



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO Baltimore Field Office**

**Howard County Detention Center
Jessup, Maryland**

March 1-5, 2021

COMPLIANCE INSPECTION
of the
HOWARD COUNTY DETENTION CENTER
Jessup, Maryland

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Howard County Detention Center (HCDC) in Jessup, Maryland, from March 1 to 5, 2021.¹ The facility opened in 1995 and is owned and operated by Howard County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HCDC in 1987 under the oversight of ERO’s Field Office Director (FOD) in Baltimore (ERO Baltimore). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. A director handles daily facility operation and is supported by [REDACTED] personnel. Trinity Services provides food services, Wellpath provides medical care, and Keefe Group provides commissary services at the facility. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	22
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of March 1, 2021)	[REDACTED]
Female Detainee Population (as of March 1, 2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 11 deficiencies in the following standards: Custody Classification System (1); Disability Identification, Assessment, and Accommodation (1); Environmental Health and Safety (1); Food Service (1); Funds and Personal Property (1); Recreation (1); Religious Practices (1); Special Management Units (1); and Staff-Detainee Communication (3).

¹ This facility holds male detainees with medium-high and high-security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of February 22, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNDS 2011 (Revised 2016) Standards Inspected⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	4
Custody Classification System	8
Facility Security and Control	2
Funds and Personal Property	3
Population Counts	1
Sexual Abuse and Assault Prevention and Intervention	9
Special Management Units	1
Staff-Detainee Communication	3
Use of Force and Restraints	6
Sub-Total	37
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	3
Sub-Total	3
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	40

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed six detainees, who each voluntarily agreed to participate. Four detainees did not want to participate in the interviews. None of the detainees made allegations of discrimination or mistreatment; however, one detainee made an allegation of physical abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted the detainee interviews via video teleconference.

Medical Care: A detainee stated the facility's medical staff take several days to respond to sick call requests.

- Action Taken: ODO requested information concerning the detainee from the health services administrator (HSA). The HSA provided the detainee's medical record, which showed the detainee's most recent sick call request was from February 17, 2021, regarding irritation in his armpit. Medical staff scheduled the detainee for an evaluation with the nurse practitioner (NP) for February 19, 2021, because an NP was not available on February 18, 2021. On February 19, 2021, due to inclement weather, the NP was unable to report to the facility and medical staff rescheduled the appointment for February 20, 2021; however, due to unknown security issues, facility staff were not able to escort the detainee to his appointment. On February 23, 2021, the medical doctor (MD) was able to evaluate the detainee for the irritation in his armpit and diagnosed the detainee with atopic dermatitis and prescribed him sensitive skin deodorant. ODO reviewed the detainee's medical records and found the detainee submitted sick call requests on January 13, 2021; February 4, 2021; and February 8, 2021; and medical staff responded to each sick call request on the same day or the next day.

Medical Care: A detainee stated he has a cyst on his right testicle and the facility sent him to an outside specialist in June 2020; however, he does not know his treatment plan.

- Action Taken: ODO requested information concerning the detainee from the HSA, who stated the detainee complained about right testicle pain on May 5, 2020. Since then, the MD and a physician assistant (PA) have evaluated the detainee on 17 occasions. During these encounters, the MD and PA conducted various tests and ultrasounds and diagnosed the detainee with an epididymal cyst on his right testicle. The detainee received antibiotics and steroids to relieve the pain, but the detainee stated the pain continued. On June 12, 2020, the facility sent the detainee to an outside urologist, who confirmed the diagnosis of an epididymal cyst and ordered continued antibiotics and ice packs, to help ease the pain. The detainee stated the pain persisted and the urologist recommended the detainee meet with a urologist who specialized in chronic pain issues and spermatic cord block injections. On October 1, 2020, the urologist specialist evaluated the detainee and stated it was unclear if the cyst was the cause of the pain. The urologist then discussed the spermatic cord block procedure with the detainee. On November 11, 2020, the detainee requested to have the surgery to remove the cyst. On December 9, 2020, the MD informed the detainee the urologist recommended the spermatic cord block procedure rather than surgery to remove the cyst. The detainee agreed to the procedure and medical staff scheduled the procedure for February 2, 2021. Medical staff rescheduled the procedure, due to inclement

weather, for March 12, 2021, and informed the detainee of the cancellation and the rescheduled appointment.

Medical Care: A detainee stated the facility's medical staff were supposed to refill his skin rash cream, but medical staff have not refilled it.

- Action Taken: ODO interviewed the HSA and found on January 4, 2021, medical staff prescribed the detainee Tolnaftate cream for his skin rash. On February 26, 2021, the detainee requested a refill through the kiosk messaging system. Medical staff informed the detainee the prescription had expired; however, medical staff submitted a refill request, and the refill request was pending review by the MD during the inspection week.

Medical Care: A detainee stated he suffered an asthma attack on July 6, 2020, and the doctor did little to help him, other than give him medication. The detainee also stated he did not receive an inhaler until mid-July 2020.

- Action Taken: ODO reviewed the detainee's medical record and found when the detainee arrived at the facility on March 31, 2020, he denied any history of asthma. On April 6, 2020, a PA conducted a physical examination on the detainee, and the detainee denied any previous medical issues or current medical complaints. On July 7, 2020, facility staff escorted the detainee to the medical clinic due to dizziness and light headedness. A licensed practical nurse (LPN) evaluated the detainee and noted his vitals were within normal limits and scheduled him for an evaluation with a PA. On July 8, 2020, the PA evaluated the detainee and noted his vitals were within normal limits, and the detainee denied any chest pain, shortness of breath, or difficulty breathing. The detainee stated his coughing had resolved, but he still had some mild dizziness. During this encounter, the detainee stated he used to have asthma, and he took medication for it many years ago. The PA diagnosed him with possible asthma and prescribed him 25 milligrams of Meclizine for the dizziness and Albuterol nebulizer treatments for the asthma. ODO reviewed the detainee's medical record and determined he received two doses of Meclizine and one Albuterol nebulizer treatment, and the detainee had not requested additional medication or treatments after his last visit in July 2020.

Personal Hygiene: A detainee stated the facility does not provide personal hygiene items on a weekly basis.

- Action Taken: ODO interviewed facility staff and found detainees are issued personal hygiene items upon admission to the facility and facility staff provide personal hygiene packages bi-weekly. Detainees can also purchase additional personal hygiene items through the commissary. At the request of ODO, facility staff explained the personal hygiene package process to the detainee on March 4, 2021.

Personal Hygiene: A detainee stated the facility does not provide fresh razors.

- Action Taken: ODO interviewed facility staff and reviewed the local supplement and found detainees are issued a razor upon admission to the facility and can exchange their

razor for a new razor every Tuesday. At the request of ODO, facility staff explained the razor exchange process to the detainee on March 4, 2021.

Telephone Access: A detainee stated his embassy, the Republic of the Congo, was not on the consulate list.

- Action Taken: ODO reviewed the facility's consulate list and confirmed the Republic of the Congo was not on the list. ODO spoke with a Talton phone service representative and discussed adding the Republic of the Congo to the consulate list. On March 3, 2021, Talton provided ODO an updated consulate list with the new country listed, and ODO provided the list to ERO Baltimore. On March 5, 2021, the facility provided a copy of the consulate list to the detainee.

Telephone Access: A detainee stated there is no poster with consulate information in his housing unit.

- Action Taken: ODO reviewed photos and found the consulate list is in a binder available to all detainees in the housing unit. At the request of ODO, facility staff showed the detainee the binder on March 5, 2021.

Use of Force and Restraints: A detainee stated facility staff coerced him into a physical confrontation on February 3, 2021.

- Action Taken: ODO reviewed the use of force video from the incident and found the detainee continually refused direct orders from staff. When staff attempted to restrain the detainee, he resisted, and staff used force to place him on the ground and restrain him. After the incident, medical staff evaluated the detainee and noted no injuries. Based on ODO's review of the documentation and the video provided, it does not appear staff coerced the detainee into a physical confrontation.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

Due to the COVID-19 pandemic, the Howard County Fire Marshall has not conducted any official inspections since early 2020. Facility staff provided ODO a copy of an email from the Fire Marshall dated June 1, 2020, which stated this information, and ODO verified this information by reviewing the Howard County Fire Marshall's website. ODO notes this as an **Area of Concern**.

SECURITY

ADMISSION AND RELEASE (AR)

The facility did not provide documentation to verify facility staff received adequate training on the admissions process (**Deficiency AR-10⁶**).

ODO reviewed the orientation process and found the process does not contain the following topics:

- typical detention-case chronology;
- authority, responsibilities, and duties of security officers;
- procedures for detainees to contact the deportation officer handling his/her docket;
- availability of pro bono services legal services, and how to pursue such services in the facility, including accessing "Know Your Rights" presentations;
- standards of conduct, including acceptable and unacceptable detainee behavior with an overview of other rules and requirements;
- disciplinary procedures, including criminal prosecution, grievance procedures and appeals process; and
- how detainees can file formal complaints with the Department of Homeland Security (DHS) Office of Inspector General (OIG) (**Deficiency AR-66⁷**).

ODO reviewed 12 detainee detention files and found 4 files did not contain documentation that the detainee received a copy of the local supplement (**Deficiency AR-71⁸**).

⁶ "Staff members shall be provided with adequate training on the admissions process at the facility." *See* ICE PBND 2011 (Revised 2016), Standard, Admission and Release, Section (V)(B)(1).

⁷ "The orientation shall include the following information:

2. typical detention-case chronology (what most detainees can expect);
3. authority, responsibilities and duties of security officers;
4. procedures for detainees to contact the deportation officer handling his/her docket;
5. availability of pro bono services legal services, and how to pursue such services in the facility, including accessing "Know Your Rights" presentations (e.g., location of current listing);
6. standards of conduct, including acceptable and unacceptable detainee behavior, with an overview of other rules and requirements;
7. disciplinary procedures, including criminal prosecution, grievance procedures and appeals process;
12. how the detainee can file formal complaints with the DHS OIG." *See* ICE PBND 2011 (Revised 2016), Standard, Admission and Release, Section (V)(F)(2-7)(12).

⁸ "In accordance with standard "6.1 Detainee Handbook," every facility shall issue to each newly admitted detainee a

ODO reviewed 12 detainee detention files and found 4 files did not contain documentation that the detainee acknowledged receipt of the ICE National Detainee Handbook and local supplement by signing Form I-385 or a separate form (**Deficiency AR-76⁹**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee detention files and found 1 file did not contain initial classification documentation, and the facility placed the detainee in general population without an initial classification (**Deficiency CCS-3¹⁰**).

ODO reviewed 12 detainee detention files and found 1 file in which ERO Baltimore did not provide the facility the information necessary to complete an initial custody classification on a detainee (**Deficiency CCS-4¹¹**).

ODO reviewed 12 detainee detention files and found 1 file in which the facility did not keep an unclassified detainee separate from general population (**Deficiency CCS-7¹²**).

ODO reviewed 12 detainee detention files and found 1 file in which the facility did not keep a detainee segregated from the general population until ERO Baltimore provided the necessary information to classify the detainee (**Deficiency CCS-26¹³**).

ODO reviewed 12 detainee detention files and found in 1 file, the facility did not classify the detainee within 12 hours of the detainee's arrival to the facility and there was no documentation in the file that explained the cause of the delay or indicate that the detainee was housed appropriately (**Deficiency CCS-28¹⁴**).

ODO reviewed 12 detainee detention files and found in 1 file, the detainee did not receive a reassessment or reclassification (**Deficiency CCS-49¹⁵**).

ODO reviewed 12 detainee detention files and found in 1 file, the facility did not complete a

copy of the ICE National Detainee Handbook (handbook) and local supplement that fully describes all policies, procedures and rules in effect at the facility." *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(G)(1).

⁹ "As part of the admissions 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)." *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(G)(4).

¹⁰ "All detainees shall be classified upon arrival and before being admitted into the general population of the facility." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(1).

¹¹ "ICE/ERO staff shall provide facilities the data needed from each detainee's file to complete the classification process." *See* ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(A)(1).

¹² "Any detainee who cannot be classified because of missing information at the time of processing (e.g., the results of a criminal record check) shall be kept separate from the general population." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(3).

¹³ "The facility shall segregate the detainee from the general population pending receipt and processing of information needed for classification, as specified above." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(D).

¹⁴ "If the process takes longer, documentation shall be maintained to explain the cause of the delay and to indicate that the detainee shall be housed appropriately." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(D).

¹⁵ "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H).

reclassification assessment of the detainee within 60 to 90 days after the initial classification (**Deficiency CCS-51**¹⁶).

ODO reviewed 12 detainee detention files and found 1 file did not contain an initial classification form or supporting documentation (**Deficiency CCS-65**¹⁷).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed housing unit logbooks and found the facility's supervisors do not initial the logbooks during shift supervisory rounds (**Deficiency FSC-75**¹⁸).

ODO interviewed the chief of security and found the facility's maintenance supervisor and the chief of security do not conduct [REDACTED] (**Deficiency FSC-114**¹⁹).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed facility staff and found the facility does not provide a secured locker for holding large valuables (**Deficiency FPP-10**²⁰).

ODO reviewed 12 detainee detention files and found 1 file contained a property inventory form for small valuables; however, two officers did not sign the form (**Deficiency FPP-65**²¹).

ODO reviewed 12 detainee detention files and found 1 file did not contain the signature of the detainee on the personal property inventory form (**Deficiency FPP-89**²²).

POPULATION COUNTS (PC)

ODO interviewed the chief of security and found only [REDACTED] officer conducts a count

¹⁶ "The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(1). **This is a repeat deficiency.**

¹⁷ "Classification forms and supporting documentation shall be placed in the detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(J).

¹⁸ "The shift supervisor shall visit each housing area and initial the log on each shift at least once per tour." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(D)(1).

¹⁹ "The facility maintenance supervisor and Chief of Security shall [REDACTED], documenting the results in the shift supervisor's daily log." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(F)(2)(d).

²⁰ "All facilities, at a minimum, shall provide:

1. a secured locker for holding large valuables, which can be accessed only by designated supervisor(s) and/or property officer(s)." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(A)(1).

²¹ "The detainee and two processing officers shall sign the G-589 or equivalent with copies distributed as noted above in this standard." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(G)(2).

²² "The personal property inventory form must contain the following information at a minimum:

5. signatures of the officer completing the inventory and the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(5).

during a formal count (**Deficiency PC-10**²³).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

The facility did not provide documentation to verify all employees received training on the facility's SAAPI program (**Deficiency SAAPI-25**²⁴).

The facility did not provide documentation to verify all employees received annual refresher training on the facility's SAAPI program (**Deficiency SAAPI-26**²⁵).

ODO reviewed the SAAPI training curriculum and found the training curriculum does not include how staff shall prevent, recognize, and appropriately respond to allegations or suspicions of sexual assault involving detainees with mental and physical disabilities (**Deficiency SAAPI-38**²⁶).

ODO reviewed ■ employee training records and found ■ records did not contain written documentation verifying the employees completed the SAAPI training (**Deficiency SAAPI-45**²⁷).

The facility did not provide written documentation to verify the specialized training for the facility's investigators (**Deficiency SAAPI-48**²⁸).

ODO reviewed the facility's orientation instructions and found the instructions did not inform detainees that reporting a sexual assault would not negatively impact their immigration proceedings (**Deficiency SAAPI-58**²⁹).

ODO reviewed 11 detainee detention files and found 4 files did not contain documentation of the detainees' participation in the SAAPI instruction session (**Deficiency SAAPI-61**³⁰).

²³ "Upon completing the first count, the officers shall change positions and count again." *See* ICE PBNDS 2011 (Revised 2016), Standard, Population Counts, Section (V)(A)(2)(a).

²⁴ "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees, and shall also be included in annual refresher training thereafter." *See* ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E).

²⁵ "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees, and shall also be included in annual refresher training thereafter." *See* ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E).

²⁶ "Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and shall include:

11. prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities." *See* ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E)(11).

²⁷ "The facility must maintain written documentation verifying employee, volunteer and contractor training." *See* ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E).

²⁸ "The facility must maintain written documentation verifying specialized training provided to investigators pursuant to this paragraph." *See* ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E).

²⁹ "Following the intake process, the facility shall provide instruction to detainees on the facility's Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum):

6. prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings." *See* ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F)(6).

³⁰ "The facility shall maintain documentation of detainee participation in the instruction session." *See* ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F).

ODO interviewed the SA-API coordinator and found the facility does not conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts (**Deficiency SA-API-184**³¹). Additionally, facility staff informed ODO the facility did not complete an annual report because the facility did not have any sexual abuse allegations; however, the facility did not prepare a negative report as required (**Deficiency SA-API-185**³²).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed employee training records and found employees assigned to SMU do not receive specialized training in relevant SMU topics, such as:

- identifying signs of mental health decompensation;
- techniques for more appropriate interactions with mentally ill detainees;
- the impact of isolation; and
- de-escalation techniques (**Deficiency SMU-129**³³).

ODO found the facility secured a difficult-to-manage detainee [REDACTED] days instead of placing the detainee in the SMU. ODO notes this as an **Area of Concern**.

STAFF-DETAINEE COMMUNICATION (SDC)

The facility does not have written procedures to promptly route and deliver detainee requests to ERO Baltimore without reading, altering, or delaying such requests (**Deficiency SDC-10**³⁴).

ODO reviewed 67 detainee requests and found 7 requests forwarded to ERO Baltimore were not responded to within 3-business days of receipt (**Deficiency SDC-17**³⁵).

ODO found no documentation that ERO Baltimore tested detainee telephones in 10 out of 26

³¹ “Each facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts.” See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(M)(5).

³² “If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report.” See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(M)(5).

³³ “Security staff assigned to SMU shall receive specialized training in relevant topics, such as:

1. Identifying signs of mental health decompensation;
2. Techniques for more appropriate interactions with mentally ill detainees;
3. The impact of isolation; and
4. De-escalation techniques.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(O)(1-4).

³⁴ “Each facility administrator shall:

- Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests.” See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B).

³⁵ “In Facilities without ICE/ERO Onsite Presence Each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days and answered as soon as practicable, in person or in writing, but no later than within three business days of receipt.” See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(b). **This is a repeat deficiency.**

weeks since ODO's last inspection (**Deficiency SDC-24**³⁶).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the chief of security and found ERO Baltimore has not approved the facility's UOF form (**Deficiency UOFR-134**³⁷).

ODO interviewed the chief of security and found ERO Baltimore has not approved the facility's written procedures for an after-action review of use of force incidents and the application of restraints (**Deficiency UOFR-148**³⁸).

ODO reviewed one UOF file and found the facility does not model its incident review process after ERO's process (**Deficiency UOFR-149**³⁹).

ODO reviewed one UOF file and found the facility's incident review process does not meet or exceed the requirements of ERO's process (**Deficiency UOFR-150**⁴⁰).

ODO reviewed one UOF file and found the facility's review team does not include the FOD's designee nor the HSA (**Deficiency UOFR-154**⁴¹).

ODO reviewed one UOF file and found the facility's review team does not convene together to conduct an after-action review (**Deficiency UOFR-155**⁴²).

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

The facility did not provide documentation showing employees, volunteers, and contract personnel received annual refresher training on the facility's disabilities procedures (**Deficiency DIAA-68**⁴³).

³⁶ "Field Office Directors shall ensure that all phones for detainee use are tested at least weekly in accordance with standard '5.6 Telephone Access.'" See ICE PBND 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(C). **This is a repeat deficiency.**

³⁷ "All facilities shall have an ICE/ERO-approved form to document all uses of force." See ICE PBND 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(O)(2).

³⁸ "All facilities shall have ICE/ERO-approved written procedures for after-action review of use of force incidents (immediate or calculated) and applications of restraints." See ICE PBND 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(1).

³⁹ "All facilities shall model their incident review process after ICE/ERO's process." See ICE PBND 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(1).

⁴⁰ "The process must meet or exceed the requirements of ICE/ERO's process." See ICE PBND 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(1).

⁴¹ "The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review." See ICE PBND 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

⁴² "This four-member after-action review team shall convene on the workday after the incident." See ICE PBND 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

⁴³ "Training on the facility's Disability and Reasonable Accommodations procedures shall be provided to employees, volunteers, and contract personnel, and shall also be included in annual refresher training thereafter." See ICE PBND 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(I).

The facility did not provide documentation showing new facility staff, including contractors and volunteers, received disability training as part of their initial orientation training (**Deficiency DIAA-69**⁴⁴).

ODO reviewed the facility’s orientation program and found the orientation program does not inform detainees of the facility’s disability accommodations policy, including their right to request reasonable accommodations and how to make such a request (**Deficiency DIAA-71**⁴⁵).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 20 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 40 deficiencies in the remaining 10 standards.

Since ODO’s last inspection in FY 2020, there has been a significant increase in deficiencies at HCDC, specifically in the SA-API and DIAA standards. In FY 2020, a DHS Prison Rape Elimination Act (PREA) auditor conducted a DHS PREA audit of the facility and HCDC did not pass the audit, despite the corrective action plan period. ODO found similar SA-API deficiencies, which shows the facility has made little effort to comply with the DHS PREA regulation. In addition, during an annual inspection in December 2020, a third-party contractor found 10 deficiencies in the DIAA standard, one of which ODO also identified, with two additional deficiencies. ODO provided HCDC additional time after the inspection week to submit documentation to demonstrate compliance; however, the facility did not provide any additional documentation. ODO recommends ERO Baltimore work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations, including DHS PREA.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011) (Revised 2016)	FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	17	20
Deficient Standards	9	10
Overall Number of Deficiencies	11	40
Repeat Deficiencies	4	4
Areas of Concern	0	2
Corrective Actions	0	0

⁴⁴ “New facility staff, including contractors and volunteers, shall receive this training as part of the Initial Orientation training required by Standard 7.3.” See ICE PBNDS 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(I).

⁴⁵ “The facility orientation program required by standard 2.1, “Admission and Release,” and the detainee handbook required by standard 6.1, “Detainee Handbook,” shall notify and inform detainees about the facility’s disability accommodations policy, including their right to request reasonable accommodations and how to make such a request.” See ICE PBNDS 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J). **This is a repeat deficiency.**