



U.S. Department of Homeland Security

Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight
Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Los Angeles Field Office
Mira Loma Detention Center
Lancaster, California**

January 10 - 12, 2012

~~FOR INTERNAL USE ONLY. This document may contain sensitive commercial, financial, law enforcement, management, and employee information. It has been written for the express use of the Department of Homeland Security to identify and correct management and operational deficiencies. In reference to ICE Policy 17006.1, issued 09/22/05, any disclosure, dissemination, or reproduction of this document, or any segments thereof, is prohibited without the approval of the Assistant Director, Office of Professional Responsibility.~~

**COMPLIANCE INSPECTION
MIRA LOMA DETENTION CENTER
LOS ANGELES FIELD OFFICE**

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INSPECTION PROCESS	
Report Organization	6
Inspection Team Members.....	6
OPERATIONAL ENVIRONMENT	
Internal Relations	7
Detainee Relations.....	7
ICE NATIONAL DETENTION STANDARDS	
Detention Standards Reviewed	9
Access to Legal Material	10
Detainee Classification System.....	11
Detainee Grievance Procedure.....	12
Detainee Transfer	14
Disciplinary Policy	16
Environmental Health and Safety.....	17
Food Service.....	20
Medical Care	23
Staff-Detainee Communication.....	25
Use of Force	28

EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO), conducted a Compliance Inspection (CI) of the Mira Loma Detention Center (MLDC) in Lancaster, California, on January 10-12, 2012. ICE houses detainees at MLDC under an Intergovernmental Service Agreement (IGSA) between ICE and the Los Angeles County Sheriff's Department (LASD). MLDC is owned by the County of Los Angeles and managed by the LASD. The facility is authorized to house adult male ICE detainees of all security classification levels for periods in excess of 72 hours. MLDC has a total capacity of 1,400, dedicated entirely to ICE detainees. At the time of the inspection, 604 detainees were housed at MLDC. There were 98 Level 1 detainees (lowest threat), 452 Level 2 detainees (medium threat), and 54 Level 3 detainees (highest threat); the majority of the detainees are citizens or nationals of Mexico. LASD provides health care and food services. MLDC holds no accreditations.

The Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO), Los Angeles, California Field Office Director (FOD/Los Angeles) is responsible for ensuring MLDC is in compliance with ICE policies and the ICE National Detention Standards (NDS). ICE personnel at MLDC include an Assistant Field Office Director (AFOD), (b)(7)e Supervisory Detention and Deportation Officers (SDDO), and (b)(7)e Supervisory Immigration Enforcement Agent (SIEA), who manage a permanently-assigned staff of (b)(7)e full-time ICE employees and (b)(7)e ICE Contract Officers employed by Spectrum Security Services. LASD employs (b)(7)e full-time staff at MLDC.

The facility property is approximately 50 acres and has its own water tower and steam plant. There are 18 barracks: 16 can house 68 detainees each, and two worker barracks have a capacity of 156 detainees each. A segregation unit holds a maximum of 34 detainees. MLDC averages 500 visitors a weekend. Attorney visits are authorized seven days a week.

MLDC is under contract to receive a rate of \$154.08 per detainee, with a guarantee of a minimum of 800 detainees. The rate is reduced to \$97.35 per detainee when the population reaches or exceeds 1,300. ICE ERO field management recommended an audit by the DHS Office of Inspector General to determine whether ICE is receiving sufficient value for the rate charged under the current contract, especially when compared with facilities in the same area.

In May 2010, ODO conducted a Quality Assurance Review (QAR) of the ICE NDS at MLDC. During that inspection, ODO recorded 67 deficiencies in 21 of the 32 standards reviewed.

In September 2011, the ERO Detention Standards Compliance Unit contractors, MGT of America, Inc. (MGT) conducted an annual review of the ICE NDS at MLDC. MGT auditors rated the facility "Acceptable," and determined compliance with 36 of the 38 NDS reviewed. Two of the standards were not applicable.

ODO reviewed 16 NDS during this CI. Creative Corrections, a national consulting firm contracted by ICE to provide subject matter expertise on detention management issues, assisted with analysis of the deficiencies noted in the 2010 QAR and the September 2011 ERO annual inspection to best determine relevant standards for this inspection. MLDC was confirmed to be

in full compliance with six of the 16 NDS reviewed: Admission and Release, Detainee Handbook, Special Management Units (Administrative and Disciplinary), Suicide Prevention and Intervention, Telephone Access, and Tool Control. ODO recorded 41 deficiencies in the remaining 10 standards: Access to Legal Material (1 deficiency); Detainee Classification System (3); Detainee Grievance Procedures (2); Detainee Transfers (4); Disciplinary Policy (1); Environmental Health and Safety (5); Food Service (13); Medical Care (1); Staff-Detainee Communication (6); and Use of Force (5).

MLDC has been under contract to INS and then ICE since 1997. Although the 41 deficiencies reported during this CI were fewer than the 67 deficiencies reported during the May 2010 QAR, the high number of deficiencies contrasts with comparable detention facilities housing ICE detainees during the same period. Facilities previously inspected by ODO with similar time in service and population size have demonstrated significantly better compliance progress. For example, ODO conducted a QAR of the Northwest Detention Center (NWDC) in Tacoma, Washington, in March 2010. ODO cited 49 deficiencies in 28 of the 41 Performance Based National Detention Standards (PBNDS) inspected. In January 2011, ODO performed a Follow-Up Inspection at NWDC that reported only five recurring deficiencies in four PBNDS. ODO conducted a CI of NWDC during the same period as this CI at MLDC. The CI at NWDC verified full compliance with 13 of 15 PBNDS reviewed, and found two deficiencies in the remaining two standards. Improving conditions of confinement at detention facilities is the core objective of the ODO and ICE mission, measured by continued improvement noted during regular inspections. NWDC clearly demonstrates these expected improvements, while MLDC continues to have a high number of deficiencies despite previous ODO inspections.

Prior to receiving a security classification, detainees at MLDC are housed in two barracks fenced off from the remaining detainee population. After classification, detainees are moved into the appropriate general population. LASD staff stated when detainees arrive at the facility after hours on Friday, they are held in the in-processing barracks until Monday when LASD staff returns to work. As a result, it is possible for multiple, unclassified detainees to spend an entire weekend together. The failure to promptly classify detainees can result in commingling detainees with incompatible security levels. This presents a threat to detainee safety, and does not comply with the NDS.

During a walk-through, ODO observed there were no LASD officers present in a designated Level 3 housing unit. Level 3 detainees represent the highest security risk due to criminal history and/or propensity for violence, so this matter raised serious safety concerns. Additionally, ODO observed unsupervised Level 3 detainees traversing common areas and interacting with Level 1 detainees. During the Closeout Briefing, ODO discussed these observations and raised these concerns with LASD and ICE management as potential life/safety issues in need of immediate attention.

According to the ICE Staff-Detainee Communication NDS, the procedure for submitting requests is not to be used for submitting formal grievances. Detainees at MLDC use the same LASD form titled "Inmate Complaint/Services Request Form" to submit both requests and formal grievances to LASD staff. An LASD Sergeant stated that LASD personnel initially review the form. LASD officials then decide if the matter should be handled as a request or

processed as a formal grievance. This procedure can lead to disputes. Currently, an LASD Officer assigned to MLDC is under investigation by LASD Internal Affairs for allegedly throwing away detainee grievances rather than taking appropriate action in compliance with the NDS. ERO employs a process similar to LASD for deciding if matters should be handled as a request or a formal grievance. ERO staff stated detainees use an ICE request form for submitting formal grievances because ERO does not provide dedicated grievance forms to detainees. An SDDO stated an ICE officer reviews ICE request forms to determine whether matters will be handled as requests or grievances. Due to discrepancies in these processes, ODO could not verify grievance statistics provided for 2011.

The facility maintains an electronic grievance log to document and track formal grievances filed by detainees. According to the grievance log, during calendar year 2011, LASD received and processed 150 formal grievances from detainees housed at MLDC. Of the 150 formal grievances, 58 (39 percent) pertained to complaints against staff, 16 (11 percent) pertained to disciplinary matters, 12 (8 percent) pertained to personal property, 10 (7 percent) pertained to policy and procedures, five (3 percent) pertained to mail, five (3 percent) pertained to work assignments, five (3 percent) pertained to clothing and hygiene issues, four (3 percent) pertained to housing and classification matters, three (2 percent) pertained to money and inmate accounts, three (2 percent) pertained to meals and food service, two (1 percent) pertained to mental health services, two (1 percent) pertained to detainee programs, and two (1 percent) pertained to facility conditions and sanitation issues. The remaining 23 grievances (16 percent) were complaints related to miscellaneous topics. As stated previously, due to an LASD Officer allegedly throwing away detainee grievances, these statistics may not encompass all grievances submitted during calendar year 2011.

ODO identified 13 deficiencies in the Food Service NDS, more than any other NDS reviewed during this CI. Three deficiencies had life/safety ramifications: detainees were observed working around steam kettles with steam lines that were not covered or insulated with a heat-resistant material; the meat grinder was not equipped with an anti-restart device; the fire suppression system was not connected to the fire annunciation panel in the facility's control center. Fire suppression and fire alarm systems are required to alert central control when triggered to facilitate immediate staff response in the event of an emergency.

Detainees are served two hot meals and one cold meal each day. During interviews, many detainees complained about food quality. LASD personnel and ICE staff stated detainees are routinely critical of food service. ODO confirmed while on-site there had been an issue with moldy bread being served to detainees. LASD officials stated the issue had been resolved by properly rotating and dating bread upon arrival at the facility. ODO confirmed there is no established schedule or procedure for stock rotation, to include the dating of food products. Proper stock rotation ensures food items are used timely and food safety is maintained prior to expiration dates.

ODO observed trash and food debris in the dry storage room and in the cluttered and disorganized pot/pan room. Cluttered and unsanitary conditions in any area of the food service department promote pest infestation and food borne illnesses.

ODO observed a food service worker carrying cigarettes in the cooking area. MLDC prohibits tobacco in areas occupied by detainees, who are prohibited by MLDC rules from consuming tobacco products. MLDC provides designated smoking areas for employees separate from detainee areas. Possessing tobacco in the cooking area is not an NDS deficiency; however, it is a violation of facility policy. This would be a deficiency if MLDC transitions to the ICE PBNDS, which will become the standard if the current LASD contract is renewed.

ODO observed large accumulations of food purchased from the commissary and stockpiled by several detainees in the housing units. ODO learned that detainees are permitted to select and order up to \$175.00 worth of goods in a single commissary purchase. MLDC is a cash facility. Detainees are permitted to retain \$70.00 on their person and withdraw \$70.00 every day. LASD staff stated it is a violation for a detainee to possess more than \$70.00. Operationally, if MLDC converted from a cash facility to a debit card operation, this would reduce the opportunities for gambling, extortion, and a variety of other offenses among the detainees, and between detainees and staff.

The medical department has 24-hour nursing coverage. Provider service is supplemented by a cadre of LASD physicians who provide on-call services during non-business hours, including weekends and holidays. The on-call physicians can be reached by telephone or telemedicine, a system through which nursing staff present cases and physicians interview and assess detainees.

At the time of the CI, there were 118 detainees with Keep-on-Person (KOP) medications. A nurse is assigned the sole duty of reassessing detainees on the KOP program weekly, to include a pill count of remaining medications to verify compliance. This reduces the risk of misuse of medications and is identified by ODO as a best practice.

A full time dentist is also on duty five days a week. MLDC dental personnel routinely provide care for detainees within 24 hours of a referral. MLDC achieves this by having a dentist and dental assistant at the facility. ODO cites this as a best practice.

ODO confirmed there have been no suicide attempts, hunger strikes, or deaths during the past year at MLDC.

ERO supervisory staff, the AFOD, an SDDO, and an SIEA, conduct unannounced visits throughout the facility. ICE non-supervisory personnel do not conduct weekly announced visits, or regular unannounced visits, to address detainee concerns and inquiries. ODO reviewed the Facility Liaison Visit Checklists and noted the checklists are completed weekly, documenting visits by ERO personnel. Each completed checklist displays the name of the visiting ERO officer and the time of the visit. Detainees and LASD staff stated ERO officers do not visit the housing units to address issues or to communicate with detainees. An IEA confirmed that Spectrum contract officers visit the housing units and complete the Facility Liaison Visit Checklists, which are then signed by an ERO officer. The Change Notice to the National Detention Standards Staff/Detainee Communication Model Protocol, dated June 15, 2007, requires that ERO officers conduct liaison visits.

As a best practice, LASD supervisory personnel hold town hall meetings on Saturdays to allow detainees to voice their needs and concerns. ICE personnel do not work on Saturdays, and are not present at the meetings. During the closeout briefing, ODO recommended that LASD consider rescheduling the meetings to facilitate attendance by ICE officials in order to demonstrate to detainees that LASD and ICE are working together to resolve issues affecting the quality of life at MLDC.

LASD has designated a Recreational Specialist (RS) to address the physical activity needs of the detainees. The RS organizes intramural athletic events and oversees detainee recreation at MLDC. This is an area of improvement since the May 2010 QAR, which identified the lack of an RS as a deficiency.

While touring MLDC, ODO noticed the housing units were dirty and in a state of disarray. ODO observed milk cartons and perishable food items strewn about the housing units. According to LASD policy, perishable items must be collected one hour after a meal is served. The large number of perishable items and dairy containers observed in the housing units indicates that this procedure is not being followed.

ODO observed trash on the floors of multiple housing units. ODO observed towels on floors around shower stalls and remnants of used bars of soap obstructing shower floor drains, preventing natural drainage. While touring the barbershop lavatory, ODO noticed stains and grime on the sink and walls, and litter on the floor. A high level of sanitation and cleanliness throughout the facility is critical to preventing communicable diseases, and can improve detainee morale. ODO considers this to be an area of concern. ODO recommends the facility inspect the barbershop and detainee living areas on a regular basis to assess sanitation levels, and ensures methods are in place to provide adequate sanitation.

This report includes descriptions of all identified deficiencies and refers to the specific, relevant ICE NDS. The report will be provided to ERO to develop corrective actions to resolve the 41 identified deficiencies.

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. In addition, ODO may specifically target detention management issues based on information provided by 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 MLDC 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 MLDC.

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 ongoing process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. Specific deficiencies and areas of concern are highlighted in bold with sequential numbers in this report. OPR defines a deficiency as a violation of written policy that can be specifically linked to the ICE NDS, or to ICE policy or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS, or 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 Lead)	ODO, Phoenix, AZ
Supervisory Special Agent	ODO, Phoenix, AZ
Special Agent	ODO, Phoenix, AZ
Special Agent	ODO, Phoenix, AZ
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed ICE and LASD staff at MLDC. LASD staff and ICE supervisory personnel stated they maintain a positive working relationship with each other and morale is good. LASD personnel stated ICE supervisors and officers rarely visit detainees in the housing units. ODO confirmed Spectrum Contract Officers visit the housing units daily, but ICE officers do not.

Although ICE and LASD staff described their relationship as good, ODO was alerted to issues between the two agencies and observed tension in day-to-day operations. ICE staff stated they have experienced problems with LASD in the past regarding detainee grievances. One particular incident of alleged abuse by LASD deputies was reported via the grievance process on July 4, 2011. An ICE detainee reported LASD deputies had humiliated him by placing a hairnet, garbage, bologna, and currency on his head while laughing at him. The ICE detainee also alleged during the incident, LASD deputies called him a "faggot" and a "crybaby." ICE staff stated they made multiple attempts to follow up on the grievance, but LASD had been uncooperative. Spectrum Contract Officers stated the detainee had directly provided them with the original detainee grievance form prepared subsequent to the incident. Spectrum Contract officers stated they made a photocopy of the document and placed the original in the Detainee Grievance Box. Spectrum Contract Officers relinquished the photocopy to ICE staff. ICE staff made numerous requests to see the original grievance, but LASD would not provide it. ICE has only a photocopy of the original grievance.

The American Civil Liberties Union (ACLU) has an active lawsuit against LASD. Per open source documents, the ACLU lawsuit alleges inmate abuse in LASD detention facilities.

ICE ERO field personnel recommended an audit by the DHS Office of Inspector General to determine whether ICE is receiving sufficient value for the rate charged under the current contract. ICE management stated that operational costs provided by LASD are inconsistent with other facilities in the region. ICE management stated MLDC charges \$154.08 per detainee and adheres to the NDS, while the Adelanto Detention Facility (ADF) in neighboring San Bernardino County charges \$99 per detainee and adheres to the more stringent 2008 PBNDS. The capacity at ADF is scheduled to expand from approximately 650 beds to 1,300 beds in July 2012.

DETAINEE RELATIONS

ODO interviewed 30 randomly-selected ICE detainees to assess the overall living and detention conditions at MLDC. Eleven detainees (37 percent) could not identify their Deportation Officer (DO) and twelve detainees (40 percent) did not know how to contact a DO. ODO verified ICE officers are not visiting the detainee housing units as required per the Staff-Detainee Communication NDS. Fifteen detainees (50 percent) complained about food. Detainees stated they are given the same food every day and two of the three meals served are cold meals. ODO confirmed detainees are not served two cold meals a day. Breakfast and dinner are served hot; lunch is served cold. Detainees also indicated that the food is bland and the portions are small. ODO verified all menus are certified by a registered dietitian. Six detainees (20 percent) stated it

takes between four and seven days to be seen by medical staff after submitting a medical request. ODO found MLDC to be in compliance with the Medical Care NDS with regard to detainees being seen promptly after medical requests are submitted. Twelve detainees (40 percent) stated it takes a week to get a reply after a grievance or request is submitted. ODO confirmed that written responses to formal detainee grievances were not provided in a timely manner as required by the NDS.

There were no detainee complaints concerning access to telephones, access to legal materials, the issuance and replenishment of hygiene supplies, the issuance of detainee handbooks, visitation, religious services, or the sending and receiving of mail.

ICE NATIONAL DETENTION STANDARDS

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

- Admission and Release
- Detainee Handbook
- Special Management Unit (Administrative and Disciplinary)
- Suicide Prevention and Intervention
- Telephone Access
- Tool Control

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

ODO found deficiencies in the following ten areas:

- Access to Legal Material
- Detainee Classification System
- Detainee Grievance Procedures
- Detainee Transfers
- Disciplinary Policy
- Environmental Health and Safety
- Food Service
- Medical Care
- Staff-Detainee Communication
- Use of Force

ODO 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 MLDC to determine if detainees have access to a law library, legal materials, courts, counsel, and equipment to facilitate the preparation of legal documents. ODO reviewed local policies, procedures, and the detainee handbook; inspected the areas designated for law library use; and interviewed staff and detainees.

The law library is located in a building separate from the housing units. The space is quiet with adequate furnishings, equipment, and supplies to effectively support legal research and case preparation. The law library contains published and unpublished legal material for detainee use, but the unpublished materials do not have cover sheets that identify the submitter, preparer, or the date of preparation. There is also no statement that ICE did not prepare, and is not responsible for, the contents (**Deficiency ALM-1**). A cover sheet and this statement inform detainees the material has not been published and information within the material may not be accurate.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, Section (III)(D), the FOD must ensure unpublished material has a cover page that: 1. Identifies the submitter and the preparer of the material; 2. States clearly that ICE did not prepare, and is not responsible for, the contents of the material; and 3. Contains the date of preparation.

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System NDS at MLDC to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data. ODO interviewed staff and reviewed detention files to determine compliance with the NDS. All officers assigned to classification duties were trained in the facility's classification process.

Detainees are housed in two barracks located within a security fence prior to being classified by LASD staff and placed into general population. LASD staff stated detainees who arrive after hours on Friday are held in the in-processing barracks until Monday when LASD staff returns to work (**Deficiency DCS-1**). As a result of the current procedures at MLDC, a detainee can remain unclassified for an entire weekend prior to receiving an appropriate security classification. This potentially exposes Level 1 detainees to Level 3 detainees, which is a life/safety issue due to the criminal history or propensity for violence exhibited by Level 3 detainees.

During a walk-through, ODO observed there were no LASD officers present in a designated Level 3 housing unit. Additionally, ODO observed unsupervised Level 3 detainees traversing common areas and interacting with Level 1 detainees (**Deficiency DCS-2**). Level 3 detainees represent the highest security risk due to criminal history and/or propensity for violence, so this matter raised serious safety concerns. During the Closeout Briefing, ODO discussed these observations and raised these concerns with LASD and ICE management as potential life/safety issues in need of immediate attention.

ODO reviewed 25 randomly-selected detention files. LASD staff indicated that an LASD officer is assigned to review and approve the classification form. The classification forms were not approved by a first-line supervisor, as required by the standard (**Deficiency DCS-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System, section (III)(A)(1), the FOD must ensure all detainees are classified upon arrival before being admitted into the general population. ICE will provide CDFs and IGSA facilities with the data they need from each detainee's file to complete the classification process. All officers assigned to classification duties shall be trained in the facility's classification process.

DEFICIENCY DCS-2

In accordance with the ICE NDS, Detainee Classification System, section (III)(E)(3), the FOD must ensure Level three detainees are always monitored and escorted.

DEFICIENCY DCS-3

In accordance with the ICE NDS, Detainee Classification System, section (III)(A)(3), the FOD must ensure the first-line supervisor will review and approve each detainee's classification.

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedures NDS at MLDC to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses and if accurate records are maintained. ODO interviewed staff and detainees, and reviewed policies, grievance logs, and grievance statistics provided by LASD staff.

The facility attempts 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. Detainees at MLDC use the same LASD form titled "Inmate Complaint/Services Request Form" to submit both requests and formal grievances to LASD staff. Detainees have the option of submitting completed complaint forms by placing them in the locked complaint boxes located in all housing units, or by handing them directly to a staff member. The facility accepts all formal complaints submitted by detainees, regardless of the form used. Complaints are accepted in any written format. An LASD Sergeant stated that LASD personnel initially review the form. LASD officials then decide if the matter should be handled as a request or processed as a formal grievance. All formal grievances are reviewed by a supervisor, at a minimum by a Sergeant. The grievance committee consists of two LASD Sergeants and an LASD Lieutenant.

Responses to formal grievances are verbally provided to detainees. Detainees sign the bottom portion of the complaint form acknowledging that a discussion of the grievance response occurred; however, written responses to formal grievances are not provided to detainees (**Deficiency DGP-1**).

The facility maintains an electronic grievance log to document and track formal grievances filed by detainees. Original copies of all formal grievances are maintained in a master file for six years; however, copies of formal grievances were not placed or maintained in the detainees' detention files (**Deficiency DGP-2**). This deficiency was also identified during the May 2010 QAR.

Currently, an LASD Officer assigned to MLDC is under investigation by LASD Internal Affairs for allegedly throwing away detainee grievances rather than taking appropriate action. ERO employs a process similar to LASD for deciding if matters should be handled as a request or a formal grievance. ERO staff stated detainees use an ICE request form for submitting formal grievances because ERO does not provide dedicated grievance forms to detainees. An SDDO stated an ICE officer reviews ICE request forms to determine whether matters will be handled as requests or grievances. Due to discrepancies in these processes, ODO could not verify grievance statistics provided for 2011.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (I), the FOD must ensure every facility will develop and implement standard operating procedures (SOP) that address detainee grievances. Among other things, each SOP must establish a reasonable time limit for providing written responses to detainees who filed formal grievances, including the basis for the decision.

DEFICIENCY DGP-2

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.

DETAINEE TRANSFER (DT)

ODO reviewed the Detainee Transfer NDS at MLDC to determine if transfers of detainees from one facility to another are responsibly managed with regard to notification, detention records, safety and security, and protection of detainee funds and property. ODO interviewed ERO staff and reviewed documents in the Alien File (A-File) of a detainee who was in the process of being transferred out of MLDC to another ICE detention facility.

Detainees are informed orally of their transfer moments before departing from MLDC; they do not receive a written notification (**Deficiency DT-1**). It is important that detainees are notified of their inter-facility transfers via a Detainee Transfer Notification Sheet so they can relay the address and telephone number of the new detention facility to family and friends. This deficiency was also identified during the May 2010 QAR.

ODO confirmed the Detainee Transfer Checklist is not used by ERO at MLDC to prepare for permanent transfers (**Deficiency DT-2**). This deficiency was also identified during the May 2010 QAR. A detainee deemed medically unfit to be housed at MLDC due to psychiatric reasons was transferred from MLDC to the Los Angeles Staging Facility. The ODO review determined that all required documents were maintained in the A-File except the Detainee Transfer Checklist. It is important that ERO officers at MLDC use the Detainee Transfer Checklist to ensure required tasks are completed prior to a detainee's transfer from the facility, such as notifying the detainee's attorney (if applicable), completing the Detainee Transfer Notification form, fingerprinting and photographing the detainee, releasing the detainee's personal property, and transmitting the Form I-216 to the receiving detention facility via facsimile.

ODO requested a copy of the medical transfer summary sheet for the transferred detainee, but it was never provided. ODO could not determine whether a medical transfer summary had been prepared by medical staff, or if the transfer summary had accompanied the detainee at the time the transfer occurred (**Deficiency DT-3**). Due to insufficient record keeping at MLDC, ODO was unable to determine whether all property had been returned to the detainee prior to departure from the facility (**Deficiency DT-4**). A medical transfer summary, prepared by medical staff, must accompany the detainee to his or her new detention facility so the medical staff can quickly identify any medical conditions that need immediate care or attention. Furthermore, ensuring detainee's personal property, funds and valuables are properly signed out and accurately documented prevents a detainee from claiming his or her property was misplaced by the facility prior to the transfer.

ODO notes that ICE Policy 11022.1, Detainee Transfers, was implemented on January 4, 2012. At the time of this inspection, ODO did not cite any deficiencies related to the policy. ODO emphasizes the importance of ERO staff to be fully acclimated and in compliance with this Detainee Transfer Policy.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DT-1

In accordance with the ICE NDS, Detainee Transfer, section (III)(A)(3), the FOD must ensure, at the time of the transfer, ICE will provide the detainee, in writing, with the name, address and telephone number of the facility he/she is being transferred to. The Detainee Transfer Notification Sheet shall be used for this purpose. The detainee will also be instructed that it is his/her responsibility to notify family members. A copy of the transfer notification sheet will be placed in the detainee's detention file.

DEFICIENCY DT-2

In accordance with the ICE NDS, Detainee Transfer, section (III)(D), the FOD must ensure the Detainee Transfer Checklist shall be filled out in order to insure that all procedures are completed, and shall be placed in the detainee's A-file or work folder. If any procedure cannot be completed prior to the transfer of the detainee, that transfer will not take place unless the authorized official at the receiving field office has expressly agreed to waive that portion of the procedure. This waiver should be noted on the checklist.

DEFICIENCY DT-3

In accordance with the ICE NDS, Detainee Transfer, section (III)(D)(3)and(6), the FOD must ensure a transfer summary sheet, prepared by the sending facility's medical staff, must accompany the transferee. Either the USM 553 Form or a facility-specific form may be used, provided it shows: a. TB clearance, including PPD and chest X-ray results, including test dates; b. Current mental and physical health status, including all significant health issues; c. Current medications, with specific instructions for medications that must be administered en route; and d. The name and contact information of the transferring medical official.

DEFICIENCY DT-4

In accordance with the ICE NDS, Detainee Transfer, section (III)(E)(1), the FOD must ensure the following items shall always accompany a detainee to the receiving SPC, CDF, or IGSA facility: cash, and small valuables such as jewelry, address books, phone lists, correspondence, dentures, prescription glasses, small religious items, pictures, etc.

DISCIPLINARY POLICY (DP)

ODO reviewed the Disciplinary Policy NDS at MLDC to determine if sanctions imposed on detainees who violate facility rules are appropriate, and if the discipline process includes due process requirements. ODO interviewed staff and reviewed policy, disciplinary records, and the MLDC Detainee Handbook.

The facility uses graduated severity scales for prohibited acts and disciplinary consequences. Policy requires that minor transgressions be informally settled whenever possible. The ODO review confirmed incidents are investigated within 24 hours by a supervisor, and detainees are advised of their rights, to include the right to an appeal.

According to facility policy, detainees are subject to suspension of correspondence privileges for 72 hours as a disciplinary sanction (**Deficiency DP-1**). Use of deprivation of correspondence privileges as a disciplinary sanction is prohibited by the NDS. While written policy provided for it, ODO did not find any instances where this sanction had been imposed at MLDC. ODO recommends updating facility policy to ensure suspension of correspondence privileges is no longer considered an appropriate sanction, and informing all staff of the change in policy.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DP-1

In accordance with the ICE NDS, Disciplinary Policy, section (III)(A)(3), the FOD must ensure staff may not impose or allow imposition of the following sanctions: corporal punishment; deviations from normal food services; deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence privileges; or deprivation of physical exercise unless such activity creates an unsafe condition.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety NDS at MLDC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, and fire drills.

The facility maintains a master index of hazardous substances and a master file of Material Safety Data Sheets; however, a copy had not been forwarded to the local fire department, and semiannual reviews of the contents of the index had not been conducted (**Deficiency EH&S-1**). This deficiency was also identified during the May 2010 QAR. During the inspection, MLDC forwarded a copy of the master index to the local fire department. To achieve full compliance with the standard, MLDC must conduct semi-annual reviews of the index.

Review of the electrical power generator log confirmed biweekly tests had not been conducted consistently between October 2011 and January 2012. In addition, quarterly tests and repairs by an external generator servicing company had not occurred (**Deficiency EH&S-2**). Routine testing and servicing of electrical power generators helps ensure operability in the event of a power failure.

Observation of barbering operations confirmed there are no disposable covers for headrests on the barber chairs (**Deficiency EH&S-3**). Inspection of barber kits used by detainee barbers revealed combs, clipper blades, and clippers were not thoroughly cleaned and disinfected to remove hair, debris, and film (**Deficiency EH&S-4**). The NDS prohibits common use of brushes, neck dusters, shaving mugs, and shaving brushes. ODO observed items such as neck dusters and small clipper brushes in the barber kits, promoting common use (**Deficiency EH&S-5**). ODO recommends that immediate steps be taken to assure proper sanitation of barbering equipment, including the disposal of disposable combs. Adherence to sanitation regulations is critical to minimize the risk of cross-contamination related to the use of shared hair care equipment.

In addition to these deficiencies, ODO observed other sanitation and housekeeping concerns. The barbershop lavatory had litter on the floor and there were stains and grime on the sink, walls, and toilet. The countertops and cabinets in the barbershop were covered with dust and hair. The floors in detainee living units throughout the complex were observed to be littered with trash and food debris. Towels were observed on the floors around the shower stalls and remnants of used bars of soap had collected around shower floor drains, inhibiting drainage. Sanitation of detainee housing units and barbershops is critical to preventing the spread of communicable infections and disease. ODO considers this to be an area of concern. ODO recommends the facility inspect the barbershop and detainee living areas on a regular basis to assess sanitation levels and to ensure methods are in place to provide adequate sanitation in all detainee living areas.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

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 must 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-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure power generators will be tested at least every two weeks. The bi-weekly test of the emergency electrical generator will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation. The emergency generators will also receive quarterly testing and servicing from an external generator service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output.

DEFICIENCY EH&S-3

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(2), the FOD must ensure each barbershop will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care. Each shop will be provided with appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths.

DEFICIENCY EH&S-4

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(4)(a), the FOD must ensure all scissors, combs or other tools (except clippers) will be thoroughly washed with soap and hot water to remove film and debris, and effectively disinfected immediately after use on each detainee and before being used for the service of any other detainee.

DEFICIENCY EH&S-5

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(4)(f), the FOD must ensure the common use of brushes, neck dusters, shaving mugs and shaving brushes will be prohibited.

FOOD SERVICE (FS)

ODO reviewed the Food Service NDS at MLDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner. ODO interviewed staff, inspected storage areas, observed meal preparation and service, and reviewed policy and relevant documentation.

The MLDC food service program is staffed by county employees and consists of a Food Service Administrator, (b)(7)e Cook Supervisor, (b)(7)e Senior Cook Foremen, and (b)(7)e Intermediate Food Service Workers. Food service operations are supported by detainee work crews. (b)(7)e security officers perform custody and security functions. Kitchen assignments are rotated every six months to promote comprehensive knowledge in food service operations for all assigned staff. The facility employs a satellite service system for the morning and noon meals. The evening meal is served in the detainee dining hall. Review of temperature logs confirmed compliance with the standard. ODO verified all menus were certified by a registered dietitian.

ODO found three deficiencies with life/safety ramifications. Detainees were observed working around steam kettles with steam lines that were not covered or insulated with a heat-resistant material (**Deficiency FS-1**). Proper covering or insulation of steam lines is critical to prevent burns and other injuries. The meat grinder is not equipped with an anti-restart device (**Deficiency FS-2**). Equipment powered by electricity stops working when the electrical power is interrupted. Once power is restored, the equipment restarts automatically, which presents a significant safety hazard to staff and detainee workers. The fire suppression system is not connected to the fire annunciation panel in the facility's control center (**Deficiency FS-3**). Fire suppression and fire alarm systems are required to alert central control when triggered to facilitate immediate staff response in the event of an emergency.

ODO observed cloves in the food preparation area not properly secured and inventoried (**Deficiency FS-4**). Cloves are a desirable commodity in the general population because they can be used to make cigarettes, which pose a health risk when smoked. Potentially dangerous items such as cloves require special handling for the secure and orderly operation of the facility, and the health of detainees. Numerous perishable food items were not properly labeled (**Deficiency FS-5**), including leftover food in walk-in cooler #2 and in the cold food box behind the main serving line, as well as peaches in the cold food box. The label on leftover pudding in the walk-in cooler did not include a time limit for consumption. Perishable food items must be properly labeled to promote freshness and food safety, and to prevent food-borne illnesses.

Documentation of medical clearances to work in the kitchen was provided for detainee food service workers; however, documentation of medical clearances for food service staff was not available (**Deficiency FS-6**). LASD staff would not provide evidence of physical examinations due to a perceived violation of privacy. ODO notes that compliance with the standard would be satisfied by documentation that a physical examination has been completed and that medical clearance to work in food service has been granted. There is no requirement to produce the results of the physical examination itself.

Trash and dirt were observed on the floor behind pallets throughout the dry storage area. In addition, trash and food debris were observed on the floor in the corners of the cluttered and disorganized (**Deficiency FS-7**). Cluttered, unsanitary conditions in food service areas can promote pest infestation and food-borne illnesses.

The facility does not have a three compartment sink (**Deficiency FS-8**); however, a system has been established for cleaning, rinsing, and sanitizing utensils and equipment following the three step process. This deficiency was identified during the May 2010 QAR. Inspection of the chemical storage room revealed spray bottles containing hazardous substances were not properly labeled to identify the contents and potential hazard (**Deficiency FS-9**).

There are no written procedures addressing weekly inspections of the food service area (**Deficiency FS-10**). ODO was informed weekly inspections ceased in 2010. Regular, consistent inspections are essential for ensuring that efficient, safe, and sanitary food service operations are maintained.

The ODO inspection of the storage area determined that food products are stored six inches above the ground, but are not uniformly stored two inches from the walls (**Deficiency FS-11**). The standard requires a minimum of two inches clearance from walls to promote proper air circulation and to prevent possible contamination by vermin.

ODO found during the review that a large percentage of bulk food (dry, frozen, and refrigerated) stored at MLDC had not been properly dated for stock rotation, and there was no established schedule or procedure for rotating stock (**Deficiency FS-12**). ODO observed receipt dates displayed on consumable food items that had yet to occur. In one circumstance, the date goods had been received was labeled "4-1-12" vs. "1-4-12" (month/day/year). LASD staff stated detainees had written the incorrect dates on the boxes. ODO recommended that staff, not detainees, take responsibility for ensuring proper labeling for stock rotation on all consumable food items. Lack of identifiable stock rotation dates prevents food from being served at its freshest and allows the opportunity for spoilage due to expired or expiring dates.

Inspection of weekly perpetual audit records confirmed that inventory documentation is incomplete (**Deficiency FS-13**). Inventory report forms do not include the quantity received, the quantity issued, or the unit cost. In addition, the inventory report reveals weekly audits had not been conducted for the weeks of December 19, 2011, and January 2, 2012. Perpetual audits are essential to provide pertinent information on product usage and support accurate cost analysis.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(H)(12)(b), the FOD must ensure all steam lines within seven feet of the floor or working surface, and with which a worker may come in contact, shall be insulated or covered with a heat-resistant material, or be otherwise guarded from contact. Inaccessible steam lines (guarded by location) need not be protected from contact.

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(H)(12)(c)(4), the FOD must ensure meat saws, slicers, and grinders are equipped with anti-restart devices.

DEFICIENCY FS-3

In accordance with the ICE NDS, Food Service, section (III)(H)(12)(f), the FOD must ensure an approved, fixed, fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers and open flame devices. A qualified contractor shall inspect the system every six months. The fire-suppression system shall be equipped with a locally audible alarm and connected to the control room's annunciator panel.

DEFICIENCY FS-4

In accordance with the ICE NDS, Food Service, section (III)(B)(4), the FOD must ensure all facilities shall have procedures for the handling of food items that pose a security threat. Mace, nutmeg, cloves, and alcohol-based flavorings also require special handling and storage. Staff shall store and inventory these items in a secure area in the food service department. The purchase order for any of these items will specify the special-handling requirements for delivery. Staff shall directly supervise use of these items.

DEFICIENCY FS-5

In accordance with the ICE NDS, Food Service, section (III)(D)(8), the FOD must ensure prepared food items which have not been placed on the serving line may be retained for no more than 24 hours. Leftovers offered for service a second time shall not be retained for later use, but shall be discarded immediately after offering. All leftovers shall be labeled to identify the product, preparation date, and time.

DEFICIENCY FS-6

In accordance with the ICE NDS, Food Service, section (III)(H)(3), the FOD must ensure all food service personnel (both staff and detainee) 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. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work.

DEFICIENCY FS-7

In accordance with the ICE NDS, Food Service, section (III)(H)(5)(c), the FOD must ensure all facilities shall meet the following environmental standards: Routinely cleaned walls, floors, and ceilings in all areas.

DEFICIENCY FS-8

In accordance with the ICE NDS, Food Service, section (III)(H)(7)(f)(1), the FOD must ensure a sink with at least three labeled compartments is required for manually washing, rinsing, and sanitizing utensils and equipment. Each compartment shall have the capacity to accommodate the items to be cleaned. Each shall be supplied with hot and cold water.

DEFICIENCY FS-9

In accordance with the ICE NDS, Food Service, section (III)(H)(11)(c), the FOD must ensure all containers of toxic, flammable, or caustic materials shall be prominently and distinctively labeled for easy content identification.

DEFICIENCY FS-10

In accordance with the ICE NDS, Food Service, section (III)(H)(13)(a), the FOD must ensure the facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas. All components of the food service department, (ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal, etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily, recording the results. The FSA or CS of food service shall inspect food service areas weekly.

DEFICIENCY FS-11

In accordance with the ICE NDS, Food Service, section (III)(J)(3)(e), the FOD must ensure that personnel store food items at least two inches from the walls and at least six inches above the floor. Wooden pallets may be used to store canned goods and other non-absorbent containers, but not to store dairy products or fresh produce.

DEFICIENCY FS-12

In accordance with the ICE NDS, Food Service, section (III)(J)(5), the FOD must ensure each facility shall establish a written stock-rotation schedule.

DEFICIENCY FS-13

In accordance with the ICE NDS, Food Service, section (III)(J)(6), the FOD must ensure, although details may vary, the information recorded [for the perpetual inventory] always includes the quantity on hand, quantity received, quantity issued, and unit cost for each food and supply item. Perpetual inventory records are important because they provide the FSA with up-to-date information on product usage and give direction for further purchases. For accurate accounting of all food and supplies, a perpetual inventory record is insufficient. An official inventory of stores on hand must be taken annually with a food service staff member and a member of the financial management staff. All food service departments shall complete a physical inventory of the warehouse quarterly.

MEDICAL CARE (MC)

ODO reviewed the Medical Care NDS at MLDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner. ODO reviewed policies and procedures, and observed intake screening, sick call, dispensing of medication, health appraisals and telemedicine practices. In addition, ODO examined 45 detainee medical records, verified medical staff credentials, and interviewed health care staff.

Health care at MLDC is provided by medical personnel employed by LASD. The facility holds no accreditations. The medical department has 24-hour nursing coverage. A full-time Registered Nurse Practitioner (RNP) and a fulltime dentist are on duty five days per week. Provider service is supplemented by a cadre of LASD physicians who provide on-call services during non-business hours, including weekends and holidays. The on-call physicians can be reached by telephone or telemedicine, a system through which nursing staff present cases and physicians interview and assess detainees. Additional medical staff consists of a Health Service Administrator (HSA); b(7) Registered Nurses (RN), b(7)e of whom serve as nursing supervisors; b(7)e Licensed Vocational Nurses (LVN); b(7)e Medical Records Technicians; and b(7)e Dental Assistant. ODO found staffing and services adequate for the size of the detainee population held at MLDC.

MLDC accepts only healthy detainees who require minimal care. Consequently, intake screening focuses on assessing the general health of arriving detainees. ODO verified intake screening is conducted within two to three hours of arrival in all cases. MLDC does not accept detainees with chronic conditions requiring frequent monitoring such as HIV, hepatitis B, hypertension, mental illness, cardiac conditions, insulin-dependent diabetes, or detainees with orthopedic needs requiring crutches and/or splinting. All detainees are screened for TB by way of a chest X-ray at the Los Angeles Sheriff's Department prior to admission. Detainees without a negative chest X-ray report are not admitted to MLDC.

Detainees access medical services through use of sick call request forms that are placed in locked boxes within the housing units. These locked boxes are also used to submit non-medical requests. Security staff maintains the keys to the boxes and sorts all requests, forwarding any medical requests to the medical unit. This practice was cited as a deficiency during the September 2011 ERO annual inspection. As a corrective action, MLDC instituted a procedure requiring nursing staff to be present when security staff opens the locked boxes; however, ODO does not agree that this procedure assures the confidentiality of medical requests. ODO recommends that separate boxes dedicated solely to medical requests be installed, with keys to those boxes solely managed by the medical staff. Under the current arrangement, confidentiality cannot be guaranteed. This is a continued deficiency (**Deficiency MC-1**).

ODO confirmed health appraisals and physical examinations had been conducted by the RNP within seven to ten days of arrival in all 45 cases reviewed. This exceeds the NDS requirement of completing the physical examinations within 14 days of arrival. ODO verified health appraisals include a hands-on assessment of systems, and a visual examination for dental status. Referrals for dental services are submitted as needed. Review of the dental list indicated

detainees referred to the dental department are seen by the dentist within 24 hours of referral. ODO cites this as a best practice well exceeding the standard.

At the time of the CI, there were 118 detainees with Keep-on-Person (KOP) medications. A nurse is assigned the sole duty of reassessing detainees on the KOP program weekly, to include a pill count of remaining medications to verify compliance. This reduces the risk of misuse of medications and is identified by ODO as a best practice.

ODO reviewed and verified credentials, licenses, and CPR certifications for all medical staff. All providers had current Drug Enforcement Administration licenses on file. Medical staff training records included current documentation of training on hunger strikes and medical protocols.

According to nursing staff and the HSA, detainees requiring emergency care and management beyond the scope of services at MLDC are sent to Antelope Valley Hospital or Palmdale Regional Hospital for off-site care. ODO recommends use of these facilities be formalized in memoranda of understanding.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(M), the FOD must ensure all medical providers shall protect the privacy of detainee's 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 MLDC to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner. ODO interviewed staff and detainees, toured and observed housing units, and reviewed policies, request logs, ERO visitation records, and detention files.

ERO supervisory staff, the AFOD, an SDDO, and an SIEA, conduct unannounced visits throughout the facility. The unannounced visits are manually recorded in a logbook maintained by ERO; however, specific housing units visited by ERO supervisory staff are not identified on most entries in the ERO logbook. An LASD Sergeant stated that visits by ERO officers are not always recorded by housing unit officers in the electronic logs compiled in the housing units (**Deficiency SDC-1**). ODO could not verify or validate the unannounced visits by cross-checking ERO visitation records with LASD housing unit logs.

ODO reviewed the Facility Liaison Visit Checklists and noted that the checklists are completed documenting weekly visits by ERO personnel. Each completed checklist displays the name of the visiting ERO officer and the time of the visit. Detainees and LASD staff stated ERO officers do not visit the housing units to address issues or to communicate with detainees. An IEA confirmed that Spectrum Contract Officers visit the housing units and complete the Facility Liaison Visit Checklists, which are then signed by an ERO officer (**Deficiency SDC-2**). The IEA stated Spectrum Contract Officers conduct the weekly liaison visits for ERO, because there is not a DO or IEA available to complete the task.

An LASD Sergeant stated, and ODO verified, ERO does not provide LASD staff with a logbook for ERO officers to document the names and alien numbers of detainees interviewed during liaison visits (**Deficiency SDC-3**). This logbook should be maintained by LASD staff according to the ICE ERO Staff/Detainee Communication Model Protocol, dated June 15, 2007.

Detainees have opportunities to submit written questions, requests, or concerns to facility and ERO staff. Detainees use an Inmate Complaint / Services Request Form to submit requests and formal grievances to LASD staff. Detainees use an ICE Detainee Request Form to submit requests and formal grievances to ERO (**Deficiency SDC-4**). The NDS requires use of a dedicated grievance form. Submission of requests and formal grievances on the same form does not comply with the standard.

LASD staff received and processed ten detainee requests during December 2011. A review of the requests showed two (20 percent) of the requests were not answered within 72 hours. Two other requests (20 percent) had no notation or documentation verifying a response, so ODO could not confirm a response had been provided (**Deficiency SDC-5**).

ERO maintains an electronic request log for documenting and tracking detainee requests submitted directly to ICE. During calendar year 2011, ERO received and processed 4,698 requests submitted by detainees at MLDC. ERO staff stated the on-site AFOD is electronically

notified when requests are not answered within 72 hours. The ERO log does not identify the officer logging the request. LASD staff does not maintain a log for documenting and recording detainee requests. Completed ICE request forms are maintained in detention files, but completed LASD request forms are not (**Deficiency SDC-6**). This deficiency was also identified during the May 2010 QAR.

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 IGSA's.

DEFICIENCY SDC-2

In accordance with the Change Notice National Detention Standards Staff/Detainee Communication Model Protocol, dated June 15, 2007, section (C)(2), the FOD must ensure assigned [ERO] officers shall enter all units in which detainees are housed and document observations of the general living condition: General population housing units, Special Housing Units (administrative and disciplinary segregation), and Medical units (infirmaries, hospitals, etc.).

DEFICIENCY SDC-3

In accordance with the Change Notice National Detention Standards Staff/Detainee Communication Model Protocol, dated June 15, 2007, section (F)(3), the FOD must ensure the officer shall document each visit, in the following format: The Field Office should provide the facility with a logbook to maintain in control. The officer shall log in his or her visit, names, and alien registration of detainees interviewed, along with any concerns or comments.

DEFICIENCY SDC-4

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.

Formal grievances shall be submitted according to the procedures specified in the Detainee Grievance standard. However, the procedures outlined here may be used to resolve *informal* grievances as described in that standard.

DEFICIENCY SDC-5

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(1)(a), the FOD must ensure, in SPCs/CDFs and in IGSA's with ICE on-site presence, the officer receiving the request shall normally respond in person or in writing as soon as possible and practicable, not later than within 72 hours from receiving the request.

DEFICIENCY SDC-6

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), 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 IGSA's, 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.

USE OF FORCE (UOF)

ODO reviewed the Use of Force NDS at MLDC to determine if necessary use of force is employed 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.

MLDC has a written policy governing the use of force. Digital video cameras maintained in three separate locations are readily available to document use of force incidents and are checked daily by designated staff. In the year preceding the CI, MLDC had three documented uses of force on detainees: one calculated, and two immediate. Review of the video-recording for the calculated use of force incident verified it covered all required elements; however, a copy was not forwarded to ICE (**Deficiency UOF-1**), and the facility did not catalogue and preserve a copy on-site (**Deficiency UOF-2**). In accordance with local policy, the video-recording was forwarded to the LASD Discovery Unit to be maintained for 60 months. Digital recording of incidents facilitates compliance with local policy and the ICE NDS, and ensures all parties are able to view the incident exactly as it occurred.

Review of documentation on the two immediate uses of force confirmed that detainees were not examined by medical personnel following the incidents (**Deficiency UOF-3**). Immediate, mandatory medical evaluations serve the critical purpose of identifying injuries, assuring detainees receive necessary care, and shielding the facility from future legal claims.

MLDC does not use four-point restraints, but does use a restraint chair when necessary. Some staff members carry M26 or X26 tasers, which are electro-muscular disruption devices. ODO verified staff assigned to carry and use tasers are trained in their proper use and deployment. The MLDC arsenal includes Othochlorobenzalmalonitrile (CS Gas), a chemical agent not authorized by ICE (**Deficiency UOF-4**). LASD management stated LASD policy and non-negotiable Los Angeles County Employee Union Agreements require these options be available for use on detention personnel, though their use is avoided. There have been no uses of tasers or CS Gas on ICE detainees at MLDC.

Deputies assigned to the facility are trained at the LASD Academy to use carotid (choke) holds. Though prohibited by ICE, use of this restraint technique is authorized by the MLDC use of force option chart (**Deficiency UOF-5**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(A)(2)(b), the FOD must ensure that all incidents of use of force be documented and forwarded to ICE for review.

DEFICIENCY UOF -2

In accordance with the ICE NDS, Use of Force, section (III)(A)(4)(h), the FOD must ensure the videotape shall be catalogued and preserved until no longer needed, but no less than 30 months after its last documented use. In the event of litigation, the facility will retain the tape a minimum of six months after its conclusion/resolution.

DEFICIENCY UOF-3

In accordance with the ICE NDS, Use of Force, section (III)(G)(2), the FOD must ensure, after any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented.

DEFICIENCY UOF-4

In accordance with the ICE NDS, Use of Force, section (III)(M), the FOD must ensure the following non-deadly force devices are not authorized for use: 1. Saps, blackjacks, and sap gloves; 2. Mace; tear gas, or other chemical agents, except OC spray; 3. Homemade devices, or tools; and 4. Any other device or tool not issued or approved by ICE.

DEFICIENCY UOF-5

In accordance with the ICE NDS, Use of Force, section (III)(N)(1), the FOD must ensure the following acts and techniques are prohibited when using non-deadly force: Choke holds, carotid control holds, and other neck restraints.