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Office of Detention Oversight Compliance Inspection

**Enforcement and Removal Operations
Saint Paul Field Office
Grand Forks County Correctional Center
Grand Forks, North Dakota**

March 27 – 29, 2012

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**COMPLIANCE INSPECTION
GRAND FORKS COUNTY CORRECTIONAL CENTER
SAINT PAUL FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Grand Forks County Correctional Center (GFCCC) in Grand Forks, North Dakota, from March 27-29, 2012. GFCCC, which opened in 2006, is owned by the County of Grand Forks and operated by the County Corrections Division of Grand Forks County. U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at GFCCC in October 2006 under an intergovernmental service agreement (IGSA) between the U.S. Marshals Service (USMS) and GFCCC. Male and female detainees of all security classification levels are detained at the facility for periods in excess of 72 hours. GFCCC has a total capacity of 245, with no specified number dedicated to ICE detainees. GFCCC can accommodate a maximum of 60 detainees based on the availability of bed space. At the time of the inspection, the facility housed 21 ICE detainees: 21 males and no females. The average length of stay is 17 days. The average daily detainee population is 15. Additional bed space at GFCCC is reserved for prisoners received from area law enforcement jurisdictions and USMS inmates. CBM Managed Services provides food service. Grand Forks County Public Health Services provides medical care. The facility holds no accreditations.

The ERO Field Office Director in Saint Paul, MN (FOD/Saint Paul) is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). There are no ICE personnel physically located at GFCCC. An Assistant Field Office Director (AFOD) at the FOD/Saint Paul supervises ICE staff located at the Grand Forks Sub-Office in Grand Forks, ND. Sub-Office staff is comprised of (b)(7) Supervisory Detention and Deportation Officer (SDDO), (b)(7) Supervisory Immigration Enforcement Agent (SIEA), and (b)(7)e Immigration Enforcement Agents (IEA). There is no ERO Detention Services Manager (DSM) assigned to cover GFCCC. The GFCCC Administrator is the highest ranking county official at GFCCC and is responsible for oversight of daily operations. Supervisory staff at GFCCC includes (b)(7)c Captain, (b)(7)e Lieutenants, and (b)(7) Sergeants. GFCCC non-supervisory staff is composed of (b)(7) Corrections Officers. Grand Forks County Public Health Services medical staff consists of a Registered Nurse Administrator (RNA), (b)(7)e Registered Nurses (RN), and an Administrative Medical Technician. (b)(7)e Medical Doctors, (b)(7), of whom serves as the Clinical Medical Authority, and a Dentist provide services under contract.

In November 2010, ERO Detention Standards Compliance Unit (DSCU) contractor, MGT of America, Inc., conducted an Annual Review of the ICE National Detention Standards (NDS) at GFCCC. The facility received an overall rating of "Acceptable" and was found to be in compliance with all 38 standards reviewed.

This is the first inspection of GFCCC by ODO. ODO reviewed a total of 16 NDS. Four standards were fully compliant; 43 deficiencies were found in the remaining 12 standards: Access to Legal Material (1 deficiency), Admission and Release (5), Detainee Classification System (5), Detainee Grievance Procedures (5), Detainee Handbook (1), Environmental Health and Safety (10), Food Service (3), Funds and Personal Property (2), Medical Care (2), Staff-Detainee Communication (5), Telephone Access (2), and Use of Force (2).

This report details all deficiencies and refers to specific, relevant sections of the NDS. ERO will be provided a copy of the report to assist in developing corrective actions to resolve the 43 identified deficiencies. Overall, ODO found GFCCC to be orderly and well-managed, however ODO identified some deficiencies that are significant to the health and well-being of ICE detainees and staff; these deficiencies were discussed with GFCCC personnel on-site during the inspection, as well as during the close-out briefing conducted on March 29, 2012. The majority of deficiencies identified were administrative in nature (paperwork, logs, postings), rather than shortcomings with respect to practices and procedures.

GFCCC inmates and ICE detainees are housed together in two-person and eight-person cells. Toilet and shower areas are adequate for the projected population. There are common areas where detainees congregate during the day. ODO confirmed GFCCC does not issue identity documents or wristbands, and observed inmates and ICE detainees wear the same orange uniforms. This makes it impossible to distinguish ICE detainees from GFCCC inmates, or to visually determine security classification levels. GFCCC management stated various options for implementation of identity wristbands are being considered.

GFCCC uses a Minimum, Medium, and Maximum security risk classification system, comparable to the ICE system that designates Level One (lowest threat), Level Two (medium threat), and Level Three (highest threat). Interviews with staff and a review of the IGSA confirmed GFCCC can house all security classification levels of ICE detainees. A review of the Detainee Classification System NDS confirmed ICE detainees are not pre-classified by ICE prior to arrival at GFCCC, and ICE does not provide documentation to assist GFCCC with classification of detainees at arrival. The lack of narrative and historical information has resulted in all detainees receiving a Level I classification. During the ODO inspection, the FOD/Saint Paul, Grand Forks Sub-Office began providing GFCCC with necessary background documentation for current ICE detainees to facilitate appropriate classification. A total of 21 male detainees were reclassified and moved to appropriate housing units. Nine detainees were reclassified to Level 3, six detainees were reclassified to Level 2, and six detainees remained classified at Level 1. ERO management has committed to providing GFCCC staff with the necessary documentation to properly classify all current and future detainees.

ODO determined detainees have the opportunity to file informal and formal grievances, and to appeal grievance decisions. GFCCC staff attempts to resolve all grievances at the lowest level possible. If a staff member cannot resolve a grievance, it is forwarded to the next highest level in the GFCCC chain of command. Detainees are free to bypass the informal grievance process and proceed directly to a formal grievance. Grievance forms are available within the housing units. Although GFCCC retains copies of detainee grievances, there is no grievance log. During the ODO inspection, GFCCC initiated a separate filing system for ICE detainee grievances and created a detainee grievance log. However, due to the lack of an organized grievance file or a grievance log, ODO was unable to conduct a comprehensive review or perform a quantitative analysis of detainee grievances.

Review of the Environmental Health and Safety NDS confirmed the lack of a running inventory of chemicals and hazardous substances; the lack of an appropriate, locked storage area for chemicals and hazardous materials; and the lack of a running inventory of medical instruments

such as sharps, syringes, needles and scissors in the medical department. ODO observed the chemical storage room in the food service area fully open with inmates working nearby; inspection of the door confirmed it did not have a locking mechanism. This is a serious safety concern. Inmate food service workers could potentially enter the storage area, access the chemicals, and contaminate food, causing harm to staff, inmates, and detainees. When GFCCC management was informed of the situation, the room was secured and a locking device was ordered for immediate installation. Prior to the CI, GFCCC had no established procedures for issuing, maintaining, and accounting for hazardous materials. There were no running inventories of hazardous materials located in the medical, maintenance, and laundry storage areas. GFCCC management staff took immediate action to address the lack of running inventories of hazardous materials in these areas. During this CI, the health unit developed and implemented an inventory system; however, maintenance personnel had not implemented an inventory system for the maintenance and laundry storage areas prior to completion of the CI.

The food service area was clean and orderly. Detainees are fed via a satellite system. Meals are prepared in the food service area and delivered to housing units on trays. All menus are certified by a registered dietitian. Religious and medically-prescribed meals are provided and properly documented.

An area of concern was identified relating to the release of detainee property when detainees depart from GFCCC. During the inspection, ODO observed ten detainees being processed for release. None of these detainees signed for their property as required by GFCCC policy. The NDS does not require an IGSA facility to obtain a signature from a detainee for receipt of property upon release; however, GFCCC policy does have this requirement. GFCCC is not adhering to its own internal policy.

ODO noted an area of concern related to the issuance of clothing to detainees. ODO confirmed GFCCC issues ICE detainees temperature-appropriate outerwear upon admission, but underwear, undershirts, and socks are not issued. These items are available for purchase through the commissary; they must be ordered individually and may take up to a week to be delivered. GFCCC makes no provision for indigent detainees. The NDS does not specify items to be issued to detainees housed in IGSA facilities; however, failure to provide clean undergarments is a major concern due to potential hygiene issues. GFCCC management stated they would work with the commissary to ensure orders for undergarments would be filled in a more expedient manner, though GFCCC does not plan to issue undergarments to detainees free of charge.

Medical care is well managed, and the clinic is adequately staffed. An RN performs a medical screening and a physical examination (PE) at intake. ODO reviewed 21 medical records and confirmed intake screenings and tuberculosis testing were conducted at arrival in all cases. The RNA provided proficiency statements signed by the contracted Clinical Medical Authority attesting that each RN had been trained and approved to perform the hands-on portion of a PE. In all 21 cases reviewed, ODO verified a PE had been conducted within the required 14-day timeframe, though none of the physicals had been signed by a physician as required by the National Commission on Correctional Health Care. ODO found the medical department did not maintain an inventory of sharps, syringes, needles, and scissors. During the inspection, an inventory system was created and implemented to account for medical instruments. During

interviews with ICE detainees and GFCCC supervisory staff, there were no complaints regarding the care and services provided by medical personnel.

ODO identified a best practice in the area of medical care. At GFCCC, correctional officers are responsible for distributing medications to detainees. The RNA, as governed by the North Dakota Board of Nursing, trains officers in proper procedures for medication administration in the correctional setting. Officers are certified by completing a comprehensive program that includes Correctional Medical Training I and II, homework, completion of Medication Administration Records (MAR), medication dispensation with supervision, and a final test. Officers complete the program after two months on the job and are re-certified every two years. ODO cites the GFCCC training program and GFCCC oversight of the performance of correctional officers as best practices.

ICE staff conducts scheduled and regular unannounced visits each week at GFCCC to address detainee concerns. These visits are documented on the ICE Facility Liaison Visit Checklist. No ERO visitation schedules are posted in the housing units. ODO found GFCCC has no process for documenting unannounced visits by ICE staff. Additionally, GFCCC does not document ICE staff visits of any type in the GFCCC visitor logbook. The Visitation NDS requires that facilities maintain a log of all general visitors. During this CI, the daily arrival and departure time for each ODO team member was not recorded. ODO verified detainees are able to submit written requests and questions to ICE and GFCCC staff. ODO confirmed request forms are available within the housing units, and responses to written requests are timely.

Detainees receive daily indoor recreation with access to fresh air and natural light, and have access to religious programs, telephones, and a law library. At admission, all detainees receive and sign for an ICE National Detention Handbook and a facility-specific handbook. Both handbooks are available in English and Spanish. Visitation is offered five days per week. All personal visits are conducted via a video link between the housing unit and the visitor's lounge. Personal visits are limited to 30 minutes.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards (NDS) or the ICE Performance Based National Detention Standards (PBNDS), as applicable. The NDS apply to GFCCC. In addition, ODO may focus its inspection based on detention management information provided by the ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at GFCCC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at GFCCC.

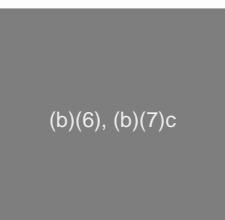
REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR Office of Detention Oversight.

INSPECTION TEAM MEMBERS



Special Agent (Team Leader)	ODO, Chicago
Special Agent	ODO, Houston
Special Agent	ODO, Houston
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the GFCCC Administrator, the GFCCC Captain, the AFOD, and the Supervisory Immigration Enforcement Officer (SIEA) assigned to the FOD/Saint Paul, Grand Forks Sub-Office. During the interviews, all personnel stated the working relationship between GFCCC and ICE is excellent, and morale is high.

The Administrator and Captain stated the staffing level at GFCCC is sufficient to handle the current ICE detainee population. The Administrator stated he is willing to increase the number of ICE detainees housed at the facility and to provide transportation services. The Captain stated he has seen ICE staff visiting ICE detainees in each of the housing units, communicating with them, and addressing their issues or concerns at least once a week.

The AFOD and the SIEA stated GFCCC staff is very accommodating and willing to work with ICE. The SIEA stated morale among ICE and facility staff is good; communication is open and occurs several times each week via facility visits, email, and telephone.

DETAINEE RELATIONS

ODO interviewed eight randomly selected detainees to assess the overall living and detention conditions at GFCCC. ODO received no complaints concerning access to legal materials, issuance and replenishment of hygiene supplies, sending and receiving mail, recreation, visitation, religious services, food service, or the grievance process. Detainees at GFCCC are not issued identity cards or wristbands. GFCCC management stated research is being conducted on the implementation of an identity wristband program. This program will differentiate ICE detainees from GFCCC inmates.

All detainees stated they received a facility-specific detainee handbook. Six detainees (75 percent) did not know the identity of their assigned Deportation Officer (DO). ODO found schedules for DO visits are not posted within the housing units. All detainees stated ICE officers visit their respective housing unit a minimum of one time each week. All detainees stated they had never been strip-searched at GFCCC. There were no complaints regarding the quality of medical services; however, all detainees stated the response time of medical staff is slow. ODO reviewed records and verified that response times were in accordance with the NDS.

Six detainees (75 percent) complained of a lack of undergarments. ODO confirmed GFCCC does not issue undershirts, underwear, or socks to inmates or detainees. Facility staff stated these items are available through the commissary, but delivery may take up to one week. No provisions are made for indigent detainees.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 NDS and found GFCCC fully compliant with the following four standards:

- Detainee Transfers
- Special Management Unit (Administrative)
- Special Management Unit (Disciplinary)
- Suicide Prevention and Intervention

As these standards were compliant at the time of the review, synopses for these areas were not prepared for this report.

ODO found deficiencies in the following 12 standards:

- Access to Legal Material
- Admission and Release
- Detainee Classification System
- Detainee Handbook
- Detainee Grievance Procedures
- Environmental Health and Safety
- Food Service
- Funds and Personal Property
- Medical Care
- Staff-Detainee Communication
- Telephone Access
- Use of Force

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

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material NDS at GFCCC to determine if the facility permits detainees access to a law library, and provides legal materials, facilities, equipment, document copying privileges, and the opportunity to prepare legal documents. ODO reviewed policies, procedures, and the detainee handbook; inspected the law library; and interviewed staff and detainees.

GFCCC maintains a dedicated space for the law library. This space is equipped with adequate furnishings, one computer, and equipment and supplies to support legal research and case preparation. ODO verified the computer contained current versions of LexisNexis and word processing software. Detainees are afforded up to five hours of law library access per week, and can print documents with the assistance of a staff member.

Upon admission, GFCCC provides detainees with an ICE National Detention Handbook and a facility-specific handbook. Both handbooks inform detainees about the availability of legal materials and the procedures for requesting law library access. The GFCCC handbook does not address procedures for requesting time in the law library beyond five-hours per week, procedures for requesting legal reference materials not maintained in the law library, or procedures for notifying an employee that library material is missing or damaged. The rules and procedures governing access to legal materials were not posted in the law library (**Deficiency ALM-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(Q)(1-6), the FOD must ensure 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.

ADMISSION AND RELEASE (A&R)

ODO reviewed the Admission and Release NDS at GFCCC to determine if the procedures followed in admitting and releasing detainees protect the health, safety, and welfare of each person. ODO also conducted the review to determine if, during the admissions process, detainees undergo screening for medical purposes; have their files reviewed for classification purposes; submit to a standard body search; and personally observe and certify the examination, categorization, inventorying, and safeguarding of all personal belongings. Finally, ODO conducted the review to determine if, during the release process, detainees return clothing, bedding, and other facility-issued items; participate in identity-verification procedures; and complete documents in accordance with facility procedures, including certifying receipt of all inventoried personal property, including funds and valuables. ODO reviewed policies and detention files, interviewed facility staff and detainees, and observed the admission and release process.

During the admission process, intake officers create an electronic detention file that is used during detainee classification interviews. Detailed medical screenings are conducted by an RN from the facility medical staff within the timeframe established by the NDS. GFCCC does not routinely conduct strip searches of detainees. Supervisor-approved strip searches are conducted only if there is reasonable suspicion that contraband is being concealed. The facility provides detainees with the ICE National Detainee Handbook and the facility-specific handbook, as well as a uniform, two blankets, a towel, and hygiene supplies. The facility does not have a site-specific orientation program (**Deficiency AR-1**), or an orientation video for ICE detainees (**Deficiency AR-2**). Having a site-specific orientation program and an orientation video informs detainees about facility rules, programs, and services.

ODO noted an area of concern relating to the issuance of clothing to detainees. ODO found, although GFCCC issues ICE detainees temperature-appropriate (outer) clothing upon admission, undergarments, to include underwear, undershirts, and socks, are not issued by the facility. These items are available for purchase through the commissary; however, the items must be ordered individually and may take up to one week to be delivered. GFCCC makes no provision for indigent detainees. Although the NDS does not specify items to be issued to detainees housed in IGSA facilities, this is a major concern due to potential hygiene issues. This was brought to the attention of GFCCC management during the inspection. GFCCC management stated they would work with the commissary to ensure orders for undergarments would be filled in a more expedient manner; however, there was no plan to issue undergarments free of charge to detainees.

On August 15, 2011, GFCCC converted its recordkeeping system for detention files from a paper system to an electronic system. ODO reviewed five detention files. Each file contained biographical information, the Alien File number, and the admission and release date. None of the files contained paperwork related to detainee classification, adverse behavior, special requests, complaints, or other information considered appropriate for the facility record (**Deficiency AR-3**). This documentation is essential to maintaining a complete record of the time a detainee is in custody.

GFCCC does not use Form I-387, Report of Detainee's Missing Property, for arriving detainees to claim property that has been lost or left behind. ODO requested records of claims for missing property filed by detainees during the 12 months prior to the CI. Both ICE and GFCCC staff stated there were missing property claims made during the 12 months prior to the CI; however, the claims were not documented due to the informal resolution of each case (**Deficiency AR-4**). ODO instructed staff that all missing property claims must be documented regardless of the circumstances. A form to report missing property allows a detainee to file a claim, and establishes a record that assists the detainee and the facility in better managing the claims process. Due to the lack of documentation, ODO had no means to verify the number of claims filed.

ODO observed GFCCC officers processing ten detainees for release. Staff returned funds and personal property to detainees, reclaimed facility-issued clothing and bedding, and closed files. None of the ten detainees were fingerprinted during the release process (**Deficiency AR-5**). A detainee fingerprint verifies the detainee's identity and ensures the release is authorized.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE NDS, Admission and Release, section (III)(A), the FOD must ensure every new arrival shall undergo screening interviews, complete questionnaires and other forms, attend the facility's site-specific orientation program, and comply with other admission procedures (issuance of clothing, towels, bedclothes, etc.).

DEFICIENCY AR-2

In accordance with the ICE NDS, Admission and Release, section (III)(A)(1), the FOD must ensure the orientation process supported by a video ([ICE]) 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.

DEFICIENCY AR-3

In accordance with the ICE NDS, Admission and Release, section (III)(A), the FOD must ensure staff will open a detainee detention file as part of the admissions process. This file will contain all paperwork generated by the detainee's stay at the facility.

DEFICIENCY AR-4

In accordance with the ICE NDS, Admission and Release, section (III)(I), the FOD must ensure the officer shall complete Form I-387, "Report of Detainee's Missing Property" when any newly arrived detainee claims his/her property has been lost or left behind. IGSA facilities shall forward the completed I-387s to [ICE].

DEFICIENCY AR-5

In accordance with the ICE NDS, Admission and Release, section (III)(J), the FOD must ensure 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. [ICE] will approve the IGSA release procedures.

NOTE: Under section (III) of this standard, the letter J occurs twice. This citation refers to the second letter J.

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System NDS at to determine if the facility implements the NDS-provided Detainee Classification System. ODO also conducted the review to determine if the facility's systems, established locally, have classification criteria that are objective, and all procedures meet ICE requirements. Finally, ODO conducted the review to determine if the classification system ensures each detained alien is placed in the appropriate category and physically separated from detainees in other categories. ODO interviewed GFCCC and ICE staff, reviewed policies and ICE detainee detention files, and observed the classification process at GFCCC.

A written facility policy is used to classify inmates and ICE detainees upon admittance to GFCCC. All GFCCC officers are trained in the classification system. During classification, GFCCC intake officers conduct National Crime Information Center (NCIC) database queries for warrants. If an outstanding warrant exists, ICE is notified. Original detainee assessments and classification paperwork are not entered into the electronic detention file (**Deficiency DCS-1**). Placing assessment and classification documentation into the detention file is essential to maintaining a complete record, and makes historical classification information available for future reference if reclassification is necessary.

ODO reviewed five detention files. None of the files had been reviewed or approved by a first-line supervisor (**Deficiency DCS-2**). Supervisory reviews provide assurance that each detainee has received the appropriate classification prior to being given a housing assignment.

Interviews with GFCCC and ICE staff verified ICE detainees are not classified by ICE prior to arrival at GFCCC. ICE relies on GFCCC to classify detainees; however, review of the GFCCC classification process confirmed information necessary to assist with classification is not provided by ICE (**Deficiency DCS-3**). Necessary information may include supporting documentation, such as charging documents, Form I-213 (Record of Deportable / Inadmissible Alien), conviction documents, or criminal history records. This information identifies detainees with a history of violence and prevents commingling of Level 3 detainees with Level 1 detainees, which protects detainees, staff, and visitors.

During the inspection, ODO informed ICE staff of the lack of documentation provided to GFCCC for classification purposes. ICE staff took immediate action and provided GFCCC with the necessary documentation to reclassify all detainees currently housed at GFCCC. A total of 21 male detainees were reclassified and moved to appropriate housing units. Nine detainees were reclassified to Level 3, six detainees were reclassified to Level 2, and six detainees remained classified at Level 1.

The GFCCC detainee handbook provides detainees with instructions on how to request reclassification; however, GFCCC does not have a written policy that provides staff with a clear, comprehensive understanding of rules, policies, and procedures relating to reclassification requests, which can occur at any time (**Deficiency DCS-4**).

GFCCC does not have a procedure allowing new arrivals to appeal their classification levels (**Deficiency DCS-5**). An appeals process that provides a detainee the opportunity to revisit an inappropriate classification level promotes a safer environment for detainees that have been incorrectly classified at a higher level than necessary.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System, section (III)(B), the FOD must ensure the officer will place all original paperwork relating to the detainee's assessment and classification in his/her A-file (right side), with a copy placed in the detention file.

DEFICIENCY DCS-2

In accordance with the ICE NDS, Detainee Classification System, section (III)(C)(1-3), the FOD must ensure, in all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit. In addition, the reviewing officer will recommend changes in classification due to:

1. incidents while in custody;
2. a classification appeal by a detainee or recognized representative (see below); or
3. specific, articulable facts that surface after the detainee's in-processing.

DEFICIENCY DCS-3

In accordance with the ICE NDS, Detainee Classification System, section (III)(D), the FOD must ensure [ICE] offices shall provide non-[ICE] facilities with the necessary information for the facility to classify [ICE] detainees. Because [ICE] selectively releases material from the detainee's record to persons who are not [ICE] employees (e.g., CDF or IGSA facility personnel), non-[ICE] officers must rely on the judgment of the [ICE] staff who select material from the files for facility use.

DEFICIENCY DCS-4

In accordance with the ICE NDS, Detainee Classification System, section (III)(G), the FOD must ensure all facility classification systems shall ensure that a detainee may be reclassified any time and the classification level redetermined.

DEFICIENCY DCS-5

In accordance with the ICE NDS, Detainee Classification System, section (III)(H), the FOD must ensure all facility classification systems shall include procedures by which new arrivals can appeal their classification levels.

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedures NDS at GFCCC to determine if the facility developed and implemented standard operating procedures (SOP) that address detainee grievances. ODO also conducted the review to determine if, among other things, the SOP establishes a reasonable time limit for: (i) processing, investigating, and responding to grievances; (ii) convening a grievance committee to review formal complaints; and (iii) providing written responses to detainees who filed formal grievances, including the basis for the decision; as well as to determine if the SOP also prescribes procedures applicable to emergency grievances. Finally, ODO conducted the review to determine if all grievances receive supervisory review, and include guarantees against reprisal. ODO interviewed staff and detainees, and reviewed policies, the facility-specific handbook, and detainee grievances.

ICE detainees are afforded the opportunity to file informal and formal grievances, and to appeal decisions. Forms for filing grievances are available within housing units. GFCCC uses the general Inmate Request Form as the method for filing grievances. GFCCC staff attempt to resolve detainee grievances and complaints at the lowest level possible. Detainees are free to bypass or terminate the informal grievance process and proceed directly to filing a formal grievance. GFCCC staff accepts oral grievances. The results of oral grievances made to staff members are not documented, and copies of the staff members' reports are not placed in the detainees' detention files (**Deficiency DGP-1**).

There is no procedure for identifying and handling emergency grievances (**Deficiency DGP-2**). Emergency grievance procedures provide staff with clear instruction on how to handle issues requiring urgent attention.

Upon resolution of a written grievance, both informal and formal, the grievance form is filed in a general file containing all facility Inmate Request Forms. GFCCC does not maintain a separate grievance log (**Deficiency DGP-3**), and copies of grievances are not placed or maintained in the detainees' detention files (**Deficiency DGP-4**). Due to the lack of an organized grievance file or a grievance log, ODO was unable to conduct a comprehensive review or perform a quantitative analysis of detainee grievances.

During this CI, a separate grievance form was formulated specifically for ICE detainees and distributed to the housing units. A filing system was created to maintain ICE detainee grievances separate from the Inmate Request Form file. GFCCC management instituted an ICE detainee grievance log.

The facility-specific handbook does not provide notice of the opportunity to file informal and formal grievances, or the procedures for filing grievances and appeals. The handbook also omits information regarding assistance in preparing a grievance, and procedures for contacting ICE to appeal the decision of the Officer in Charge or the Facility Administrator (**Deficiency DGP-5**). The Administrator stated a facility committee will be formed to revise and update the handbook to comply with the NDS.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(A)(1), the FOD must ensure the detainee is free to bypass or terminate the informal grievance process, and proceed directly to the formal grievance stage. If an oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome; however the staff member will document the results for the record and place his/her report in the detainee's detention file.

DEFICIENCY DGP-2

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(B), the FOD must ensure each facility shall implement procedures for identifying and handling an emergency grievance. An emergency grievance involves an immediate threat to a detainee's safety or welfare. Once the receiving staff member approached by a detainee determines that he/she is in fact raising an issue requiring urgent attention, emergency grievance procedures will apply.

DEFICIENCY DGP-3

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(E), the FOD must ensure each facility will devise a method for documenting detainee grievances. At a minimum, the facility will maintain a Detainee Grievance Log.

DEFICIENCY DGP-4

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(E), the FOD must ensure a copy of the grievance will remain in the detainee's detention file for at least three years. The facility will maintain that record for a minimum of three years and subsequently, until the detainee leaves [ICE] custody.

DEFICIENCY DGP-5

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(G)(1-4), the FOD must ensure the facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following:

1. The opportunity to file a grievance, both informal and formal.
2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance.
3. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved. The level above the CDF-OIC is the [ICE]-OIC.
4. The procedures for contacting [ICE] to appeal the decision of the OIC of a CDF or an IGSA facility.

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook NDS at GFCCC to determine if the Officer in Charge developed a site-specific detainee handbook to serve as an overview of, and guide to, the detention policies, rules, and procedures in effect at the facility. ODO also conducted the review to determine if the handbook describes the services, programs, and opportunities available through various sources, including the facility, ICE, private organizations, etc. ODO reviewed the standard to determine if every detainee receives a copy of this handbook upon admission to the facility. Detainees are expected to behave in accordance with the rules set down in the handbook, and will be held accountable for violations; therefore, ODO conducted the review to determine if facility staff advise every detainee to become familiar with the material in the handbook. ODO interviewed staff and detainees, and reviewed the facility handbook.

Detainees receive the ICE National Detention Handbook and a GFCCC facility-specific handbook upon admittance. Handbooks are available in both English and Spanish. Detainees must sign to acknowledge receipt and affirm responsibility to turn the handbook in to GFCCC staff upon release or transfer from GFCCC.

The facility-specific handbook informs detainees about the programs and services GFCCC offers, and provides information concerning contraband, prohibited acts, sanctions resulting from misconduct, grievance and appeal processes, correspondence and mail, access to legal materials, telephone access, recreation, and visitation. The last revision of the English version of the handbook occurred on March 3, 2011. The Spanish version was last revised on July 1, 2009 (**Deficiency DH-1**). GFCCC staff stated a revision of the Spanish version of the detainee handbook was not conducted at the time of the English revision due to not having a Spanish speaking employee on staff to translate the material. ODO informed the Administrator of this finding, who stated a committee would be formed to update and address revisions to both the English and Spanish handbooks.

Other omissions from the handbook are reported as **Deficiencies ALM-1, DGP-5, and SDC-5**.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE NDS, Detainee Handbook, section (III)(I), the FOD must ensure an appointed committee will conduct annual reviews of the handbook, after the annual reviews and revisions by facility department heads and the OIC.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety NDS at GFCCC to determine if the facility established a hazardous materials program for the control, handling, storage, and use of flammable, toxic, and caustic materials. This program is meant to protect detainees, staff, and visitors, preventing breaches in safety and security. Among other things, ODO conducted the review to determine if the facility includes the identification and labeling of hazardous materials, in accordance with applicable regulations, standards, and codes (Occupational Safety and Health Administration (OSHA), National Fire Protection Association, etc.); and provides warnings of incompatible materials, etc. ODO toured the facility, interviewed staff, and reviewed procedures and documentation of inspections, hazardous chemical management, and fire drills.

ODO observed facility sanitation to be satisfactory. Reports for water quality testing and pest control were current and readily available. Facility policy does not establish procedures for issuing, maintaining inventories, or accounting for hazardous materials (**Deficiency EH&S-1**). ODO discovered running inventories of hazardous materials were not maintained in the medical, maintenance, or laundry storage areas (**Deficiency EH&S-2**). Maintaining strict accountability of all hazardous substances protects detainees, staff, and visitors.

Material Safety Data Sheets (MSDS) are kept in a master file and throughout the facility, but there is no master index of all hazardous substances at GFCCC (**Deficiency EH&S-3**). In the event of an emergency, a master index assures responders can quickly identify the quantity, locations, and types of hazardous substances throughout the facility.

Facility policy and the NDS require all flammable or toxic chemicals be stored in secured areas. The facility policy also requires toxic or flammable supplies to be returned to locked storage closets or supply rooms immediately after use. ODO observed bleach, powdered cleanser, and other concentrated cleaning substances in unsecured storage. ODO observed paint cans and spray paint stored on an open shelf in the maintenance area, and aerosol cans of flammable cooking spray unsecured in the food service area (**Deficiency EH&S-4**).

Exit diagrams are not posted in the main hallway and were found in only two of five housing units (**Deficiency EH&S-5**). Monthly fire drills are conducted in the housing units, but are not conducted in the food service, medical, or administration areas (**Deficiency EH&S-6**). Emergency keys are not tested as part of fire drills, and emergency exit doors are not unlocked during fire drills (**Deficiency EH&S-7**). Verifying the operability of emergency keys assures expeditious egress in the event of an emergency necessitating evacuation.

Due to limited space, GFCCC does not have a dedicated barbershop. Barbering occurs in housing unit dayrooms that lack lavatories, as well as hot and cold running water (**Deficiency EH&S-8**). ODO verified barbering tools are sanitized with disinfectant solution between uses; however, sanitation regulations are not available in housing units and are not posted in the dayrooms (**Deficiency EH&S-9**). Postings serve to remind detainees of sanitation requirements.

An inventory of medical instruments such as sharps, syringes, needles, and scissors was not maintained in the medical area (**Deficiency EH&S-10**). These items pose significant safety and

security risk, so strict accountability is critical. GFCCC management instituted an inventory system prior to completion of the CI.

GFCCC management stated the facility emergency power generator is automatically programmed to run a test cycle every other Monday. Documentation from the service contractor verified the tests are run every other week, but records of each test are not generated. ODO recommends GFCCC management produce documentation to substantiate compliance with the standard.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENCT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III), the FOD must ensure every facility shall establish a system for storing, issuing, and maintaining inventories of and accountability for hazardous materials.

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent).

DEFICIENCY EH&S-3

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(C), the FOD must ensure the Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent) with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file. The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

DEFICIENCY EH&S-4

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(G)(1), the FOD must ensure all toxic and caustic materials shall be stored in secure areas, in their original containers, with the manufacturer's label intact on each container.

DEFICIENCY EH&S-5

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(3)(h), the FOD must ensure every institution will develop a fire prevention, control, and evacuation plan to include, among other thing [sic], the following: Conspicuously posted exit diagram conspicuously posted for and in each area.

DEFICIENCY EH&S-6

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4), the FOD must ensure monthly fire drills will be conducted and documented separately in each department.

DEFICIENCY EH&S-7

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4)(c), the FOD must ensure emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.

DEFICIENCY EH&S-8

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1), the FOD must ensure the operation [Barbershop] will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.

DEFICIENCY EH&S-9

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(4), the FOD must ensure each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees.

DEFICIENCY EH&S-10

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(Q)(1), the FOD must ensure an inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.

FOOD SERVICE (FS)

ODO reviewed the Food Service NDS at GFCCC to determine if detainees are provided with nutritious, attractively presented meals, prepared in a sanitary manner, and if the facility identifies, develops, and manages resources to meet the operational needs of the food service program. ODO reviewed available documentation, interviewed staff, inspected the food service area, and observed meal preparation and service.

All work associated with preparing meals is performed by contractor CBM Managed Services. No ICE detainees work in the food service area. The facility has a satellite feeding operation involving preparation of meals in the central kitchen and delivery to housing units on trays. ODO verified all menus are certified by a registered dietitian, and religious and medically prescribed meals are provided and properly documented. Required temperature logs were current. The temperature of food served during a monitored noon meal was within the required range. Knives are kept in a double-locked storage locker, signed in and out by food service staff, and tethered to a work table when in use. Sanitation of the kitchen area was acceptable. ODO verified the local health department inspects the food service operation semi-annually.

The facility has not provided training for contract food service employees in custody matters or the ICE detention standards (**Deficiency FS-1**). During the close-out briefing, GFCCC management stated food service staff would receive training the week following the CI. Documentation of pre-employment medical examinations was available for the inmate workers, but not for CBM Managed Services staff (**Deficiency FS-2**). Medical clearance of personnel working in food service operations serves the critical purpose of preventing transmission of communicable diseases. GFCCC management stated medical examinations will be performed on CBM Managed Services staff as soon as arrangements can be made.

Within the food service and preparation area, the door to a room designated as the chemical storage area did not have a lock and could not be secured (**Deficiency FS-3**). This is a serious safety concern. Inmate workers assigned to food services can access chemicals, which could potentially contaminate food, causing harm to staff, inmates, and detainees. ODO informed GFCCC management of the situation. GFCCC management immediately secured the room, and a locking device was ordered for installation.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(B)(1), the FOD must ensure the facility training officer will devise and provide appropriate training to all food service personnel in detainee custodial issues. Among other things, this training will cover [ICE]'s detention standards.

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(H)(3)(a), the FOD must ensure all food service personnel (both staff and detainee) shall receive a pre-employment medical

examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition.

DEFICIENCY FS-3

In accordance with the ICE NDS, Food Service, section (III)(H)(11)(c)(1), the FOD must ensure all toxic, flammable, and caustic materials shall be segregated from food products and stored in a locked and labeled cabinet or room. Cleaning and sanitizing compounds shall be stored apart from food products.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property NDS at GFCCC to determine if the facility provides for the control and safeguarding of detainees' personal property, including the secure storage of funds, valuables, baggage, and other personnel property; a procedure for documentation and receipting of surrendered property; and the initial and regularly scheduled inventories of all funds, valuables, and other property. ODO reviewed policies and detention files, interviewed facility staff, and observed the processing of funds and personal property.

GFCCC funds and personal property policy and procedures provide for the accounting, inventory, and safeguarding of detainee property from admission to release. ODO verified funds and valuables currently held were properly inventoried, logged by supervisory staff, and stored in a secured area. GFCCC has a commissary, and detainees and family members can deposit money into detainee accounts. GFCCC does not have written procedures for auditing detainee funds, valuables, and personal property (**Deficiency F&PP-1**). Written procedures for auditing personal property facilitate appropriate safeguards. GFCCC does have written procedures for the return of funds, valuables, and personal property to detainees being transferred or released.

ODO identified an area of concern relating to the release of detainee property when detainees are being released from GFCCC. During the inspection, ODO observed ten detainees being processed for release. None of these detainees signed for their property as required by GFCCC policy. While the NDS does not specifically require that an IGSA receive a signature from detainees for receipt of property upon release, GFCCC policy does. GFCCC is not complying with its own internal policy.

GFCCC does not have a written policy or procedure for detainee property that is reported missing or damaged (**Deficiency F&PP-2**). Having written procedures that provide guidance to staff on how to deal with detainee property reported missing or damaged facilitates consistent processing of detainee claims.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE NDS, Funds and Personal Property, section (III)(F), the FOD must ensure each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property.

DEFICIENCY F&PP-2

In accordance with the ICE NDS, Funds and Personal Property, section (III)(H)(1-7), the FOD must ensure each facility shall have a written policy and procedures for detainee property reported missing or damaged. All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly received detainee property, as follows:

1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard;
2. Supervisory staff will conduct the investigation;

3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;
4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim;
5. The [sic] will promptly reimburse detainees for all validated property losses caused by facility negligence;
6. The [sic] will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
7. The senior contract officer will immediately notify the designated [ICE] officer of all claims and outcomes.

MEDICAL CARE (MC)

ODO reviewed the Medical Care NDS at GFCCC to determine if all detainees have access to medical services that promote detainee health and general well-being. ODO also conducted the review to determine if the medical facility strives for accreditation with the Joint Commission on the Accreditation of Health Care Organizations. ODO toured the medical clinic, reviewed policies and procedures, examined medical records, verified medical staff credentials, inspected staff clinical files, and interviewed staff.

The clinic is operated by the City of Grand Forks Public Health Services and holds no accreditations. ODO verified staffing is sufficient to meet detainee needs. Staffing consists of (b)(7)e Physicians, one of whom serves as the Clinical Medical Authority, (b)(7)n RNA, (b)(7)e staff RNs, and (b)(7) Administrative Medical Technician. Dental care is provided by a Dentist from the local community who visits the facility once a month. Emergency consultant and mental health services are available at Altru Hospital approximately two miles from the facility. On-call services after hours are provided by an RN or a Physician.

Intake medical screenings and tuberculosis (TB) testing are performed by an RN. A review of 21 detainee medical records verified intake screenings and TB testings were conducted upon arrival in each case. PEs are conducted by an RN who has been trained by the Physician to perform this function. ODO verified each of the 21 detainee records reviewed contained requisite PE documentation, and each detainee received a PE within the required 14-day timeframe; however, in each case, a Physician had not reviewed or signed the PE (**Deficiency MC-1**). The RNA stated, going forward, every PE would be reviewed and signed by a Physician. All other requirements of the NDS and Immigration Health Service Corps Performance Improvement criteria were met.

Detainees access health care services by completing sick call request slips available within the housing units and during daily medication distribution. The requests are turned in to correctional officers, who forward them to medical (**Deficiency MC-2**). This process creates the potential for impeding access to medical care and violates patient confidentiality by allowing correctional officers access to medical information documented on the request forms. ODO recommends placing secure lock boxes in housing areas accessible only by medical staff.

GFCCC correctional officers are responsible for distributing medications to detainees. The RNA, as governed by the North Dakota Board of Nursing, trains officers in proper procedures for medication administration in the correctional setting. ODO verified officers are certified by completing a comprehensive program that includes Correctional Medical Training I and II as the didactic component, along with homework, completion of Medication Administration Records (MAR), dispensation of medication with supervision, and a final test. Officers complete the program after two months on the job and are re-certified every two years.

Review of MARs confirmed officers properly document medication distribution. In one case where medication was given one hour late, the officer was counseled and re-trained by the

RNA. ODO cites the GFCCC training program and GFCCC oversight of the performance of correctional officers as best practices.

ODO notes one area of concern. The sick call request form used by all GFCCC prisoners includes a statement indicating that submission of the form constitutes agreement to pay a visit fee. The form states "All inmates are responsible for their medical care costs not covered by insurance or detaining entity, including medications." GFCCC does not charge ICE detainees for medical services; however, reference to a fee on the sick call form may dissuade detainees from requesting necessary health care. ODO recommends stating on the form that detainees will not be charged for medical services.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure health appraisals will be performed according to NCCHC [National Commission on Correctional Health Care] and JCAHO [Joint Commission on Accreditation of Healthcare Organizations] standards. NCCHC standard J-E-04 states the hands-on portion of the health assessment may be performed by an RN only when the nurse completes appropriate training that is approved by the responsible physician. All findings must be reviewed by a physician when the RN completes the physical.

DEFICIENCY MC-2

In accordance with the ICE NDS, Medical Care, section (III)(M), the FOD must ensure all medical providers shall protect the privacy of detainees' medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well-being of detainees.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication NDS at GFCCC to determine if procedures are in place to allow formal and informal contact between key facility staff and ICE staff and ICE detainees, to permit detainees to make written requests to ICE staff and receive an answer in an acceptable time frame. ODO interviewed staff and detainees, and reviewed policies, request logs, detention files, and the GFCCC detainee handbook.

ICE staff conducts scheduled and unannounced visits each week at GFCCC. A scheduled visit is conducted each Friday to complete the ICE Facility Liaison Visit Checklist, monitor living conditions, and visit with detainees. Unannounced visits occur at least one time each week to allow for informal communication between staff and detainees. GFCCC has no process for documenting unannounced visits by ICE staff (**Deficiency SDC-1**).

ODO observed written ICE visitation schedules are not conspicuously posted in detainee living areas (**Deficiency SDC-2**). It is important that a visitation schedule for ICE staff is conspicuously posted in detainee housing units, so detainees can be made aware of the opportunity to ask questions or directly address ICE staff.

Request forms are available within the housing units. Detainees use these forms to submit written questions, requests, and concerns to ICE staff. The requests are collected by facility staff and provided to ICE in a timely manner. ODO reviewed a copy of the ICE detainee request log and verified responses to written requests are timely. ODO found GFCCC does not have written procedures regarding the routing of detainee requests to ICE (**Deficiency SDC-3**). Written procedures regarding the routing of ICE detainee requests educates GFCCC staff regarding the routing process, and contributes to proper processing of requests. GFCCC does not document the requests in a logbook. GFCCC staff stated copies of detainee requests are not maintained in detention files (**Deficiency SDC-4**). Maintaining a record of the requests allows GFCCC management to accurately monitor the request process.

A review of the GFCCC handbook does not provide guidance to detainees on submitting written questions, requests, and concerns directly to ICE (**Deficiency SDC-5**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(1), the FOD must ensure each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSAs.

DEFICIENCY SDC-2

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(2)(b), the FOD must ensure the ICE Field Office Director shall devise a written schedule and procedure for weekly detainee visits by District ICE detention and deportation staff. The ICE officer will also visit the facility's Special Management Unit to interview any ICE detainees housed there, monitor housing conditions, review detainees' classification and basis for placement in the SMU,

and review all records in this regard. Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access.

DEFICIENCY SDC-3

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B), the FOD must ensure all detainees shall have the opportunity to submit written questions, requests, or concerns to ICE staff using the attached detainee request form, local IGSA form or a sheet of paper. The OIC must ensure that adequate supplies of detainee requests and writing implements are available. All facilities that house ICE detainees must have written procedures to route detainee requests to the appropriate ICE official.

DEFICIENCY SDC-4

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2)(a-g), the FOD must ensure all requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain:

- a. The date the detainee request was received;
- b. Detainee's name;
- c. A-number;
- d. Nationality;
- e. Officer logging the request;
- f. The date that the request, with staff response and action, is returned to the detainee; and
- g. Any other site-specific pertinent information.

In IGSAs, the date the request was forwarded to ICE and the date it was returned shall also be recorded. All completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years.

DEFICIENCY SDC-5

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(3), the FOD must ensure the facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request.

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access NDS at GFCCC to determine if the facility permits them to have reasonable and equitable access to telephones. ODO interviewed facility staff and detainees, and conducted functionality tests of telephones in detainee housing units.

ODO verified detainees have reasonable and equitable access to telephones at GFCCC. An operability check of the telephones in detainee housing units was conducted, and all telephones were in good working order. The detainee handbook provides information on telephone access; however, access rules were not posted in the housing units (**Deficiency TA-1**).

GFCCC does not have a written policy addressing the monitoring of detainee telephone calls. The detainee handbook notifies detainees that calls are subject to monitoring, and similar notices are placed near the telephones. If detainees wish to make an unmonitored telephone call to a legal representative, they can do so by making the request through the housing unit officer, who will take the detainee to a private room to make the telephone call. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purpose of obtaining legal representation, is not posted in the housing units (**Deficiency TA-2**). It is important that these notifications are posted to ensure attorney-client privilege is given the appropriate accommodation.

STANDARD/POLICY REQUIREMENT FOR DEFICIENCY FINDINGS

DEFICIENCY TA-1

In accordance with the ICE NDS, Telephone Access, section (III)(B), the FOD must ensure, as described in the “General Provisions” standard, the facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them.

DEFICIENCY TA-2

In accordance with the ICE NDS, Telephone Access, section (III)(K)(1-2), the FOD must ensure the facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating: 1. that detainee calls are subject to monitoring; and 2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.

A detainee’s call to a court, a legal representative, or for the purposes of obtaining legal representation will not be aurally monitored absent a court order. The OIC retains the discretion to have other calls monitored for security purposes.

USE OF FORCE (UOF)

ODO reviewed the Use of Force NDS at GFCCC to determine if necessary use of force is utilized only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility. ODO toured the facility, inspected equipment, and reviewed the local policies, use of force files, training records, and other pertinent documentation.

GFCCC has a written policy governing the use of force. The facility has four-point restraints and X26 and M26 Tasers, but there has never been an instance involving the use of four-point restraints or Tasers on an ICE detainee. ODO verified each of the(b)(7) staff members authorized to carry a Taser is trained in its proper use and deployment.

ODO was informed there were no use of force incidents of any type involving ICE detainees within the 12 months preceding the CI. ODO inventory of GFCCC use-of-force team protective gear found jumpsuits and gloves are not available (**Deficiency UOF-1**). Use of these items can prevent injury to staff members and limit exposure to communicable diseases.

ODO confirmed after-action reviews of use of force incidents are conducted routinely; however, GFCCC policy does not address or provide written procedures for conducting after-action reviews (**Deficiency UOF-2**). After-action reviews provide critical analysis to determine if the force used was necessary, appropriate, and in compliance with policy. Written procedures assist with the completion of reviews consistent with established guidelines.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(A)(4)(a), the FOD must ensure, when a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply. The team technique usually involves five or more trained staff members clothed in protective gear, including helmet with face shield, jumpsuit, flack-vest or knife-resistant vest, gloves, and forearm protections. Team members enter the detainee's area together, with coordinated responsibility for achieving immediate control of the detainee.

DEFICIENCY UOF-2

In accordance with the ICE NDS, Use of Force, section (III)(K), the FOD must ensure written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after [ICE]. [ICE] shall review and approve all After Action Review procedures.