



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Buffalo Field Office
Buffalo Federal Detention Facility
Batavia, New York**

August 13 – 15, 2013

**COMPLIANCE INSPECTION
BUFFALO FEDERAL DETENTION FACILITY
BUFFALO 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 but not limited to, 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 during 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 replace 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

(b)(6), (b)(7)c

Management and Program Analyst (Team Leader)	ODO, Headquarters
Special Agent	ODO, Houston
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a compliance inspection (CI) of the Buffalo Federal Detention Facility (BFDF) in Batavia, New York, from August 13 to 15, 2013. BFDF, which opened in 1997, is owned and operated by ICE. Detainees were first housed at BFDF in March 1998. BFDF houses male detainees of four security classification levels (Level I – lowest threat, Level II-L – medium-low threat, Level II-H – medium-high threat, and Level III – highest threat) for periods in excess of 72 hours. ODO evaluated BFDF's compliance with the 2011 PBNDS.

Capacity and Population Statistics	Quantity
Total Bed Capacity	650
Emergency Capacity	834
Average Daily Population	436
Average Length of Stay (Days)	48
Male Population Count (as of August 13, 2013)	383

The ERO Field Office Director (FOD) and (b)(7) ICE employees of the ERO Field Office in Buffalo, New York (ERO Buffalo) are responsible for ensuring BFDF complies with ICE detention standards and policies.

ERO contracts with the Valley Metro-Barbosa Group to provide internal and perimeter security. The Director of Operations with Valley Metro-Barbosa Group is the highest-ranking official at BFDF and is supported by over (b)(7) employees.

ICE Health Service Corps (IHSC) provides medical care at BFDF. Medical services are supplemented by contractor STG International Inc. Valley Metro-Barbosa Group provides food service, commissary, laundry, and land transportation. BFDF was accredited by the American Correctional Association in August 2011, the National Commission on Correctional Health Care in March 2012, and the Joint Commission on Accreditation of Healthcare Organizations in June 2011.

ODO conducted a Quality Assurance Review of BFDF in April 2010, and reviewed 41 of the 2008 PBNDS. Seventeen standards were determined to be fully compliant, while 61 deficiencies were identified in 24 standards. In March 2011, ODO conducted a follow-up inspection to determine whether corrective actions were taken with regard to the 61 deficiencies. Corrective actions were taken in 22 of the 24 standards, with the exception of Admission and Release and Medical Care.

During this CI, ODO reviewed 19 standards, and found BFDF to be in full compliance with 13 standards. Eight deficiencies, four of which relate to priority components, were identified in the following six standards: Admission and Release (1 deficiency), Detainee Handbook (1), Environmental Health and Safety (1), Food Service (1), Medical Care (3), and Sexual Abuse and Assault Prevention and Intervention (1).

This report details all deficiencies and refers to the specific, relevant sections of the 2011 PBNDS. OPR will provide ERO a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. These deficiencies were discussed with ERO and BFDF staff during the on-site inspection and subsequent closeout briefing conducted on August 15, 2013.

BFDF has standard operating procedures in place for admission and release. BFDF's admission process involves multiple steps, including general and medical screenings, classification, property inventory, clothing exchange, and orientation to the facility. Orientation is provided by a video, available in English and Spanish. Detainees receive the local handbook and the ICE National Detainee Handbook. The local handbook describes facility rules and regulations, as well as the services and programs available to detainees. ODO reviewed 38 detention files and found detainees sign a receipt during admission for the local handbook, but not for the ICE National Detainee Handbook. Both handbooks are available in English and Spanish.

ERO provides BFDF officials the background information BFDF staff use to complete the classification process for each detainee. Detainees arriving at BFDF are placed in appropriate housing in accordance with assigned classification levels. BFDF supervisory personnel review and approve each classification assessment. Detainees whose classifications cannot be initially assessed due to incomplete information are separated from the general population until classification is completed. The local handbook provides an explanation of classification levels, the conditions and restrictions applicable to each level, and the procedures by which a detainee may appeal a classification assessment.

BFDF has a comprehensive disciplinary policy addressing all requirements of the 2011 PBNDS. According to staff and facility policy, the facility encourages resolutions of prohibited acts informally and at the lowest possible level. If formal disciplinary action is required, low- and moderate-level infractions are adjudicated at the intermediate level by the unit disciplinary committee. Incidents of the highest and greatest severity are forwarded to the three-member institutional disciplinary panel for adjudication. A review of the Disciplinary Tracking Log found there were 202 disciplinary hearings for detainees in the seven months preceding the inspection, half of which were for offenses of the greatest and highest severity. ODO randomly selected 46 disciplinary reports, and verified hearings were completed in the required timeframe and sanctions were appropriate for the infractions. ODO verified no detainee was sanctioned to more than 30 days in disciplinary segregation for an infraction, and determined the average disciplinary segregation term was 11 days.

BFDF has standard operating procedures covering cleanliness, sanitation, and the facility's safety program, including emergency plans, fire safety, fire drills, evacuation procedures, a blood-borne pathogens program, control of hazardous substances, and maintenance of material safety data sheets. ODO observed a high level of sanitation throughout the facility. ODO's review of the BFDF fire and safety policy, fire plan, and emergency procedures confirmed compliance with the standard. Inspection of the maintenance areas found all chemicals and flammable materials were appropriately stored in locked, designated storage cabinets. Batavia City Water Treatment Plant records document the facility drinking water is tested twice per year. Documentation reflects the Batavia Fire Department conducts an annual fire inspection and participates in the facility's emergency services meeting.

ODO observed ten spill kits strategically located throughout the facility for biohazard spill clean-ups. Upon inspection, ODO noted the kits were in clearly-labeled, easily-identifiable orange plastic toolboxes. In examining the contents, ODO noted the kits did not contain a 13"x10"x39" clear plastic bag, four absorbent rags, or sufficient paper towels, as specified by the standard.

The food service operation at BFDF is managed by the Valley Metro-Barbosa Group. Food service staff consists of (b)(7)(e) food service manager and (b)(7)(e) employees, supported by a crew of (b)(7)(e) ICE detainees. ODO verified all staff and detainee workers received pre-employment medical clearances. All food service areas were clean and orderly. ODO tested and confirmed food temperatures were within required ranges. Temperatures in the walk-in freezer and cooler were maintained at required levels and recorded daily on logs.

The master menu is a five-week menu cycle, prepared by the food service manager and reviewed, approved, and signed by a registered dietician. The dietician provides a nutritional analysis for all meals, including regular and special diets. Review of the dietician's analyses found the meal plans average 3,000 calories per day. The menu is pork-free; ODO confirmed this information is provided in the detainee handbook. Religious diets are approved by the chaplain, and medical diets are provided when ordered by the medical unit. Religious and medical diet menus are approved by a registered dietician. The facility does not issue a special-diet identification card for religious diets.

BFDF's funds and personal property policy and procedures provide for the accounting, inventory, and safeguarding of detainee property from the time of admission until the time of release. Funds and valuables are properly inventoried and logged by the facility's supervisory staff, and maintained in a safe inside the property room. All detainee property bags are clearly marked with a tag documenting the detainee's name and local facility identification number. Any identity documents found with detainees are turned over to ICE and placed in the detainee's A-File, as required by the PBNDS. Also, abandoned property belonging to ICE detainees is forwarded to ICE for disposition.

BFDF has a comprehensive grievance policy that classifies grievances as informal, formal/written, medical, and emergency. The process for each is addressed in the policy. Any detainee wishing to file a non-emergency grievance may submit an interview request to the grievance officer. Designated staff collects and delivers these requests to the grievance officer daily. The grievance officer personally interviews the detainee the next day and attempts to resolve the issue at an informal level. If not resolved, the detainee is given a grievance form to submit as a formal grievance. The policy states detainees have the right to bypass the informal process and proceed to the formal process at any time.

A review of the grievance log and related records showed 35 formal grievances and 23 informal grievances were filed during the 12 preceding months. The formal grievance topics are itemized by area in the chart to the right. BFDF has designated (b)(7)(e) staff members, including a physician and (b)(7)(e) nurses, who are eligible to serve as members of the (b)(7)(e) person Grievance Appeal Board. According to the policy, if the decision of the Grievance Appeal Board is unfavorable to the detainee, the grievance and all supporting documentation are forwarded to the Assistant Field Office Director (AFOD) within 24 hours of issuing the decision. ODO's review of ten randomly selected staff training records confirmed

Formal Grievance Topics	Quantity
Medical care/Dental care	16
Disciplinary sanction appeals	1
Staff concerns	5
Commissary	3
Facility operations	3
Access to legal materials	1
Food service	2
Mail	3
Property	1
Total Formal Grievances	35

BFDF staff is trained in the grievance process, including emergency grievances, upon initial hire and during annual refresher training. Interviews with housing unit staff found them very familiar with grievance procedures.

Local policy requires the notification of ICE in the case of any detainee hunger strike or refusal of care by hunger-striking detainees. The policy addresses routine medical procedures for hunger strikes, including medical evaluations and management. BFDF staff reported nine detainees were on hunger strikes in the 12 months preceding the inspection. ODO reviewed the nine medical records and confirmed the hunger strikes were managed in accordance with facility policy and the PBNDS, including notification to ICE. In each case, an initial evaluation was conducted, and a hunger strike log documenting daily vital signs, weight, and fluid intake and output was completed.

BFDF has a main library where detainees can access legal materials no less than five hours per week, Monday through Friday, from 8:00 am to 8:00 pm. Detainees in the special management units also have access to the library. Extra hours are authorized upon request, to include weekends. The library offers a well-lit environment, isolated from noisy areas, and is large enough to accommodate a group of detainees. The library is equipped with legal material via LexisNexis. Detainees have access to printing and photocopying equipment, writing implements, and paper to prepare documents for legal proceedings, special correspondence, or legal mail.

BFDF earned accreditations through the Joint Commission-Ambulatory Health Care in June 2011, the American Correctional Association in August 2011, and the National Commission on Correctional Health Care in March 2012.

The medical department is managed by (b)(7)e IHSC staff and (b)(7)e STG International employees. The staff consists of a Health Services Administrator (HSA), an assistant HSA, a Clinical Director (CD), (b)(7)e physician assistants, (b)(7)e nurse practitioner, (b)(7)e registered nurses, and (b)(7)e licensed vocational nurses. Other staff includes a registered pharmacist, a mental health social worker, a dentist, and other support staff. The (b)(7)e registered nurses and (b)(7)e licensed vocational nurses provide 24-hour clinical coverage for the facility. With consideration of the population size and medical levels of the facility, the medical staffing complement was adequate. However, ODO cites on-site mental health staffing as a concern. Whereas almost 30 percent of the detainee population is receiving psychotropic medications, responsibilities related to mental health care and monitoring exceed what can be reasonably managed by the mental health social worker and the contract psychiatrist, who provides services four hours a week. For example, in a review of ten mental health referrals, ODO identified two in which the detainees were not assessed by a mental health professional within 72 hours. In both cases, the assessments were delayed because the mental health social worker was on leave. They were completed promptly upon her return, within seven days of the initial referral.

ODO reviewed 30 medical files and found registered nurses and licensed vocational nurses conducted intake screenings within 12 hours of the detainee's arrival, using IHSC Form 795A. However, four of the 19 health-related inquiries mandated by the PBNDS were not included on this form. A review of the psychiatric medication log found approximately 30 percent of the detainee population is receiving psychotropic medications and is monitored in the mental health

clinic. During a review of ten mental health referrals, ODO identified two cases in which detainees were not assessed by a mental health professional within 72 hours. ODO noted chronic care clinics were generally non-complex in nature, usually addressing stabilized diabetes, hypertension, and depression. Treatment plans included appropriate diagnostic testing and monitoring, with follow-up appointments electronically scheduled. During the review of 27 chronic care records, ODO found seven did not include a medical/psychiatric alert.

ODO's detainee interviews during the inspection revealed overall satisfaction with access to medical care and treatment received. A review of the grievance log showed fewer than two medical-related grievances per month, with no specific recurring issues noted.

The facility has a comprehensive written policy addressing all requirements of the Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard. A correctional officer serves as the designated SAAPI program coordinator. The SAAPI coordinator is assisted by the mental health social worker, who is a member of the IHSC staff. During interviews of these individuals, ODO was informed they jointly perform the duties mandated by the PBNDS. The facility's Sexual Assault Response Team consists of the SAAPI coordinator, a medical staff member, and the AFOD. The Sexual Assault Response Team should include other disciplines, including a security staff member other than the designated SAAPI program coordinator; a mental health practitioner, in addition to the medical staff member; an investigator; and representatives from outside entities that provide relevant expertise and services.

ODO reviewed four case files at BFDF relating to alleged sexual abuse and assaults involving detainees since June 2012. BFDF staff produced documentation showing the cases were all reported to ERO and to the JIC. ODO confirmed all four cases appeared in the Joint Integrity Case Management System.

BFDF requires all staff complete training on sexual abuse and assault prevention upon initial hire and annually. Initial and annual training is also mandated for volunteers and contractors. Detainees admitted to BFDF are screened for predatory sexual behavior, as well as victimization risk or vulnerability, during the initial classification process. A review of 15 randomly selected detention files confirmed screening was completed. None of the files reviewed documented the detainees were found to be potential predators or victims.

BFDF has procedures allowing formal and informal contact between detainees and key ICE and facility staff. The facility handbook includes contact information for ERO Buffalo, along with the scheduled hours and days ERO staff is available at BFDF. Schedules for weekly ICE staff visits are conspicuously posted in English and Spanish in each housing unit. These visits are documented on a Facility Liaison Visit Checklist and in BFDF housing unit logbooks. BFDF has written procedures for detainees to submit written questions, requests, or concerns to ICE. ODO reviewed 670 electronic detainee request log entries between May 2013 and July 2013, and confirmed detainee requests were received and processed by ERO within three business days. The majority of detainee requests involved questions about immigration cases. ODO verified the DHS Office of Inspector General Hotline contact information was posted in all housing units and included in the facility's handbook.

ODO's inspection of the special management unit and review of the related policy found detainees are afforded basic living conditions consistent with those provided to detainees in the general population. Inspection found the cells were adequately lit, ventilated, temperature appropriate, and maintained in a sanitary condition. An outside recreation area is available for the special management unit. At the time of inspection, two detainees were housed in the special management unit, both on disciplinary segregation. ODO verified they were sanctioned through the disciplinary process and placed in segregation by order of the institutional disciplinary panel for terms consistent with facility policy and the PBNDS. ODO confirmed both detainees in segregation during the inspection received the required status reviews. Special Management Unit Housing Activity Records recorded privileges, services, and entitlements were provided in accordance with the standard. The unit was quiet and orderly. The two detainees were interviewed and did not express any concerns or complaints regarding their placement in segregation, or the conditions and operation of the unit.

The BFDF policy on suicide prevention, approved by the IHSC clinical medical authority and signed by the HSA, addresses all PBNDS requirements. Medical staff presents the policy to all facility staff during orientation and annual refresher training using a comprehensive power point curriculum, which ODO confirmed addresses all required elements.

ODO's review of 30 medical records confirmed suicide risk and mental health screenings are completed within 12 hours of arrival. Detainees who are believed to be at risk of self-harm are placed on "red jacket" status and immediately referred to a mental health professional. According to the mental health social worker, detainees referred for assessment of significant self-harm or suicide risk are evaluated within 24 hours, as required by the standard.

There were no detainees on suicide watch during the inspection, and according to the HSA, there were no reported suicide attempts since ODO's last visit. BFDF records show nine suicide watches to date in 2013, and seven in 2012. A review of the suicide watch logs and one detainee medical file confirmed suicide watch management, including completion of a suicide risk assessment prior to removal from suicide watch, was consistent with the requirements of the PBNDS.

ODO verified detainees in the general population and special management units have reasonable and equitable access to telephones at BFDF. ODO confirmed, through staff and detainee interviews, and a review of 15 randomly selected detainee detention files, the facility provides telephone access rules in writing to each detainee upon admission. Telephone rules and monitoring notices are posted in each housing unit, and are also included in the detainee handbook. Detainees may request an unmonitored call by submitting a request to ERO. ODO verified speed-dial listings were located in each housing unit for the DHS Office of Inspector General, consulates, and embassies, as well as pro bono services. All telephones in the nine detainee housing units were found in good working order.

ODO found the facility maintains complete policies addressing living wills, advance directives, DNR, organ donation, and detainee death, all in accordance with PBNDS.

BFDF has a comprehensive use of force policy addressing all requirements of the 2011 PBNDS, including confrontation avoidance and using force only as a last resort. Video-recording of

calculated use of force incidents is required. BFDF has three handheld cameras available inside the secure perimeter of the facility. In addition, security cameras are located throughout the facility to support observation and provide a record of unusual incidents.

ODO verified trained staff is available during all shifts in the event the need arises to assemble a calculated use of force team. A review of training files and attendance rosters confirmed use of force training during the 180-hour Basic Detention Officer Training course, as well as the 40-hour annual refresher training. There have been 12 use of force incidents in the past year, including eight immediate and four calculated. The four calculated use of force incidents were video recorded with a handheld camera, and seven of the eight immediate force incidents were captured on security camera video. ODO's review of all video recordings and written documentation confirmed full compliance with the standard. Written reports were detailed, and video footage showed staff appeared well-trained, organized, and professional in their actions. Medical examinations were completed on all detainees involved. The facility's (b)(7)e member after-action review team, comprised of the Supervisory Detention and Deportation Officer (SDDO) for Operations, the SDDO for Deportation, the AFOD, and the HSA, convened following the immediate use of force incidents. In each case, there was documentation the team considered the appropriateness of the level of force used, and a report was filed with the FOD.

Visiting procedures and hours of visitation are posted in the lobby main entrance area. Detainees are notified of visitation rules and hours by way of the detainee handbook and postings in the housing units. Visitors are required to sign the visitors log and present photo identification at the main entrance desk. After verification of identity and registry on the visitor's log, visitors pass through a metal detector before proceeding to the visiting area. The facility offers non-contact visitation; contact visits are allowed with attorneys. Detainees have general visiting privileges seven days a week for two hours per session.

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO individually interviewed the Captain of Detention, the Detention Service Manager (DSM) and the AFOD and regarding the working relationship between ERO and BFDF staff. The Captain of Detention and DSM described the working relationship as excellent. The Captain of Detention said his staff holds weekly meetings with the DSM, ERO, and IHSC staff to discuss administrative and operational issues.

The AFOD expressed no concerns about the working relationship with BFDF staff; however, he expressed a need for additional staff for the opening of the new 32-bed special management unit scheduled to open in February 2014. At the time of the inspection, there were (b)(7)e vacancies among the ERO detention staff and no vacancies among BFDF staff. Other physical improvements mentioned by the AFOD included the expansion of the medical unit and opening of a new warehouse in September 2014. The old warehouse is to be converted into a new multi-purpose room/chapel/gymnasium for detainees.

DETAINEE RELATIONS

ODO interviewed 40 randomly selected male detainees from all classification levels and housing units to assess treatment and detention conditions at BFDF. Twenty-seven detainees were interviewed individually, while 13 were interviewed in a group setting. All interviews were voluntary.

Among the 40 detainees interviewed, the majority reported adequate access to medical and dental care, recreation, telephones, law library, and visitation. However, with regard to medical care, ten detainees stated they wanted an alternative pain medication to the Motrin routinely given for their pain. Medical staff informed ODO that depending on the complaint, detainees are provided appropriate medications per medical protocol. ODO's findings regarding medical care appear later in this report.

Most detainees stated they knew their Deportation Officers, and acknowledged daily and weekly contact with ERO and facility staff. However, 18 detainees expressed dissatisfaction with the responses they received from ERO to particular questions and concerns. All of the detainees expressed concerns about small food portion sizes. As noted earlier, the menus have been certified by a dietician and provide for 3,000 calories per day.

All but one of the detainees denied having witnessed or experienced any mistreatment, discrimination, or abuse (physical, verbal or sexual) while at BFDF. However, one detainee alleged his constitutional rights had been violated by the facility's allegedly providing inhumane living conditions, including a lack of recreation, activities, and programs for detainees. The detainee provided ODO a copy of his complaint, and claimed he had or was planning to file a lawsuit. ODO provided a copy of the complaint to the JIC on September 26, 2013.

Twenty-one detainees stated they received a local handbook upon admission, but denied receiving an ICE National Detainee Handbook. While both handbooks are available, ODO's

review of the Admission and Release PBNDs and the Detainee Handbook PBNDs, detailed later in this report, found receipts for detainees' receiving the facility-specific handbook but not the ICE National Detainee Handbook.

ICE 2011 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 19 standards and found the following 13 compliant at the time of the inspection:

1. Custody Classification System
2. Disciplinary System
3. Funds and Personal Property
4. Grievance System
5. Hunger Strikes
6. Law Libraries and Legal Material
7. Special Management Units – Administrative and Disciplinary
8. Staff-Detainee Communication
9. Significant Self-Harm and Suicide Prevention and Intervention
10. Terminal Illness, Advance Directives, and Death
11. Telephone Access
12. Use of Force and Restraints
13. Visitation

As the standards above were compliant at the time of the review, a synopsis for these standards was not prepared for this report.

ODO found eight deficiencies in the following six standards:

1. Admission and Release
2. Detainee Handbook
3. Environmental Health and Safety
4. Food Service
5. Medical Care
6. Sexual Abuse and Assault Prevention and Intervention

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

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at BFDF 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 2011 PBNDS. ODO reviewed facility policies and detention files, interviewed staff and detainees, and observed the admission and release process.

BFDF has separate standard operating procedures for admission and release, titled "Detainee Admission Procedures," and "Release and Transfer Procedures." BFDF's admission process involves multiple steps, including general and medical screenings, classification, property inventory, clothing exchange, and orientation to the facility. An orientation video is available in English and Spanish.

Detainees entering BFDF are not strip searched unless there is reasonable suspicion of contraband. According to BFDF staff, any circumstances leading to a possible strip search are referred to BFDF supervisory staff, and ERO is notified. BFDF's written policy on strip searches was found to be compliant with the PBNDS. Detainee interviews corroborated ODO's findings that BFDF does not conduct routine strip searches.

ODO found BFDF maintains detention files in accordance with the standard. Form I-203, which authorizes the detention and release of detainees, is consistently maintained in the detention files. ODO found BFDF staff consistently offers detainees the opportunity to shower during admission.

No deficiencies or concerns were identified with regard to BFDF's release process. During release, detainees at BFDF return facility-issued clothing, bedding, and other items. The detainees' personal property is returned, and exit paperwork completed.

The ICE National Detainee Handbook and the local handbook are provided to detainees and together provide detailed policies, procedures, and rules in effect at the facility, serving as a guide to ensure secure and orderly operations when detainees are admitted to or released from the facility. ODO reviewed 38 detention files and found detainees signed receipts for the local handbook but the facility did not have a procedure for obtaining receipts for the ICE National Detainee Handbook (**Deficiency AR-1 (V)(G)(4)**).¹ While ODO confirmed the ICE National Detainee Handbook was available at the facility, without signed receipts, ODO could not verify whether these detainees had received it. BFDF staff corrected this practice during the CI by producing acknowledgement forms for the ICE National Detainee Handbook.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE 2011 PBNDS, Admission and Release, section (V)(G)(4), the FOD must ensure, "as part of the admission process, the detainee shall acknowledge receipt of the handbook and supplement by signing where indicated on the back of the Form I-385 (or on a separate form)".

¹ Priority Component

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook standard at BFDF 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 2011 PBNDS. ODO reviewed the detainee handbook and detention files, and interviewed ICE and facility staff, and detainees.

BFDF provides each detainee with the ICE National Detainee Handbook and the local facility handbook upon admission. The handbook describes facility rules and regulations, as well as the services and programs available to detainees. ODO reviewed 38 randomly selected detention files and confirmed detainees sign an acknowledgement form verifying receipt of the local handbook. However, the facility does not have the same procedure for the ICE National Detainee Handbook. ERO does not have a form or documentation corroborating receipt by detainees (**Deficiency DH-1 (II)(2)**). Twenty-one of 40 detainees interviewed by ODO claimed they were not provided an ICE National Detainee Handbook. While ODO confirmed the ICE National Detainee Handbook was available at the facility, without signed receipts, ODO could not verify whether these detainees had received it. BFDF staff corrected this practice during the CI by producing acknowledgement forms for the ICE National Detainee Handbook.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE 2011 PBNDS, Detainee Handbook, section (II)(2), the FOD must ensure "each detainee shall verify, by signature and date, receipt of those orientation materials, and that acknowledgement shall be maintained in the detainee's detention file."

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at BFDF to determine if the facility maintains standards of cleanliness and sanitation, safe work practices, and control of hazardous substances, in accordance with the ICE 2011 PBNDS. ODO interviewed staff; toured the facility; reviewed policies, procedures, and documentation; observed facility sanitation; and inspected fire safety plans.

BFDF's physical plant operation is managed by the facility operations specialist. Responsibility for the facility's safety program, including emergency plans, fire-safety plans, fire drills and evacuation procedures, the blood-borne pathogens program, and maintenance of the master material safety data sheets catalogue, is assigned to the full-time safety officer. BFDF contracts with The Centurion Group, Inc., to provide cleaning and sanitation services in all areas not accessible to detainees. This contractor also performs all maintenance duties, controls chemicals and hazardous substances, and completes equipment repairs. Contract staff includes a project manager and (b)(7) employees, including (b)(7) janitors assigned to specific areas of the facility. Each janitor has a detailed daily cleaning schedule. ODO's review found the cleaning schedules were comprehensive, and completion of duties was documented.

All areas appeared to be clean; trash receptacles were lined with appropriate bags and emptied at least daily; surfaces were dirt- and dust-free; and the floors were shiny with no evidence of wax build-up. Centurion Group janitors were observed cleaning their respective areas each day. ODO interviewed (b)(7) janitor who was very familiar with her duties and facility cleaning schedules. The janitorial cleaning cart had appropriate cleaning supplies, including six appropriately labeled spray bottles, rags, trashcan liners, and other necessary equipment. Designated detainee custodians perform cleaning duties within housing units. The detainees volunteer for assignment to these duties and receive monetary compensation. ODO observed the cleaning activities of detainee workers in Unit B-1, and verified they were directly supervised by the unit officer. Cleaning supplies and equipment were stored in the unit storage closet under lock and key, controlled by the officer. No detainees are allowed in this room without an officer escort. The storage room contained disinfectant spray bottles, a chemical dispenser, a wash basin with hose and drain, material safety data sheets, goggles, rubber aprons, an inventory log, and shadow boards for mops, brooms, and other equipment. ODO verified the spray bottles are filled each day by the assigned Centurion Group janitor during daily rounds.

ODO interviewed the Centurion Group project manager who was very knowledgeable about facility operations, policies, the PBNDS, and Occupational Safety and Health Administration (OSHA) regulations. The Centurion Group has a written chemical control plan that references the 2011 PBNDS. Inspection of the maintenance areas found all chemicals and flammable materials were appropriately stored in locked, designated storage cabinets. Shadow boards were observed in use. ODO verified access to cabinets and the tool room was controlled, material safety data sheets were present, and an inventory log for hazardous substances was in place. Review of the logs confirmed they were current. Documentation reflects the project manager checks the inventory and log sheets daily, and the BFDF security chief conducts a monthly review with the project manager. Detainees are not allowed in the maintenance areas, do not have access to any tools, and are not used in any maintenance activities.

Disposable sharp objects used in the medical area for injections and laboratory draws are placed in commercial biohazard waste containers mounted on or on countertops. None was observed more than two-thirds full. A certified outside contractor, Stericycle, collects biohazard waste every two weeks, as verified by tracking forms filed with the State of New York for the past six months. Disposable gloves were present in every area where examinations are performed, and where potential for blood exposure exists. Ten spill kits are strategically located throughout the facility for biohazard spill clean-ups. The kits were in clearly labeled, easily identifiable orange plastic tool boxes. In examining the contents, ODO noted the kits did not contain a 13"x10"x39" clear plastic bag, four absorbent rags, or sufficient paper towels, as required by the standard **(Deficiency EH&S-1 (V)(D)(6)(b)(1)(b)(c)(e)).**

Barbering is conducted in the recreation area. ODO verified appropriate equipment and supplies were available and stored as required. The barbers are directly supervised by recreation and security staff.

ODO's review of the BFDF fire and safety policy, fire plan, and emergency procedures confirmed compliance with the standard. Comprehensive prevention, control, protection, and evacuation procedures are in place. Fire drills are conducted routinely on a schedule that ensures every staff member on every shift participates in at least one drill each quarter. All drills include drawing emergency keys to test operability. Review of weekly workplace inspections and health and safety rounds for the last six months confirmed completion, including documentation of corrective actions. The Centurion Group completes monthly sprinkler system testing. Another contractor, Fire Safety Systems tests fire equipment and sprinkler systems quarterly. Quarterly reports for the last six months for all required tests were reviewed, with no deficiencies noted.

ODO reviewed inspection reports by other outside agencies and found no deficiencies. Batavia City Water Treatment Plant records document the facility drinking water is tested twice per year. Grey water² is tested yearly by the Centurion Group, and the results are forwarded to the City of Batavia. The Batavia Fire Department conducts an annual fire inspection and participates in the facility's emergency services meeting. The fire department also reviewed and approved the BFDF emergency plans and emergency evacuation procedures. On November 25, 2012, OSHA conducted an inspection and program evaluation at BFDF. The report reflects four minor deficiencies were reported to BFDF by a letter dated December 11, 2012. BFDF corrected the deficiencies by December 12, 2012, as certified in a letter to OSHA dated December 20, 2012. Monthly pest control inspections and eradication are conducted by an outside contractor. Review of reports dating back to July 2010, found completion of required services.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE 2011 PBNDS, Environmental Health and Safety, section (V)(D)(6)(b)(1)(b)(c)(e), the FOD must ensure "to prepare a cleanup kit for blood and body fluid spills, the following materials are to be included: four clean absorbent rages, 15 absorbent paper towels, and a clear plastic bag 13"X10"X39" with a minimum thickness of 1.5 mils."

² Waste water from laundry equipment, showers, faucets, etc.

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at BFDF to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE 2011 PBNDS. ODO reviewed policy and documentation, interviewed staff and detainees, observed meal preparation and satellite delivery, sampled food, and inspected all areas of the food service department.

The facility contracts with the Valley Metro-Barbosa Group, Inc., for the management of the food service operations. The contract food service manager is responsible for planning, controlling, and directing all food service operations at BFDF. Documentation verified the manager is responsible for ensuring area sanitation, training food service staff, managing the food service budget, planning meals, coordinating ordering of supplies, overseeing equipment maintenance, and serving as a liaison to security and the BFDF administration. In addition to the food service manager, staff includes (b)(7)e assistant, (b)(7)e head cooks, (b)(7)e cooks, and (b)(7)e food service workers. (b)(7)e to (b)(7)e correctional officers are also stationed in the food service areas to oversee security in the area, control detainee movement, conduct counts, monitor food deliveries, inspect the tool inventories and logs, and perform other security duties as necessary. The food service staff is supported by a crew of (b)(7)e detainee workers on each of two shifts. Prior to working in any position in food service, detainees must complete training and sign for their job description. Work in food service is voluntary and detainee workers are monetarily compensated. ODO reviewed the training program and job descriptions, and verified detainee workers signed voluntary work agreements. In addition, ODO verified all staff and detainee workers received medical clearances. During periodic visits to the food service area during the inspection, ODO observed staff and detainee workers wearing appropriate hair restraints, beard guards, and gloves.

All meals are prepared by staff. As verified by observation, detainee workers assist only in tray assembly under direct staff supervision. Knives, slicers, and cutting tools are maintained and used by staff only, in a very secure cutting room that is double-locked and controlled by a key and chit system. No detainees access this area at any time. This was confirmed by food service staff, as well as the on-site security officer, who also has direct observation of the area.

BFDF has a satellite meal system involving the preparation of meals in the food service area and delivery to the housing units in temperature-controlled carts. Meals are served at 6:30 am, noon, and 5:00 pm daily. Staff was observed taking temperatures of the food in the food service area and when served in the housing units. ODO verified the food temperatures were within the required range for the noon meal on Wednesday during the inspection. Hot items were observed at 160 degrees and cold items at 39 degrees. Trays being served were found to be between 134 and 141 degrees, and cold items at 39 to 40 degrees. Temperature logs are kept for each meal. The logs were reviewed for the prior six months, and all recorded temperatures were within the prescribed range. ODO observed cart delivery to the B-Unit. Thermal carts were unplugged in the food service area at the time of tray delivery, and delivered within minutes of being unplugged.

Detainee workers were pat searched upon leaving the food service department with the carts. They were escorted to the unit by staff, and were met by the unit officer and (b)(7)e pod workers

responsible for issuing the meal trays. Upon receipt of the cart, the unit officer verified the meal inventory, and counted the utensils provided. The meals were then issued by the pod workers, who were observed wearing appropriate hair and beard guards, and gloves.

BFDF has a five-week menu cycle, which is prepared by the food service manager and reviewed, approved, and signed by a registered dietician. The dietician provides a nutritional analysis for all meals, including regular and special diets. Review of the dietician's analyses found the meal plans average 3,000 calories per day. The menu is pork-free; ODO confirmed this information is provided in the detainee handbook. Detainees interviewed indicated the quality of food was good, but three detainees complained the portions were too small. Food sampled by ODO was of good taste and quality, and observed to be of ample proportions.

ODO reviewed special diet procedures, and observed special diet meals and medically ordered snacks being prepared. Medical diets are authorized by the medical department in writing, and religious diets are authorized by the chaplain. All detainees on a special diet are listed on a master bulletin board by detainee name, number, and living unit. ODO verified authorization forms were on-file for each detainee whose name was listed on the bulletin board. Special diets are served on color-coded trays, and each is clearly labeled with the detainee's name, A-number, unit, and type of meal; however, the facility does not issue a special-diet identification card for religious diets. According to the 2011 PBNDS, service processing centers must issue special-diet identification cards that include the detainee's name and A-number, type of religious diet, expiration date, food service manager's signature, and detainee photograph; the cards must be produced by the detainees prior to receiving the meal (**Deficiency FS-1 (V)(G)(1)**).

ODO's inspection of all areas of the food service department found them clean and orderly. Restrooms were clean, with appropriate waste receptacles, hot and cold running water, disposable towels, and clearly posted hand washing signs. A sanitation schedule is posted throughout the area, and ODO observed cleaning of the restrooms. The food service area is also inspected during weekly health and safety rounds by non-food-service staff. Documentation supports inspections and cleanings are conducted according to the schedule. The Genesee County Department of Health inspects the BFDF food service department annually, most recently in December 2012. The inspection report reflects BFDF was found in compliance with state food service regulations. Monthly pest control services are provided by a contractor, as confirmed by review of inspection documentation dating back to July 2010.

ODO confirmed freezers and refrigerators were equipped with working external thermometers, and temperatures were within the required range. Inspection of storage areas confirmed food items were stored off the ground and on plastic pallets, consistent with the standard. ODO's review of food inventories confirmed a 15-day supply was maintained.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE 2011 PBNDS, Food Service, section (V)(G)(1), the FOD must ensure "once a religious diet has been approved, the FSA issues, in duplicate, a special-diet identification card. This diet-identification card shall contain the following information:

- a. detainee name and A-number;
- b. type of religious diet prescribed;
- c. expiration date, within 90 days; and
- d. signature of the FSA.

The FSA shall contact the appropriate individual or department to obtain a photo of the detainee, and shall attach the photo to the identification card. The FSA shall ensure that the food service department receives one copy of the special-diet identification card. The second identification card shall be issued to the detainee who, at every meal, must present the card to the CS on duty.”

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at BFDF to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE 2011 PBNDS. ODO toured all areas where medical services are provided, reviewed the department's policies and procedures, and examined 30 detainee medical files, 27 of which were chronic care cases. Interviews were conducted with the HSA, the nurse manager/infectious disease coordinator, a pharmacist, a mental health social worker, a dentist, and a medical records technician.

BFDF earned accreditations through the Joint Commission-Ambulatory Health Care in June 2011, the American Correctional Association in August 2011, and the National Commission on Correctional Health Care in March 2012. The medical department is managed by (b)(7)e IHSC staff and (b)(7)e STG International employees. The staff consists of a Health Services Administrator (HSA), an assistant HSA, a Clinical Director (CD), (b)(7)e physician assistants, (b)(7)e nurse practitioner, (b)(7)e registered nurses, and (b)(7)e licensed vocational nurses. Other staff includes a registered pharmacist, a mental health social worker, a dentist, and other support personnel. The (b)(7)e registered nurses and (b)(7)e licensed vocational nurses provide 24-hour clinical coverage for the facility. Active recruiting for a dental assistant and (b)(7)e registered nurse was in progress at the time of the inspection.

Credential files of licensed medical staff were verified by the primary source and found to be complete. Peer reviews for licensed independent practitioners are scheduled and completed by IHSC, and internal peer reviews for mid-level providers are completed in conjunction with the quality improvement program. With consideration of the population size and medical levels of the facility, the medical staffing complement was adequate. However, ODO cites on-site mental health staffing as a concern. Whereas almost 30 percent of the detainee population is diagnosed with a mental illness, responsibilities related to mental health care and monitoring exceed what can be reasonably managed by the mental health social worker and the contract psychiatrist, who provides services four hours a week.

For clinical care needs beyond BFDF's scope of services, detainees are transported to the United Memorial Medical Center, approximately one mile from the facility, or to the Erie County Medical Center, a distance of 25 miles.

The nurse manager serves as the infectious disease coordinator. The IHSC standard infection control plan addresses all PBNDS-mandated components, and review of logs and reports confirmed routine reporting of communicable disease cases to the state health department and IHSC Epidemiology Unit. Tuberculosis screening was consistently completed within 12 hours of detainee arrival and in accordance with Center for Disease Control guidelines. Purified protein derivative skin tests were administered in the absence of previous skin tests within six months, and chest X-rays were provided by Diagnostic X-ray Services for those with past histories of positive skin tests. According to the infectious disease coordinator, a recent varicella exposure involving two active cases resulted in the quarantine of three housing units, with documented testing and reporting completed in accordance with Center for Disease Control guidelines, as verified by ODO. At the time of the review, there were five human

immunodeficiency virus (HIV) patients assigned to chronic care clinic, all of whom were diagnosed prior to their arrival at BFDF.

The detainee handbook, available in English and Spanish, provides clear direction as to how to access sick call or receive emergency attention. A review of 30 medical files confirmed consent for treatment statements were consistently signed and dated. For detainees with limited English proficiency, the medical department uses Interpretalk, with telephone lines available in all areas where interviews and assessments are conducted.

ODO found BFDF's clinic small, yet functional, organized, and sanitary. It is comprised of three examination rooms, an urgent care room, a pharmacy, a laboratory, a single-chair dental operatory, the Health Services Administrator's office, and a medical records area. The assistant health services administrator, administrative assistant, nurse manager, duty nurses, and medical records technicians all share the medical records space, which contains eight workstations with computers. A holding cell is located just outside the entrance to the clinic, accommodating 13 detainees awaiting appointments. Although there is no restroom or drinking fountain inside the holding cell, two signs in English and Spanish are posted within the cell instructing detainees to contact the officer stationed outside the door when these facilities are necessary.

IHSC's standardized pharmacy policy addresses all requirements of the PBNDS. The pharmacy is securely controlled, with access limited to the pharmacist and CD. When the pharmacist is not on-site, a locked and inventoried medication cart is wheeled into the corridor for emergency treatment needs. The pharmacist informed ODO these medications are re-inventoried the following workday. Inspection of meeting minutes found the pharmacist participates in monthly department meetings, and conducts annual pharmacy and therapeutics meetings. During review of training records, ODO determined nurses and medication aides were properly instructed in administering medications. Members of custody staff are not authorized to carry out this function. A limited selection of non-prescription medications, annually approved by the Health Services Administrator, is available in the facility's commissary.

Two dedicated intake interview areas were observed in the processing area, separated by Plexiglas walls. In all 30 medical files reviewed, registered nurses and licensed vocational nurses conducted intake screenings within 12 hours of detainee arrival, using IHSC Form 795A. However, four of the 19 health-related inquiries mandated by the PBNDS were not included on this form, including: past history of serious infectious or communicable diseases, past medications, past surgical procedures, and dietary needs (**Deficiency MC-1 (V)(J)**).³ Detainees with chronic care diagnoses or medication needs are placed on "red jacket" or "yellow jacket" alerts to ensure 24 hour initial assessments by a physician or mid-level provider.

ODO found all 30 detainee files included documentation of a comprehensive health appraisal and dental screening, all performed within 14 days of arrival. Only mid-level providers complete physical examinations, and annual appraisals are scheduled in advance using the case tracker feature of the electronic medical record system. According to the dentist, there is no dental waiting list, and all detainees with significant dental complaints at sick call are seen immediately.

³ Priority Component

In the absence of a dental assistant and hygienist, he provides all necessary dental care, including teeth cleaning and hygiene instruction, during the initial assessments.

A review of the psychiatric medication log found approximately 30 percent of the detainee population is receiving psychotropic medications and is monitored in mental health clinic. ODO's review of the medical records of ten detainees receiving mental health treatment confirmed all signed specific consent for the medications. The mental health social worker stated her primary responsibilities include responding to emergency psychiatric issues, triaging three to seven sick call requests daily, scheduling appointments for monthly follow-up visits with detainees on psychotropic medications, developing referrals and coordinating visits with the contract psychiatrist, and forwarding consultant reports to prescribing providers. Tele-psychiatry services take place every Tuesday morning, and on-site consultations are provided five to six days a month, usually during the late afternoon hours. During a review of ten mental health referrals, ODO identified two in which the detainees were not assessed by a mental health professional within 72 hours (**Deficiency MC-2 (V)(N)(4)**).⁴ In both cases, the assessments were delayed because the mental health social worker was on leave. They were completed promptly upon her return, within seven days of the initial referral. The mental health social worker reported to ODO, despite her working extended hours, backlogs in non-urgent assessments occur, especially when she is on leave. ODO was informed and found no evidence to the contrary that detainees identified as at-risk for serious self-harm and suicide are assessed within 24 hours as required; however, ODO cites delays in routine mental health assessments due to staffing as a concern, having the potential to place detainees at risk.

According to the Health Services Administrator, nurses gather sick call requests from the housing units daily during the evening hours and conduct sick call rounds in the special housing unit every morning. Non-emergent sick call requests are triaged by two to three nurses the following morning, with provider referrals and medication refill requests forwarded immediately or during the morning meeting. Detainees are escorted to the triage area of the clinic and provided an evaluation. A review of 30 medical files found triage was consistently conducted within 12 hours of receipt of the request. If referred to a clinical provider, physician or mid-level assessments and treatments were typically provided the same or next day. For non-urgent healthcare needs, physician-approved nursing protocols are used to administer over-the-counter medications. Instructions and patient education were consistently noted during the chart review.

ODO determined the written local operating emergency plan was complete, addressing 24-hour coverage, use of automated external defibrillators, and electronic posting of emergency contacts. Inspection found two automated external defibrillators are present in the facility: one in the processing area and one in the clinic. An emergency go-bag with a breakaway lock and inventory is located near the gurney in the clinic's main corridor. First aid kits, supplied and inventoried on a monthly basis by the medical department, are located in the housing units. Erie County provides emergency ambulance transport, with a response time of five to ten minutes. A review of training records for (b)(7) randomly selected custody staff and all medical staff confirmed orientation and annual review in first aid, automated external defibrillator, and cardiopulmonary resuscitation.

⁴ Priority Component

ODO noted chronic care clinics were generally non-complex in nature, usually addressing stabilized diabetes, hypertension, and depression. Treatment plans included appropriate diagnostic testing and monitoring, with follow-up appointments electronically scheduled. During the review of 27 chronic care records, ODO found seven did not include a medical/psychiatric alert (**Deficiency MC-3 (V)(M)**).⁵ Upon review of these cases by the Health Services Administrator, no trend or pattern was identified explaining why this was occurring. ODO was assured this would be addressed as a quality improvement activity.

Hardcopy medical files are securely maintained in the medical records office. The current electronic medical record system, which has only been in place since 2012, is scheduled to be replaced in November with a new system that will synchronize records for all IHSC-staffed detention facilities. ODO verified, upon transfer of detainees to an intergovernmental service agreement detention facility, an electronic medical transfer summary is completed and sealed in an envelope labeled with the detainee's name and A-number, and stamped "Medical Confidential." According to the Health Services Administrator, it is rare for BFDF to transfer detainees to another IHSC facility, but ODO was assured the entire medical record would accompany the detainee in those situations.

Documentation reflects the Health Services Administrator conducts monthly staff meetings with the pharmacist, the infection control officer, and the quality improvement coordinator. ODO's review of minutes found performance monitoring in use for patient identifiers, weight gain factors, pain level documentation, peak flow measurements, and documentation of use of interpretation services. Trending and analysis of data was noted to be limited, with lengthy time periods set for future data gathering and determination of improvement needs in critical areas. For example, documentation of interpretation services on intake forms was noted to be at a low 20 percent compliance over a two-year period, with the next study not scheduled until 2014. Providing reminders to nursing staff has been the only identified corrective action, although the Health Services Administrator reported he regularly monitors Interpretalk invoices to ensure all user names, dates, and times are present. He believes nurses are simply failing to document use of the service on forms. ODO's review of patient satisfaction surveys found no indication of a problem with interpretation services being offered or provided. The Health Services Administrator agreed it would be helpful to have comparison graphs presented in monthly meetings to increase attention to this issue and showcase trends of positive compliance.

Detainee interviews during the inspection revealed overall satisfaction with access to medical care and treatment received, with the exception of the claim from detainees that medical staff routinely offers Motrin in response to all complaints about pain. A review of the grievance log showed fewer than two medical-related grievances per month, with no specific recurring issues noted.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE 2011 PBNDS, Medical Care, section (V)(J), the FOD must ensure "the intake medical screening inquires into 19 specific elements, including past history of serious

⁵ Priority Component

infectious or communicable illness, past medications, past surgical procedures, and dietary needs.”

DEFICIENCY MC-2

In accordance with the ICE 2011 PBNDS, Medical Care, section (V)(N)(4), the FOD must ensure “any detainee referred for mental health treatment receives an evaluation by a qualified licensed mental health professional as medically indicated no later than 72 hours after the referral, or sooner if necessary.”

DEFICIENCY MC-3

In accordance with the ICE 2011 PBNDS, Medical Care, section (V)(M), the FOD must ensure, “where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff shall complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee’s medical record.”

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the Sexual Abuse and Assault Prevention and Intervention standard at BFDF to determine if the facility acts to prevent sexual abuse and assaults on detainees, provides prompt and effective intervention and treatment for victims of sexual abuse and assault, and controls, disciplines, and prosecutes the perpetrators, in accordance with the ICE 2011 PBNDS. ODO toured the facility; reviewed policy, the detainee handbook, and training records; interviewed staff; and inspected documentation.

The facility has a comprehensive written policy addressing all requirements of the standard. The detainee handbook contains a specific section covering sexual assault and awareness information. The section provides definitions of prohibited sexual conduct, the right to a safe environment, confidentiality, ways to avoid sexual assault, and what the detainee should do following a sexual assault. The handbook clearly states allegations of misconduct, including sexual assaults, may be reported to the unit officer, supervisor, or officer in charge, or directly to the DHS Office of Inspector General using the toll-free hotline. In addition to the handbook, detainees are provided with SAAPI information by way of English and Spanish-version posters in the detainee living areas and in the general areas of the facility. The policy, handbook, and postings reflect BFDF has a zero-tolerance policy for all forms of sexual abuse or assault.

A correctional officer serves as the designated SAAPI program coordinator. The SAAPI coordinator is assisted by the mental health social worker, who is a member of the IHSC staff. During interviews with these individuals, ODO was informed they jointly perform the duties mandated by the PBNDS. The facility's Sexual Assault Response Team consists of the SAAPI coordinator, a medical staff member, and the AFOD (**Deficiency SAAPI-1 (V)(H)**). ODO finds this composition is limited and does not meet the requirements of the standard. To most effectively respond to sexual abuse, the Sexual Assault Response Team should include other disciplines, including a security staff member other than the designated SAAPI program coordinator; a mental health practitioner, in addition to the medical staff member; an investigator; and representatives from outside entities that provide relevant expertise and services. A Sexual Assault Response Team that includes representatives from multiple disciplines provides a comprehensive approach to preventing and responding to sexual abuse and assault incidents.

BFDF requires all staff complete training on sexual abuse and assault upon initial hire and annually. Initial and annual training is also mandated for volunteers and contractors. A review of training curricula confirmed they address all requirements of the standard. In addition, inspection of training records for (b)(7) randomly selected staff of varied disciplines and rank confirmed completion of annual refresher training.

Detainees admitted to BFDF are screened for predatory sexual behavior, as well as victimization risk or vulnerability during the initial classification process. A review of 15 randomly selected detention files confirmed screening was completed. None of the files reviewed indicated the detainees were potential predators or victims.

ODO reviewed four case files at BFDF relating to alleged sexual abuse and assaults involving detainees since June 2012. BFDF staff produced documentation showing the cases were all reported to ERO and to the JIC. ODO confirmed all four cases appeared in the Joint Integrity Case Management System. In three cases, detainees alleged officers touched them inappropriately during pat searches. In the fourth case, a detainee alleged an officer looked at him excessively while he was in the shower. All four cases involved different detainees and different officers. Documentation reflected the incidents were reported and acted upon in accordance with the standard. The accused officers were immediately relieved of any duties involving detainee contact, the detainees were medically examined and received mental health assessments, and the allegations were properly investigated and found unsubstantiated or unfounded.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SAAP1-1

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(H), the FOD must ensure "facilities use a coordinated, multidisciplinary team approach to responding to sexual abuse, such as a sexual assault response team, which in accordance with community practices, includes a medical practitioner, a mental health practitioner, a security staff member, and an investigator from the assigned investigative entity, as well representatives from outside entities that provide relevant service and expertise."