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Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight
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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Atlanta Field Office
Irwin County Detention Center
Ocilla, Georgia**

April 23 – 25, 2013

**COMPLIANCE INSPECTION
IRWIN COUNTY DETENTION CENTER
ATLANTA 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 Irwin County Detention Center (ICDC) in Ocilla, Georgia, from April 23 to 25, 2013. ICDC opened in 2005, and began housing Immigration and Customs Enforcement (ICE) detainees in December 2010 under an Intergovernmental Service Agreement between ICDC and the United States Marshals Service. The 1,201-bed facility is owned by ICDC, LLC, and operated by Detention Management, LLC. Among the [REDACTED] beds, [REDACTED] are designated for ICE male and female detainees. Male and female ICE detainees are detained at the facility for periods in excess of 72 hours. ICDC uses four classification levels (Level I - low; Level II - medium low; Level II - medium-high; and Level III - high). The average daily ICE detainee population at ICDC at the time of the CI was [REDACTED], and the average length of stay was 162 days. During the CI, there were [REDACTED] ICE detainees: [REDACTED] males and [REDACTED] females. ICDC is not accredited by any professional organizations.

The ICE Enforcement and Removal Operations (ERO) Field Office Director (FOD) in Atlanta, Georgia (ERO Atlanta), is responsible for ensuring ICDC is in compliance with ICE policies and the ICE 2008 Performance-Based National Detention Standards (PBNDS). Ten ERO officers are responsible for oversight of ICDC, including: two Assistant Field Office Directors; one Supervisory Detention and Deportation Officer; two Deportation Officers; one Immigration Enforcement Agent; and other ERO staff. A Detention Service Manager is not assigned to ICDC.

ICDC employs a total of [REDACTED] personnel. The Warden is the highest ranking official at ICDC and is responsible for oversight of daily operations. The Warden is supported by [REDACTED] management and administrative staff and [REDACTED] correctional personnel. Contract staff includes [REDACTED] medical and [REDACTED] food service workers. During the CI, ICDC had [REDACTED] correctional officer vacancies. ICDC plans to hire additional officers in May 2013.

ODO last conducted an inspection of ICDC in September 2011. Among the 16 PBNDS reviewed, five standards were found to be in full compliance. ODO identified a total of 18 deficiencies in the remaining 11 standards.

During this CI, ODO reviewed 20 PBNDS. Among the 20 standards reviewed, 11 were found to be in full compliance, while 15 deficiencies were identified in the following nine standards: Detainee Handbook (1 deficiency); Disciplinary System (2); Environmental Health and Safety (1); Food Service (1); Funds and Personal Property (1); Medical Care (5); Staff- Detainee Communication (1); Suicide Prevention and Intervention (2); and Terminal Illness, Advance Directives, and Death (1).

This report details all deficiencies and refers to the specific, relevant sections of the PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. These deficiencies were discussed with ERO and ICDC staff on-site during the inspection, and during the closeout briefing conducted on April 25, 2013.

Overall, ODO found ICDC to be orderly and well managed. The ICDC and ERO staffs appear to work closely to align facility policies with the PBNDS. ICDC management designated a

compliance officer to oversee internal compliance with the PBNDS. The ICDC and ERO staffs meet monthly to address detainee needs and PBNDS compliance issues.

Upon admission to ICDC, all detainees are screened and searched. ICDC staff captures medical, sexual abuse history, and sexual identity information using a four-page form. Certain responses prompt immediate referrals to medical care staff. ODO reviewed 15 detention files and found the required documents were properly maintained. ERO assigns classification levels to detainees prior to confinement at ICDC. Classification paperwork accompanies each detainee to ICDC. Detainees are assigned housing according to ERO's designated classification levels. Special needs populations may be assigned to protective custody.

ICDC has a comprehensive disciplinary policy addressing all requirements of the PBNDS. The policy includes graduated severity scales of prohibited acts and disciplinary sanctions, and encourages informal resolution for minor infractions. Prohibited acts and sanctions, and the disciplinary process and appeal procedures, are addressed in the detainee handbook. At the time of the CI, ICDC's disciplinary committee had conducted 31 disciplinary hearings for detainees in the past six months. ODO reviewed ten disciplinary reports and verified they were completed in accordance with facility policy and the standard. Documentation reflected the average disciplinary segregation sanction was three days.

ICDC's detainee handbook serves both the inmate and detainee populations. The handbook explains the rules, regulations, policies and procedures that must be followed while in custody. The handbook is available in both English and Spanish. Handbook translation assistance is provided to illiterate detainees, or those who request it, through assistance from other detainees or contract languages services. Among the 22 detainees interviewed by ODO, all stated they received a copy of the detainee handbook in a language they could understand. ODO found ICDC's handbook lacked the specific procedures for requesting interpretive services. ODO discussed with ICDC staff the importance of notifying detainees of available interpretive services, especially due to the facility's diverse population. To assist with this effort, ODO provided ERO staff a copy of the "I Speak" booklet, a language identification guide created by the U.S. Department of Homeland Security Headquarters to assist component personnel.

During the CI, ODO found ICDC well-maintained, with high sanitation levels. Hazardous substance documentation was properly maintained. ODO noticed fire safety evaluation diagrams did not include areas of safe refuge, but ICDC staff corrected the issue during the CI. Detainees have weekly access to the barbershop, and laundry services are available six days a week.

Food service operations at ICDC are managed by contractor Trinity Services Group. Sanitation of the kitchen area was very good. Both contract staff and detainees work in the kitchen. ICDC has a satellite feeding operation. ODO verified all menus were certified by a registered dietitian, and religious and medically prescribed meals were provided and properly documented.

ICDC's Grievance Officer maintains a log to document and track informal and formal grievances submitted by detainees. The grievance log indicated ICDC received and processed a total of 37 informal grievances in the past year. Among the 35 informal grievances, 11 pertained to medical issues; eight were complaints about staff; seven pertained to food service; two involved correspondence and law library; and the remaining seven pertained to facility operations and

services. A review of 15 informal grievances confirmed resolution at this stage, with documentation incorporated in the detainees' files. Informal resolution of grievances is encouraged, although detainees may bypass the informal process in favor of filing a formal grievance. Only two formal grievances were filed in the same one-year period: one regarding medical treatment and one concerning a use of force. ODO reviewed both grievances and confirmed the issues were resolved to the detainees' satisfaction. Copies were present in the detainees' files. During interviews with four detainees, all stated they are aware of ICDC's grievance procedures, and are aware they may communicate directly with ICE if they are dissatisfied with the facility's grievance decision or response, including appeals.

ICDC has written procedures for storing and inventorying all detainee property, with clear guidelines for the Property Custodian. There is also a procedure for returning each detainee's personal property upon release or transfer. The commissary is operated through an independent contract, which allows detainees to purchase items using money in their account. ICDC has a secure storage area to store detainees' baggage and property. Cases of abandoned property are reported to ERO.

ICDC staff reported one documented hunger strike in the past year. Per local policy, detainees who are on a hunger strike are referred to the medical department for a physical assessment, and to mental health staff for a psychological evaluation. Health staff counsels detainees on the consequences of hunger strikes. Detainees on hunger strike are housed in single cells under medical observation, and may only be released by a qualified mental health professional. Review of the medical record of the detainee who was on hunger strike confirmed ICDC's practices are consistent with local policy and the PBNDS. ODO cites as a best practice the facility's Hunger Strike Protocol Initial and Follow-Up Evaluation forms. The forms are in the SOAPE (Subjective, Objective, Assessment, Plan and Education) format and support thorough documentation of important information in a clear and comprehensive manner.

Detainees at ICDC can access legal materials either through the facility's main law library or two smaller libraries adjacent to the male and female housing units. All three areas are well-lit, fully furnished with tables and chairs, and isolated from noisy areas. Detainees have access to supplies, writing implements, and printing capabilities to prepare documents for their legal proceedings. The main library is open to detainees from 8:00 am to 5:00 pm daily, and extra hours are authorized upon request, to include weekend hours. The smaller libraries are open to detainees from 5:00 am to 11:00 pm Monday through Friday. There are a total of seven computers throughout the facility for detainee use, all equipped with the most-recent version of Lexis-Nexis. According to the law library custodian, indigent detainees are provided free envelopes and stamps for legal correspondence. The custodian also serves as the facility's notary public and provides certified mail service. ICDC staff allow detainees to request additional required legal materials, assist other detainees in researching and preparing legal documents, and provide assistance to illiterate and non-English speaking detainees.

Medical services are provided by Correctional Healthcare Companies. The clinic is open 24 hours a day, seven days a week. A full-time registered nurse serves as the Health Services Administrator (HSA). On site medical oversight is provided by a contract physician for four hours weekly. Both the HSA and physician are on-call 24 hours a day, seven days a week. The staffing plan calls for a midlevel practitioner for 20 hours a week. Health appraisals at ICDC are

conducted by a registered nurse whose training in the function was verified by ODO. Health appraisals are completed within 14 days of detainee arrival. Mental health services are provided by a licensed mental health professional, a contract tele-medicine psychiatrist, and a corporate psychologist. Mental health professionals at ICDC are on-call 24 hours a day, seven days a week. These positions are augmented by two registered nurses, eight full-time licensed practical nurses, three as-needed (*pro re nata*: PRN) licensed practical nurses, and two full-time and one part-time medical record clerks. Dental services are provided by a local dentist on referral. Because of the availability and use of PRN staff, ODO finds staffing sufficient to provide basic medical services to the detainee population. ODO confirmed all professional licenses were present and primary source verified with the issuing state boards for authentication purposes.

Detainees request healthcare services by completing written medical requests forms printed on blue paper, to distinguish ICE detainees from inmates. The forms are available in English and Spanish, and ODO confirmed their availability during the tour of the housing units. A Medical/Psychiatric form is used for any detainee with particular medical or mental health needs requiring special consideration in matters relative to housing, transfer, or transportation.

ODO reviewed ICDC's Sexual Abuse and Assault Prevention and Intervention (SAAPI) policy, and related medical policies, and found all to be comprehensive and in accordance with the PBNDS. The facility's internal investigator is the designated SAAPI Coordinator. Staff is required to attend pre-service, monthly, and annual training on the SAAPI program, completion of which was verified by review of ten training records. ODO's review of the training curriculum confirmed it is inclusive of all required subject matter. Staff interviews supported they are knowledgeable of the SAAPI program and how to handle any reports or observations concerning possible sexual abuse or assault.

The intake process includes screening detainees for a history of sexual abuse victimization, as well as for predatory history to identify potential sexual aggressors. Medical staff refers relevant information obtained during medical intake screenings to the mental health staff for follow-up, as well as to the SAAPI Coordinator. Detainees are informed of the SAAPI program by way of the detainee handbook, during orientation, and by postings in the receiving and discharge area, medical department, hallways, and housing units. The postings are in English and Spanish, and include toll-free telephone numbers for reporting incidents.

The SAAPI coordinator informed ODO there have been no incidents of reported sexual abuse or assault in the past three years. Documentation from the ICE OPR Joint Intake Center showed there were six reported allegations of sexual abuse or misconduct from October 1, 2009, through April 18, 2013. The Joint Intake Center documentation reflects the incidents were reviewed by OPR. The Warden, SAAPI Coordinator, and the Supervisory Detention and Deportation Officer were unaware of any of the reports.

ICDC's male administrative segregation unit has 16 cells, with the capacity to house 54 individuals. Each cell is equipped with a sink/commode unit, and the bunks are attached to the walls and floor. There are three showers and a secure outdoor recreation area. The upper level has a television viewing area with four chairs. Five male detainees were housed in administrative segregation at the time of the CI. One detainee was assigned to administrative

segregation for mental health reasons on March 27, 2013¹. ODO interviewed all five detainees in segregation during the CI. All five stated they were receiving recreation, showers, food and medical attention in a timely manner. Each detainee was aware of their reason for placement in administrative segregation. ODO verified all received segregation orders and the required reviews were conducted. A review of log entries for all detainees in the special management unit confirmed visits by medical, security shift supervisors, and ICE staff; all detainees received meals, recreation, telephone access, showers, and visitation privileges in accordance with facility policy and the standard.

ICDC's male disciplinary segregation unit has 16 cells, with the capacity to house 45 individuals on two levels. There are three showers and an outside recreation area shared with the administrative segregation unit; however, the administrative and disciplinary segregation detainees are not allowed in the recreation area at the same time. One male detainee was housed in disciplinary segregation at the time of the CI, for possession of a weapon and contraband.

Female detainees requiring administrative segregation are housed in the medical department in one of six single-holding cells, which contain a sink and toilet combination unit. There are two showers immediately adjacent to the six holding cells. Outdoor recreation is offered by escorting female detainees to a fenced area located just outside the medical unit. No female detainees were housed in administrative segregation at the time of the CI. Female detainees sanctioned with disciplinary segregation are housed in one of two designated single cells in the female general population unit. These cells contain a bed secured to the floor, a sink and toilet unit, and a shower in the cell. ODO's inspection found the units well ventilated, adequately lit, appropriately heated, and maintained in a sanitary condition. No female detainees were housed in disciplinary segregation at the time of the CI.

The ERO and ICDC staffs conduct frequent, unannounced, and scheduled visits to the living and activity areas in the housing units. These visits are captured in logbooks from each housing unit and in the ERO Liaison Daily Logbook. According to the posted schedules, ERO visits the facility on Tuesdays and Thursdays to perform case management duties. Detainees have the opportunity to submit written requests to both ICE and ICDC staff members. ICDC's direct supervision model allows detainees to submit their requests directly to housing unit officers. The requests pertaining to ICE are separated, logged, and forwarded to ICE to address such requests. If detainees wish to direct their request to ICE, a locked box is available in each housing unit. ICE staff stated the requests are retrieved daily and responses are provided within 72 hours of receiving the request.

During the CI, ICDC staff reported no documented suicide attempts occurred in the last year. Five detainees had been placed on suicide watch since the 2011 ODO inspection. Incoming detainees are screened for suicide potential during the intake process. Detainees on close observation suicide watch are housed in two of the observation cells located in the medical clinic. The cells are suicide-resistant, free of protrusions or objects that could assist in a suicide

¹ ODO verified medical staff saw the detainee on a daily basis and provided him mental health interventions, including medications. Medical staff anticipated the detainee would return to general population as soon as determined stable by mental health staff.

attempt, and monitored by closed circuit surveillance. ICDC staff receives initial and ongoing suicide prevention training. ICDC's training manager uses a video produced by "Lock-up USA" and a course by the National Institute of Corrections. A review of all medical and ten detention staff training files confirmed completion of initial and ongoing training.

ODO verified detainees have reasonable and equitable access to telephones at ICDC. Notifications stating calls are subject to monitoring are posted on each telephone, and telephone procedures were observed near the telephones in the housing units. Detainees may request unmonitored calls by submitting a request to ERO staff, who makes arrangements for the unmonitored call from the ICE office. Speed-dial listings for the Office of Inspector General, consulates, embassies, and pro-bono services were located in each housing unit. ODO verified all telephones in the housing units were in proper working order. ERO conducts weekly telephone serviceability checks.

ICDC policies include procedures for addressing terminal illness, advance directives, "do not resuscitate" orders, and detainee death, in accordance with the PBNDS. ODO found procedures for making autopsy arrangements are not addressed in the policy.

ODO reviewed 31 files of detainees transferred from ICDC during the CI, and found all files contained signed statements acknowledging receipt of property and funds. ODO also noted medical summaries and medications were transported along with the detainees in sealed envelopes marked "Confidential."

There have been five immediate and no calculated use of force incidents at ICDC between January 2012 and April 2013. ODO reviewed documentation and verified the detainees involved in all five incidents were immediately examined by medical staff, and after-action reviews were conducted. Notification and forwarding of documentation to ICE was documented. Confrontation avoidance is emphasized in policy, and in the initial orientation and annual refresher training programs. ODO reviewed training files of ten staff members, and verified completion of pre-service and annual training in use of force. ICDC has an eight-member Security Emergency Response Team to conduct shakedowns and respond to emergencies. Security supervisors are trained in oleoresin capsicum (OC) spray, which is maintained in the facility's control center. A hand-held video camera is also located in the control center, and is tested and accounted for daily.

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 or the ICE PBNDS, as applicable. The 2008 PBNDS apply to ICDC. In addition, ODO may specifically target detention management issues based on information provided by ERO Headquarters and ERO Field Offices, or issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at ICDC 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, the ENFORCE Alien Booking Module, and the ENFORCE Alien Removal Module. ODO also gathered facility facts and inspection-related information from ERO Headquarters staff to prepare for the site visit at ICDC.


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 PBNDS 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 defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, 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 ODO.

INSPECTION TEAM MEMBERS

	Management & Program Analyst (Team Leader)	ODO, Headquarters
	Detention and Deportation Officer	ODO, Headquarters
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed an Assistant Field Office Director, a Supervisory Detention and Deportation Officer, the Warden, the Deputy Warden, and Chief of Security. Both ERO and ICDC management described morale as good and their relationship as outstanding. ERO and ICDC staff stated they would like ERO to establish a permanent office within the facility. ICDC management did not express any concerns about the level of ERO staffing, and stated they consistently observe ERO staff visiting and communicating with detainees at least twice weekly. However, ICDC management stated, since sequestration, Deportation Officers do not spend the same amount of time on-site as before. According to ERO staff, Deportation Officers are only able to work their statutory hours during sequestration.

DETAINEE RELATIONS

ODO interviewed [REDACTED] female and [REDACTED] male detainees from all classification levels to assess detention conditions at ICDC. All [REDACTED] detainees stated they received a detainee handbook and personal hygiene items upon admission. Detainees stated they receive adequate access to religious services, indoor and outdoor recreation, telephones, and visitation. Male detainees stated they liked the food service at ICDC, but the female detainees disliked the food. Both male and female detainees agreed the portion sizes are too small. Female detainees complained about the lack of fruit in their diets. ODO reviewed food service operations at ICDC and found the variety and quality of food provided meets the standard.

One issue detainees collectively complained about to ODO related to communication with ERO. Both male and female detainees alleged their Deportation Officers do not visit the housing units as frequently as listed on the posted schedule, resulting in untimely responses to their needs. According to the posted schedules, Deportation Officers visit on Tuesdays and Thursdays to perform case management duties. ODO found the visitation logbook consistent with the frequency of visits reported by ERO. However, among the 384 requests submitted to ICE between January and April 2013, 92 were not responded to within 72 hours.

None of the detainees interviewed reported experiencing or witnessing any mistreatment (physical, verbal, or sexual abuse), discrimination, or retaliation while at ICDC. Among the 41 detainees interviewed, none claimed to have filed any grievances, but stated they had been advised of the grievance procedures.

ICE PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 20 standards and found ICDC fully compliant with the following 11 standards:

- Admission and Release
- Classification System
- Grievance System
- Hunger Strikes
- Law Libraries and Legal Materials
- Sexual Abuse and Assault Prevention and Intervention
- Special Management Unit – Administrative Segregation
- Special Management Unit – Disciplinary Segregation
- Telephone Access
- Transfer of Detainees
- Use of Force and Restraints

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 nine standards:

- Detainee Handbook
- Disciplinary System
- Environmental Health and Safety
- Food Service
- Funds and Personal Property
- Medical Care
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Terminal Illness, Advance Directives, and Death

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

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook standard at ICDC to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in accordance with the ICE PBNDS. ODO reviewed the ICDC and ICE national detainee handbook, policies, procedures, and detention files; and interviewed detainees and staff.

ICDC's detainee handbook is used as the inmate and detainee handbook. The handbook contains a section relevant to detainees, including health care services, grievance procedures, and other various detainee-related programs and services. The handbook is available in both English and Spanish. Next to English, Spanish was the second most widely spoken language among detainees during the CI. Translation assistance is provided to illiterate detainees and those who request it through assistance from other detainees or contract languages services. ODO interviewed 41 detainees, who stated they received a copy of the detainee handbook in a language they understand. A review of [REDACTED] detention files confirmed all [REDACTED] detainees signed a receipt for the handbook during intake processing. Although the PBNDS does not require an orientation video for intergovernmental service agreement facilities, ICDC indicated its willingness to include a video as part of the admission process and will be working with ERO staff to create one.

The ICDC handbook was missing specific procedures for obtaining interpretive services for essential communication (**Deficiency DH-1**). ODO reiterated the importance of notifying detainees of available interpretive services, because of the diverse population of foreign language speakers. ODO provided ERO staff a copy of the "I Speak" booklet, a language identification guide created by the U.S. Department of Homeland Security Headquarters to assist component personnel. This deficiency was discussed with the Facility Administrator, who indicated the handbook would be revised to clarify the availability of interpretive services. Other omissions from the handbook are reported under the following standards: Disciplinary System (**Deficiency DS-1**) and Funds and Personal Property (**Deficiency F&PP-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE PBNDS, Detainee Handbook, section (V)(2), the FOD must ensure, while all applicable topics from the ICE National Detainee Handbook must be addressed, it is particularly important that each local supplement notify each detainee of [among others]:
Procedures for requesting interpretive services for essential communication.

DISCIPLINARY SYSTEM (DS)

ODO reviewed the Disciplinary System standard at ICDC to determine if sanctions imposed on detainees who violate facility rules are appropriate, and if the discipline process includes due process requirements, in accordance with the ICE PBNDS. ODO interviewed staff and reviewed disciplinary reports, the detainee handbook, and policies.

ICDC has a comprehensive disciplinary policy addressing all requirements of the PBNDS. The facility has graduated severity scales of prohibited acts and disciplinary sanctions, and encourages informal resolution for minor infractions. Prohibited acts and sanctions, and the disciplinary process and appeal procedures are addressed in the detainee handbook; however, the handbook does not notify detainees of their freedom from discrimination based on race, religion, national origin, sex, sexual orientation, handicap, or political beliefs (**Deficiency DS-1**). The detainee handbook was revised during the CI to correct this deficiency.

ICDC does not have a Unit Disciplinary Committee or other designated body to adjudicate low and moderate level prohibited acts (**Deficiency DS-2**). ICDC's two-person disciplinary committee adjudicates all levels of infractions not resolved informally.

A review of documentation found the disciplinary committee conducted █ disciplinary hearings for detainees in the past six months. Among the █ disciplinary actions, eight were for fighting; eight were for refusing to obey a staff member's orders; four were for stealing; and the remainder were for issues such as tattooing, possession of non-prescribed drugs, insolence, threatening, horseplay, contraband, and an assault on staff. ODO randomly selected and reviewed ten disciplinary reports and verified they were completed in accordance with facility policy and the standard. ODO found the disciplinary reports were thoroughly investigated by a supervisor. Hearing documentation reflected evidence was reviewed. Documentation reflects the average disciplinary segregation sanction was three days. ODO observed a disciplinary hearing during the inspection. The disciplinary committee discussed the evidence with the detainee, explained the sanctions imposed, and reviewed the detainee's right to appeal.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DS-1

In accordance with the ICE PBNDS, Disciplinary Policy, section (V)(B), the FOD must ensure the Detainee Handbook, or supplement, issued to each detainee upon admittance, shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings. Detainees shall have the following rights and shall receive notice of them in the Handbook: The right of freedom from discrimination based on race, religion, national origin, sex, sexual orientation, handicap, or political beliefs.

DEFICIENCY DS-2

In accordance with the ICE PBNDS, Disciplinary System, section (V)(F), the FOD must ensure all facilities shall establish an intermediate level of investigation/adjudication process to adjudicate low or moderate infractions. They shall also ensure that the detainee is afforded all the UDC rights listed below.

The UDC administering unit discipline shall be comprised of one to three members, at least one of whom is a supervisor.

The UDC shall not include the reporting officer, the investigating officer, or an officer who witnessed or was directly involved in the incident. Only in the unlikely event that practically every available officer witnessed or was directly involved in the incident may an exception occur.

The UDC shall conduct hearings and, to the best extent possible, informally resolve cases involving High Moderate or Low Moderate charges in accordance with the list of charges and related sanctions noted as Attachment A of this Standard. Unresolved cases and cases involving serious charges are forwarded to the Institution Disciplinary Panel.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at ICDC to determine if the facility maintains high levels of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE PBNDS. ODO toured the facility, interviewed staff, and reviewed procedures and documentation of inspections, hazardous chemical management, and fire drills.

ODO found the facility well maintained and the overall sanitation very high. ODO verified the facility's Fire/Safety Captain maintains a master index of hazardous substances with storage locations, an up-to-date listing of emergency telephone numbers, and documentation of receipt and review by the local Fire Chief. A master file of Material Safety Data Sheets was produced, and ODO verified the sheets were present in locations where chemicals were stored and used. In addition, ODO verified the accuracy of running inventories of hazardous substances.

The Fire/Safety Captain provided documentation of extensive weekly fire and safety inspections, as well as the required monthly inspections. The facility has prominently posted evacuation plans in both English and Spanish, which include locations of emergency equipment and directional arrows for traffic flow. The diagrams did not indicate "areas of safe refuge" (**Deficiency EH&S-1**). "Areas of safe refuge" identify locations where evacuees may safely assemble. The diagrams were revised to add this information during the inspection. Fire drills are conducted monthly and involve the actual evacuation of detainees. Documentation confirmed emergency keys are drawn and tested as part of the drills.

ODO verified the facility's emergency power generator is tested on a bi-weekly basis for one hour. In addition, the generator is serviced and tested by an external generator service company, in accordance with manufacturer's recommendations. A local pest control service is under contract, and provides monthly and on-call service to the facility. Documentation of certification of the water supply by the City of Ocilla, Georgia, was produced. Barbering services are provided in a designated room within the gymnasium. Inspection found the room is equipped with a sink with hot and cold running water, a barber chair, and cabinets. Sanitation regulations were posted. Male and female detainees have access to the barbershop weekly. Laundry services are available to detainees six days a week.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE PBNDS, Environmental Health and Safety, section (VII)(E), the FOD must ensure, in addition to a general area diagram, the following information must be provided on signs:

- Instructions in English, Spanish and the next most prevalent language at the facility;
- "You are Here" markers on exit maps; and
- Emergency equipment locations.

"Areas of Safe Refuge" shall be identified and explained on diagrams. Diagram posting will be in accordance with applicable fire safety regulations of the jurisdiction.

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at ICDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE PBNDS. ODO reviewed policies and documentation, interviewed staff, inspected the food service area, and observed meal preparation and service.

The Food Service operation is managed by contractor Trinity Services Group. Staffing consists of a Food Service Manager and three food production supervisors. Twelve detainees are assigned to work in food service. ODO reviewed documentation verifying employees and detainees assigned to the kitchen were cleared by medical staff. ODO observed detainee workers were visually inspected by staff for any signs of illness or personal hygiene concerns prior to starting their shift.

The facility has a satellite feeding operation. Food items are placed in insulated trays, loaded onto carts, and delivered to the housing unit by a correctional deputy. A roster is checked off for each detainee who receives a meal tray, indicating whether the detainee received a regular or special diet meal. ODO verified all menus were certified by a registered dietitian, and religious and medically prescribed meals were provided and properly documented. At the time of the inspection, 25 detainees were on medical diets, and ten detainees were issued religious diets. During the CI, ODO taste-tested the noon meals on Wednesday and Thursday, and found them to be properly seasoned and appropriately sized. All items served were on the approved menu. Kitchen staff was observed checking temperatures as food was placed on trays, and ODO verified temperatures met the requirements of the standard by using a digital thermometer.

Sanitation of the kitchen area was very good. ODO reviewed documentation supporting food service staff conduct safety and sanitation inspections on a routine basis. The food service operation is inspected semi-annually by the Georgia Department of Public Health, the last occurring on November 26, 2012. ICDC received a perfect score of 100 during that inspection.

ODO's inspection of sack meals provided for detainee transport found they contained two sandwiches, a packaged dessert, and snack foods. The sack meal did not include a fruit item (**Deficiency FS-1**). A fruit item was added to sack meals during the inspection to correct this deficiency.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE PBNDS, Food Service, section (V)(I)(6)(c), the FOD must ensure, for any detainee who will be transported by the Justice Prisoner Air & Transportation System (JPATS), the sack lunch must comply with JPATS criteria. Otherwise, the following requirements are applicable.

Each sack shall contain at least two sandwiches, of which at least one shall be meat (non-pork). In addition, each sack shall include [among other things]:

- One piece of fresh fruit or properly packaged canned fruit (or paper cup with lid), complete with a plastic spoon.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at ICDC to determine if controls are in place to inventory, receipt, store, and safeguard detainees' personal property, in accordance with the ICE PBNDS. ODO reviewed detention files, procedures, and policies, and interviewed staff.

ICDC has written procedures for storing and inventorying all detainee property, with clear guidelines for the Property Custodian. There is also a procedure for returning each detainee's personal property upon release or transfer. The commissary is operated under an independent contract, which allows detainees to purchase items using money in their accounts. ICDC has a secure storage area to store detainees' baggage and property. ICDC staff stated any cases of abandoned property are turned over to ERO staff.

The detainee handbook does not include the notification that, upon request, detainees will be provided an ERO-certified copy of any identity document placed in their A-files, or the procedures for filing claims for lost or damaged property (**Deficiency F&PP-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE PBNDS, Funds and Personal Property, section (V)(C), the FOD must ensure the detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including [among others]: That, upon request, they shall be provided an ICE/DRO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at ICDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE PBNDS. ODO toured the clinic, reviewed policies and procedures, verified medical staff credentials, observed a physical examination, and interviewed the HSA and contract corporate staff. In addition, ODO examined 30 medical records of detainees falling into the following categories: chronic care, sick call, detainee complaints (addressed in another section of this report), hunger strike, and suicide watch. All records were reviewed for sick call timeliness and transfer documentation.

ICDC currently holds no accreditations. Medical services are provided by Correctional Healthcare Companies. The clinic is open 24 hours a day, seven days a week, and is administered on a full-time basis by the HSA, who is a registered nurse. ODO was informed she is the eighth person to hold the HSA position in 24 months. Medical oversight is provided by the contract physician on-site for four hours per week. Both the HSA and physician are on-call 24 hours a day, seven days a week. The staffing plan calls for a midlevel practitioner for 20 hours a week; however, the midlevel practitioner resigned on April 15, 2013, and a PRN midlevel practitioner was filling in at the time of the CI. Medical staff reported a new midlevel practitioner is scheduled to start on April 27, 2013.

Mental health services are provided by a licensed mental health professional, a contract tele-medicine psychiatrist for four hours a week, and a corporate psychologist. All mental health professionals are on-call 24 hours a day, seven days a week. These positions are augmented by two registered nurses, eight full-time licensed practical nurses, three PRN licensed practical nurses, and two full-time and one part-time medical record clerks. ODO confirmed all professional licenses were present and primary source verified with the issuing state boards for authentication purposes. During the CI, there were vacant positions for one PRN registered nurse, two full-time PRN licensed practical nurses, and three part-time PRN licensed practical nurses. During an interview with ODO, the HSA expressed concerns about the difficulty retaining staff, due the facility's location. She stated she is working with corporate staff to fill the vacancies and to add positions for another physician, midlevel practitioner, and a Director of Nursing. Dental services are provided by a local dentist on referral. Because of the availability and use of PRN staff, ODO finds staffing sufficient to provide basic medical services to the detainee population.

In the event medical care is needed beyond the scope of services provided by ICDC, detainees are transferred to Irwin County Hospital approximately two miles away, or the Tifton Regional Medical Center approximately 20 miles away. In emergency situations, a rescue squad ambulance responds from a location on the ICDC premises.

The clinic is spacious and well-equipped, and is divided in half to prevent detainees from comingling with county inmates. There are four examination/treatment rooms offering adequate privacy and containing emergency response equipment, a medication room, a medical records office, two separate waiting rooms, one staff restroom, and two administrative offices. A detention officer's desk is located within the clinic for custody supervision. In addition, there are

six medical observation rooms, including two with negative airflow for tuberculosis isolation, two designated for suicide watch, and two undesignated.

During review of records for documentation of required tuberculosis testing, ODO found two of 30 detainees did not undergo screening by way of purified protein derivative or chest x-ray upon admission (**Deficiency MC-1**). In one instance a detainee, who was admitted on March 27, 2013, refused both the purified protein derivative test and a chest x-ray. ODO notes a refusal form was not present in the medical record. In addition, the intake screening form did not reflect documentation of symptom screening. According to the Observation Room Log, the detainee was isolated for one day, but was released to the general population without being tested (**Deficiency MC-2**). Upon ODO's questioning of these circumstances on the first day of the inspection, the detainee was again isolated. A chest x-ray was performed the next day and the detainee was found negative for tuberculosis. The second detainee was symptom-screened with negative results on intake; however, a purified protein derivative test was not administered until the time of the physical examination, 11 days later. There was no documentation or explanation for the delay. Two records older than a year were checked for an annual purified protein derivative testing and were found compliant.

Nursing staff conducts intake screenings on new detainees in a private examination room. ODO's review of [REDACTED] medical records confirmed completion of intake screenings within 12 hours of admission; however, the intake screening forms were not reviewed by the clinical medical authority or designated personnel to assess priority for treatment (**Deficiency MC-3**). During the CI, ICDC provided ODO with a memorandum signed by the physician authorizing registered nurses to review the intake screening form. ODO's medical record review confirmed all detainees requiring attention for medical issues or for medications were referred to a provider for follow-up. Essential medications were ordered and given as required, and detainees identified with chronic needs were monitored. According to the HSA, bilingual staff or a telephone interpretation service is used for language interpretation when necessary. ODO observed the interpretation service being used during the inspection.

Health appraisals at ICDC are conducted by a registered nurse, whose training in the function was verified by ODO. Dental screenings are completed as part of the health appraisal. ODO reviewed 30 medical records and verified health appraisals were completed within 14 days of arrival in all 30 files reviewed. The form used to document the health appraisals meets the requirements of the PBNDS, to include a review of systems and hands-on examination; however, through direct observation, ODO found the registered nurse did not complete a hands-on physical examination of the detainee (**Deficiency MC-4**). The registered nurse stated she would have done a hands-on examination if the detainee had a history of a chronic condition. Since the detainee did not, she simply asked him questions and completed the form by recording his answers. The registered nurse did perform a dental screening. The HSA informed ODO, the registered nurses would complete refresher training in conducting physical examinations. Two records older than a year were checked for an annual physical examination and were found compliant.

Mental health evaluations for five of [REDACTED] mental health referrals were completed in excess of 14 days, and up to three months following referral (**Deficiency MC-5**). The HSA stated ICDC's ability to comply with the PBNDS requirement for evaluation within 14 days was hampered by

the lack of full-time mental health staff. ICDC anticipates the addition of a full-time licensed mental health professional to the staff will correct this deficiency going forward.

Detainees request healthcare services by completing written medical request forms printed on blue paper, to distinguish ICE detainees from inmates. The forms are available in English and Spanish, and ODO confirmed their availability during the tour of the housing units. The forms are deposited into locked boxes, retrieved daily, and triaged to determine priority for care. The medical record review reflected next-day triage, with medical requests addressed and completed in a timely manner as appropriate to the nature of the complaint. Sick call is conducted five days a week in the clinic using Correctional Healthcare Companies protocols. Detainees housed in segregation complete a sick call request slip and give it to the HSA, who makes daily rounds and conducts face-to-face visits in the segregation units. ICDC does not charge detainees co-pays or other fees for medical services. A Medical/Psychiatric form is used for any detainee with particular medical or mental health needs requiring special consideration in matters relative to housing, transfer, or transportation.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE PBNDS, Medical Care, section (V)(C)(2), the FOD must ensure all new arrivals receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities [symptom screening plus at least one of the following: tuberculin skin test (TST), chest radiography, or QuantiFERON-TB Gold or In-tube test (QFT)].

DEFICIENCY MC-2

In accordance with the ICE PBNDS, Medical Care, section (V)(C)(2), the FOD must ensure, if TB screening is negative and the detainee is asymptomatic, the detainee will be allowed to join the general population.

DEFICIENCY MC-3

In accordance with the ICE PBNDS, Medical Care, section (V)(I)(1), the FOD must ensure the clinical medical authority shall be responsible for review of all health screening forms within 24 business hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).

DEFICIENCY MC-4

In accordance with the ICE PBNDS, Medical Care, section (V)(J), the FOD must ensure each facility's health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals.

DEFICIENCY MC-5

In accordance with the ICE PBNDS, Medical Care, section (V)(K)(4), the FOD must ensure any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at ICDC 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, in accordance with the ICE PBNDS. ODO interviewed staff and detainees, and reviewed policies, procedures, the detainee handbook, and detention files.

ICDC provides ERO staff an on-site office to accommodate staff-detainee communication. Immigration Enforcement Agents visit the housing units daily to address detainee requests and concerns. According to the posted schedules observed in the housing units, Deportation Officers visit on Tuesdays and Thursdays to perform case management duties. Supervisory Detention and Deportation Officers visit the living and activity areas weekly and monthly. All visits are captured in logbooks located at the front entrance of the facility and in each housing unit. ODO found the logbook consistent with the frequency of visits reported by ERO. Visits are also logged in an ERO Liaison Daily Logbook. ICDC staff did not express any concerns about the level of ERO staffing, and stated they consistently observe ERO staff visiting and communicating with detainees at least twice weekly. However, ICDC staff stated, since the sequestration, Deportation Officers do not spend the same amount of time on-site as before. According to ERO staff, Deportation Officers are only able to work their statutory hours during sequestration.

Detainees have opportunities to submit written requests to both ICE and ICDC staff. The handbook provides procedures on how to submit written questions, requests, or concerns to ERO and facility staff. The facility's direct supervision model allows detainees to submit their requests to the ICDC housing unit officers. Requests relating to ICDC staff are separated, logged, and forwarded to ICE. If the detainees wish to communicate directly with ICE, they may submit requests via a locked box in each housing unit; the box is only accessible to ERO staff. ERO logs detainee requests electronically, and the log entries include all information required by the standard. ERO staff stated requests are retrieved daily, and responses are provided within 72 hours of receipt. ODO reviewed 384 ICE detainee request forms submitted between January and April 2013. Among those 384 forms, ODO found ICE did not respond to 92 requests within 72 hours (**Deficiency SDC-1**). ODO noticed the majority of requests related to immigration cases and deportation. Both ERO and facility staff informed ODO the completed requests are filed in the detainees' detention files, and copies of confidential requests are maintained in the A-files. ODO reviewed 15 randomly selected files and verified completed detainee requests were included.

ODO observed the presence of the U.S. Department of Homeland Security, Office of Inspector General posters in the housing units and libraries.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(B)(1)(a), the FOD must ensure the staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt.

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the Suicide Prevention and Intervention standard at ICDC to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with the ICE PBNDS. ODO inspected the suicide watch cells, interviewed medical and training staff, and reviewed suicide prevention policies, the training curriculum, and staff training records.

All staff receives initial and ongoing suicide prevention training, which includes the identification of suicide risk factors, recognizing the signs of suicidal thinking and behavior, referral procedures, suicide prevention techniques, and responding to an in-progress suicide attempt. ICDC uses a curriculum that includes a video produced by “Lock-up USA,” as well as a National Institute of Corrections course, both presented by the training manager in collaboration with healthcare staff. Review of all medical and ten detention staff training files confirmed completion of initial and ongoing training.

ODO verified detainees are screened for suicide potential during the intake process. Detainees on close observation suicide watch are housed in two of the observation cells located in the clinic. The cells are suicide resistant and free of protrusions or objects that could assist in a suicide attempt. Each is monitored by closed circuit surveillance.

ICDC reported no documented suicide attempts occurred in the last year. Five detainees have been placed on suicide watch since the 2011 ODO inspection. ODO reviewed the medical records of the four detainees most recently placed on suicide watch. In all four cases, documentation of daily reassessments of the detainees on suicide watch was lacking (**Deficiency SP&I-1**). The HSA indicated mental health staff does not normally work on weekends and holidays. Prior to completion of the inspection, ODO was informed the licensed mental health professional agreed to report to the facility on weekends and holidays to conduct reassessments of detainees on suicide watch to comply with the standard going forward. In three out of the four records reviewed there was no clear documentation of suicide watch discontinuation by qualified mental health staff (**Deficiency SP&I-2**). Instead, the records contained ambiguous references to an order for discharge from suicide watch, with no documentation of the authority. ODO notes, also, the facility’s policy requires nursing staff to document the release of the detainee “by creation of a Medical Profile.” ODO did not find this information in the medical records.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SP&I-1

In accordance with the ICE PBNDS, Suicide Prevention and Intervention, section (V)(D), the FOD must ensure detainees placed on suicide watch are re-evaluated daily by appropriately trained and qualified medical staff and this re-evaluation is documented in the detainee’s medical record.

DEFICIENCY SP&I-2

In accordance with the ICE PBNDS, Suicide Prevention and Intervention, section (V)(D), the FOD must ensure only the mental health professional, clinical medical authority, or designee

may terminate a suicide watch after a current risk assessment is completed. A detainee may not be returned to the general population until this assessment has been completed.

TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (TIADD)

ODO reviewed the Terminal Illness, Advance Directives, and Death standard, to include Do Not Resuscitate orders, and organ donations, at ICDC to determine if the facility's policies and practices are in accordance with the ICE PBNDS. ODO interviewed medical staff, and reviewed policies and procedures.

ODO found local policies include procedures for addressing terminal illness, advance directives, does not resuscitate orders, and detainee deaths in accordance with the PBNDS; however, procedures for making autopsy arrangements are not addressed (**Deficiency TIADD-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TIAAD-1

In accordance with the ICE PBNDS, Terminal Illness, Advance Directives, and Death, section (III)(J), the FOD must ensure each facility shall have written policy and procedures to implement the provisions [for autopsies].