the auditor can not determine there are established conditions for a body cavity search, therefore this standard is non</p>

<p>conditions for authorization and specific procedures for conducting a body cavity search so that: body cavity searches are conducted only by medical staff and thorough documentation is maintained of probable cause for search, the authorizing official, and the findings of the search? (ACA Standard 4-4193)</p>	<p>compliant. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.119: Is there a written policy and procedure for placing an offender in a four/five point restraint? Does the policy require warden approval? Does the policy require a medical and mental health assessment of the offender? (ACA Standard 4-4191)</p>	<p>ACA Standard 4-4191 requires a written policy, procedure, and practice when an offender is placed in a four/five point restraint. The facility does not address the use of four/five point restraints in policy, therefore this standard is non compliant. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.121: Are offenders placed in restraints monitored by security staff and checked by medical staff at intervals required in written policy, and is the monitoring documented? (ACA Standard 4-4191)</p>	<p>GEO Policy 3.4 provides for 15 minute checks when restraints are used, but it is not clear who conducts these checks (security or medical). Policy does discuss medical staff checking offenders who have medical or mental health issues, but not as a matter of protocol for incidents were offenders are restrained. Facility practice is security staff monitors the offender until after restraints are removed, and then medical begins to monitor. ACA Standard 4-4191 requires medical staff to assess the medical and mental health condition of an offender who is placed in a four/five point restraint. There is no evidence this occurs, therefore this standard is found non compliant. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.128.c: Is there a written restrictive housing policy and procedure that clearly states the criteria to review and release offenders from restrictive housing? (ACA Standard 4-4254)</p>	<p>Contract subsection 4.3.3 states, "The Contractor will provide security for all inmates housed at the Facility in accordance with the Operating Standards". Those operating standards include the <i>ACA Standards for Adult Correctional Institutions for Special Management 4-4249 through 4-4273</i>. ACA Standard 4-4254 requires the facility to have a written policy, procedure, and practice which specifies the review process used to release an inmate from administrative segregation and protective custody. GEO Policy 3.1 states the release of offenders from administrative segregation and protective custody will be decided upon a review process by the Chief of Security or higher, or the classification committee. However, the policy does not specify what the review process is, it merely states there is a review process. Therefore, this standard is non compliant. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.135.b: Is there evidence to conclude the restrictive housing hearing considers the status of the offender, and whether the reasons for the placement still exist? (ACA Standard 4-4253)</p>	<p>Based on a review of the hearing documentation in offender's files, the hearing records do not state reasons for continued placement, nor are the hearings signed by a placement authority. Therefore, this standard is non compliant. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.139: Is there evidence that all offenders in segregation are personally observed by an officer at least every 30</p>	<p>Based upon a review of segregation unit logbooks, security checks are logged by staff. However, some of those checks are logged exactly 20 minutes apart, sometimes for days at a time. It is improbable that security checks can be conducted every 20 minutes during an entire 24 hour period, and that be sustained for days. Additionally, some checks are logged hours apart, identifying gaps when staff were</p>

<p>minutes on an irregular schedule? (ACA Standard 4-4257)</p>	<p>either not present in the segregation unit, or were not conducting required security checks. ACA Standard 4-4257 requires security checks to occur at least every 30 minutes on an irregular schedule. Based on a review of the logbooks, there is evidence to conclude the contractor is non compliant with this standard. Also, it should be noted that staff admitted to "pencil whipping" segregation logbooks, and not actually conducting security checks as logged. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.252: Prior to issuing a DOR, does a supervisor review the documents for facts, completeness, necessity, and an identification of the rule violated? (IDOC SOP 318.02.01.001)</p>	<p>The DORs that were reviewed were signed by a supervisor. However, some documents were incomplete, other signatures were missing, and due process errors were made. Some rule violated codes didn't match the offense descriptions. Some documents did not have evidence supporting the assigned violation code. Based on the issues found the auditor concluded the supervisors did not complete a thorough review of the documents prior to signing them.</p>
<p>Question 2.259: Review a sample of DORs from the last 12 months. Do the offense classification (A, B, or C) and imposed sanctions follow IDOC SOP 318.02.01.001, facility policy, and the sanctioning schedule for rule violations? (IDOC SOP 318.02.01.001)</p>	<p>Based on a review of completed DORs, the following issues were identified. Some documents were incomplete, signatures were missing, and due process errors were made. Some rule violated codes didn't match the offense descriptions. Offense descriptions often had either too much information or not enough. Some documents did not have evidence supporting the assigned violation code. These issues were noted throughout the DORs that were sampled, and it is evident these issues have been ongoing for at least the last 12 months. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.274: Are the duties of the facility paralegal carried out in accordance with IDOC SOP 405.02.01.001? (contract subsection 4.7.2)</p>	<p>The person responsible to carry out the duties of IDOC SOP 405.02.01.001 is the Resource Library Supervisor. This person is not trained in access to courts requirements, and does not fulfill contractual requirements as provided for in subsection 4.7.2 of the contract. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.275: Does the facility have a process in place to ensure offenders do not engage in the unauthorized practice of law? (IDOC SOP 405.02.01.001)</p>	<p>The facility does not have a process to ensure offenders do not engage in the unauthorized practice of law. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.283: Are offender institutional files maintained in accordance with IDOC record keeping practices and federal confidentiality regulations? (contract subsection 4.11.6)</p>	<p>Contract subsection 4.11.6 states "Inmate institutional records shall be maintained in accordance with IDOC record keeping practices..." BCDC staff are maintaining records in accordance with their own record keeping practices. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.291.a: Does the contractor offer 4 classes of Relapse Prevention, with a class size of 10-15 offenders? If no, did the contractor document the inability to</p>	<p>The contract stipulates that if the contractor is unable to sustain the expected class size for Relapse Prevention, the contractor will provide documentation to the IDOC for approval. The contractor can not sustain the expected class size, and has not provided information as such to the IDOC for approval. The contractor needs to demonstrate compliance with this requirement.</p>

<p>sustain this requirement due to lack of offender participation or need, and forward this documentation to the IDOC for approval? (contract subsection 4.13.2.a)</p>	
<p>Question 2.292.a: Is there evidence to verify enrollment of 25% of offenders without a high school equivalency in a general education development (GED) or adult basic education (ABE) class at any given time? (contract subsection 4.13.2.b)</p>	<p>The contractor indicates there are 94 offenders who have their GED, leaving an eligible population of 277 for GED/ABE classes. Current enrollment is 16.6% of the eligible population. The contract requires enrollment of 25%, therefore this requirement is found non compliant. The contractor needs to demonstrate compliance with this requirement.</p>
<p>Question 2.293.a: Is there evidence to verify enrollment of 20% of the eligible offender population in a Workforce Readiness class at any given time? (contract subsection 4.13.2.b)</p>	<p>Current enrollment in Workforce Readiness is a total of 11 offenders. The contract requires enrollment of 20%, or 74 offenders. This requirement is non compliant due to an enrollment of 3%. The contractor needs to demonstrate compliance with this requirement.</p>

If you have any questions please feel free to contact me at 208-658-2127. Once corrective action is taken, the department may chose to conduct a follow up audit. Thank you for your time.

Sincerely,



Natalie Warner  
IDOC Quality Assurance Manager

/NW

cc: audit file  
Amber Martin, Vice President, The GEO Group, Inc.  
Pam Sonnen, Chief, Idaho Department of Correction  
Randy Blanton, Central Region Director, The GEO Group, Inc.  
Shannon Cluney, Deputy Warden, Idaho Department of Correction  
Sharon K. Lamm, Deputy Chief, Idaho Department of Correction  
Tony Meatte, Chief, Idaho Department of Correction