



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
Follow-Up Compliance Inspection**

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

**Worcester County Jail
Snow Hill, Maryland**

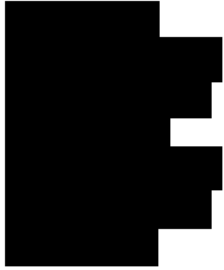
June 4-6, 2019

**COMPLIANCE INSPECTION
of the
WORCESTER COUNTY JAIL
Snow Hill, 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 follow-up inspection of the Worcester County Jail (WCJ) in Snow Hill, Maryland (MD), from June 4 to 6, 2019.¹ While ODO reviewed all core standards during the inspection, special attention was given to those standards in which related deficiencies were found during ODO's last inspection of WCJ, from July 31 to August 2, 2018.

WCJ opened in 1982 and is owned and operated by the County of Worcester. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCJ in 1999 under the oversight of ERO's Field Office Director (FOD) in Baltimore. The facility operates under the ICE National Detention Standards (NDS) 2000. The facility is also contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard.

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. The WCJ Warden is responsible for oversight of daily facility operations and is supported by ██████ personnel. WCJ provides food services and Wellpath provides medical care at the facility. The facility is accredited by the Maryland Commission on Correctional Standards but holds no national accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	200
Average ICE Detainee Population ³	152
Male Detainee Population (as of 6/3/2019)	144
Female Detainee Population (as of 6/3/2019)	8

During the Fiscal Year (FY) 2018 inspection, ODO found 18 deficiencies in the following areas: Admission and Release (3); Detainee Classification System (1); Environmental Health and Safety (2); Food Service (1); Funds and Personal Property (1); Post Orders (1); Special Management Unit – Administrative Segregation (1); Special Management Unit – Disciplinary Segregation (1); Use of Force (2); and SAAPI (5).

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

² Data Source: ERO Facility List Report as of June 3, 2019.

³ *Ibid.*

FY 2019 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	1
Admission and Release	5
Detainee Classification System	0
Detainee Grievance Procedures	0
Food Service	0
Funds and Personal Property	0
Recreation	0
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	3
Visitation	3
Sub-Total	12
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	2
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	1
Sub-Total	3
PBNSD 2011 Standards Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	17

⁴ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

FOLLOW-UP INSPECTIONS PROCESS

In FY 2018, ODO began conducting follow-up inspections of ICE ERO detention facilities to assess whether corrective actions implemented by ERO and the facility in response to deficiencies identified by ODO during the prior inspection achieved compliance with the ICE detention standards.

ODO targets facilities for follow-up inspections based on a variety of factors, including the number of deficiencies identified during previous ODO inspections, the frequency and severity of repeat deficiencies, information identified by agency stakeholders and/or from detainee complaints, and at the request of ICE leadership. ODO coordinates its inspections with other oversight entities such as the ICE Office of Diversity and Civil Rights, the U.S. Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties, and the DHS Office of Inspector General.

While the intent of follow-up inspections is to focus on previously-identified deficiencies, ODO may decide to conduct a full inspection based on additional information obtained prior to ODO's arrival on-site. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern. Any areas found non-compliant during both the initial and follow-up inspections are annotated as "Repeat Deficiencies" in this report.

DETAINEE RELATIONS

ODO interviewed 14 detainees to assess the conditions of confinement at WCJ. Interview participation was voluntary and none of the detainees made any allegations of abuse, discrimination, or mistreatment. The detainees reported being satisfied with facility services, apart from the complaints below:

Medical Care: One detainee stated she submitted a medical request for an earache but received no response from medical staff.

- Action Taken: ODO reviewed the detainee's medical record and spoke with facility medical staff. ODO confirmed the detainee submitted a sick call request complaining of an earache. The facility responded to the detainee and informed her she was being referred to medical for a chronic care evaluation. The facility conducted a full physical examination of the detainee during which she did not mention the earache to the provider and the provider found no areas of concern. ODO requested medical staff follow up with detainee regarding her earache.

Medical Care: One detainee stated she submitted a medical request regarding allergy medication but received no response from medical staff.

- Action Taken: ODO reviewed the detainee's medical record, which showed she submitted a sick call request for prescription allergy medication. The following day, facility medical staff approved and ordered the allergy medication and the detainee began receiving the medication daily, two days after submitting the initial request.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

The facility's local handbook supplement informs detainees that a law library is available for detainee use and provides detainees with the rules and procedures governing access to legal materials. However, ODO observed the facility's law library and found the facility has not posted their law library policies and procedures in the library itself (**Deficiency ALM-1**⁵).

ADMISSION AND RELEASE (A&R)

ODO found arriving detainees at WCJ are routinely strip-searched upon admission (**Deficiency A&R-1**⁶). Detainees are also strip-searched every time they return to the facility after being offsite for court and medical appointments. ODO notes that while each search is documented on a Record of Search Form, the form does not have an area to document reasonable suspicion, and of the 25 detainee files ODO reviewed, none contained any annotation of reasonable suspicion for strip-searches. ODO reviewed a June 18, 2016, waiver issued to WCJ by ICE regarding strip-searches, which states that reasonable suspicion must be documented in each strip-search conducted; however, the waiver does not address all instances when strip-searches may occur.

ODO found that although detainees receive the ICE National Detainee Handbook from ERO prior to admission to WCJ and the WCJ local handbook supplement upon admission, WCJ does not show detainees a video as part of the orientation process (**Deficiency A&R-2**⁷).

⁵ "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

1. that a law library is available for detainee use;
2. the scheduled hours of access to the law library;
3. the procedure for requesting access to the law library;
4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedures shall also be posted in the law library along with a list of the law library's holdings." See ICE NDS 2000, Access to Legal Material, Standard, Section (III)(Q)(1-6).

⁶ "Facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitoring showering, and other required exposure of the private parts of the detainee's body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-ray, and metal detectors. If information developed during admission processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G1025, Record of Search." See Change Notice: Admission and Release National Detention Standards Strip Search Policy, dated October 15, 2007. **This is a repeat deficiency.**

⁷ "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable [*sic*] and the associated sanctions (see the 'Disciplinary Policy' Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

ODO reviewed 25 detainee detention files and found each contained an Order to Detain or Release (Form I-203 or I-203a); however, one Form I-203 did not have the signature of the authorizing official (**Deficiency A&R-3⁸**).

ODO reviewed WCJ's orientation policy and although it conforms to the standard, the ERO Baltimore Field Office did not approve the orientation procedures (**Deficiency A&R-4⁹**).

ODO reviewed WCJ's release policy and although it conforms to the standard, the ERO Baltimore Field Office did not approve the release procedures (**Deficiency A&R-5¹⁰**).

Corrective Action: Prior to completion of the inspection, ERO Baltimore issued a memorandum approving WCJ's release procedures (**C-1**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ERO Baltimore staff classify each detainee using the Risk Classification Assessment (RCA) prior to the detainee's arrival at WCJ. In reviewing the classification documentation of a female detainee that arrived on a weekend, ODO found she was initially classified as high custody by ERO; as such, the facility placed her in a high custody female housing unit. Two days later, the facility reclassified the detainee as medium-low custody and reassigned her to a low custody female housing unit. This medium-low custody detainee was placed at risk by initially being co-mingled and housed with high custody level detainees. The delay in reclassifying detainees who arrive over a weekend potentially places detainees at risk and ODO notes this practice as an **Area of Concern**. ODO confirmed the medium-low classification was accurate and the detainee is currently housed in the appropriate housing unit.

TELEPHONE ACCESS (TA)

ODO reviewed ERO Baltimore telephone serviceability worksheets from January 2019 through June 2019 and found ERO staff do not interview a sampling of detainees regarding telephone access (**Deficiency TA-1¹¹**).

⁸ "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁹ "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). **This is a repeat deficiency.**

¹⁰ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approved [sic] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). *Note:* The NDS outline citation number is erroneous; the cited section should be (III)(L). **This is a repeat deficiency.**

¹¹ "Effective immediately, concurrent with staff/detainee communications visits, ICE staff will verify [sic] serviceability of all telephones in detainee housing units... ICE staff will also interview a sampling of detainees and review written detainee complaints regarding detainee telephone access." See Change Notice: Detainee Telephone Services, dated April 4, 2007.

[REDACTED] (Deficiency TA-2¹²).

[REDACTED] (Deficiency TA-3¹³).

VISITATION (V)

ODO observed WCJ's public visitation schedule was posted in the facility's lobby and included the visitation rules, appropriate attire, and directions for using the TouchPay™ kiosk. However, ODO found that while the facility's detainee handbook notifies detainees of visitation days, it does not include visitation hours (**Deficiency V-1¹⁴**).

WCJ's policies and procedures provide the facility's visitation schedule and hours for public and attorney visits; however, for a detainee subject to expedited removal who has been referred to an Asylum Officer, WCJ does not have policies and procedures in place regarding the detainee's right to consult with a person of his or her choosing, both prior to the interview and while the Asylum Officer's decision is under review (**Deficiency V-2¹⁵**).

ODO found that although WCJ posted the ERO pro bono legal organizations list in all detainee housing areas, the facility has not posted or otherwise provided notice to detainees of their right to consular access (**Deficiency V-3¹⁶**).

¹² [REDACTED]

¹³ [REDACTED]

¹⁴ "The facility shall provide written notification of visitation rules and hours in the detainee handbook, or equivalent, given each detainee upon admittance." See ICE NDS 2000, Standard, Visitation, Section (III)(B).

¹⁵ "Detainees subject to expedited removal who have been referred to an Asylum Officer are entitled by statute and regulation to consult with any persons of the detainee's choosing, both prior to the interview and while the Asylum Officer's decision is under review....Because expedited removal procedures occur within short time frames, each facility shall develop procedures that liberally allow the opportunity for consultation visitation in accordance with this Standard." See ICE NDS 2000, Standard, Visitation, Section (III)(J)(1).

¹⁶ "According to international agreements, detainees must be advised of their right to consular access, and the INS

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO toured the housing units and observed eight unlabeled paper cups containing a blue and green powdered substance in housing [REDACTED] (Deficiency EH&S-1¹⁷). ODO confirmed with facility staff that the powdered substance was Comet Cleanser.

Corrective Action: Prior to completion of the inspection, the facility stopped issuing Comet Cleanser to the housing units (C-2).

USE OF FORCE (UOF)

ODO reviewed the files of 28 UOF incidents and found staff documented and acted appropriately while using the minimum amount of force necessary to contain the confrontation in each incident. However, ODO found that although each UOF file contained a UOF Report, medical documentation, investigation packet, notice of infraction and disciplinary hearing report, and audio-visual recordings, where applicable, the audio-visual recordings for two of three calculated UOF incidents showed the UOF teams were not clothed in protective gear, including [REDACTED] (Deficiency UOF-1¹⁸).

During a UOF incident involving a female detainee who was naked and covered in fecal matter, the facility did not video record the entire use of force incident because they were concerned the video recording could violate the Prison Rape Elimination Act (PREA). The facility took necessary precautions during the unusual situation; nevertheless, ODO notes this as an **Area of Concern** as all UOF events must be video recorded.

must facilitate this access. Therefore, it is INS policy and practice that all detained individuals are provided with notice of their right to contact their consular representatives and receive visits from their consulate officers.” See ICE NDS 2000, Standard, Visitation, Section (III)(K).

¹⁷ “The OIC will individually assign the following responsibilities associated with the labeling procedure:

1. Identifying the hazardous nature of the materials adopted for use;
2. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;
3. Teaching staff the meaning of the classification code and the MSDS, including the safe handling procedures for each material; and impressing on staff the need to ensure containers are properly labeled; and
4. Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J).

¹⁸ “When a detainee must be forcibly moved and/or restrained during a calculated use of force, the [REDACTED] shall apply.

See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(a). **This is a repeat deficiency.**

HEALTH SERVICES

MEDICAL CARE (MC)

ODO examined the medical records for five female detainees and confirmed facility medical staff completed 14-day assessments and provided routine medical care for each detainee. However, ODO found the facility did not complete female-specific evaluations, including pelvic, Pap test, and breast exams for any of the five detainees (**Deficiency MC-1¹⁹**).

ODO reviewed facility staff files and found that while all medical staff had current cardiopulmonary resuscitation (CPR) certification, [REDACTED] correctional staff did not have current CPR certification documented in their training files (**Deficiency MC-2²⁰**).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed training records for both medical and correctional staff and found no documentation of current suicide prevention training for [REDACTED] medical staff and [REDACTED] correctional staff (**Deficiency SP&I-1²¹**).

¹⁹ "...Health appraisals will be performed according to NCCHC and JCAHO standards." *See* ICE NDS, Standard, Medical Care, Section (III)(D).

²⁰ "...Detention staff will be trained to respond to health-related emergencies within a [REDACTED] response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following: ...

2. The administration of first aid and cardiopulmonary resuscitation (CPR)."

See ICE NDS, Standard, Medical Care, Section (III)(H)(2).

²¹ "All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee." *See* ICE NDS 2000, Suicide Prevention and Intervention, Section (III)(A).

CONCLUSION

ODO reviewed WCJ's compliance with 17 standards under NDS 2000 and one standard under PBNDS 2011 and found the facility compliant with 10 of those standards. ODO found 17 deficiencies in the remaining 8 standards. ODO also noted two Areas of Concern, the first in DCS, where the facility houses new detainees on the weekends based on ERO's provided RCA and waits until the next workday to confirm the detainees' classification or to reclassify the detainee using all available information, and the second in UOF, where the facility did not video record the entirety of a calculated UOF incident involving a female detainee because of PREA concerns. ODO recommends ERO Baltimore work with the facility to remedy any outstanding deficiencies, in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (NDS 2000)	FY 2019 (NDS 2000)
Standards Reviewed	17	18
Deficient Standards	10	8
Overall Number of Deficiencies	18	17
Deficient Priority Components	0	0
Repeat Deficiencies	0	4
Corrective Actions	1	2