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Inspections and Detention Oversight

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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Los Angeles Field Office
James A. Musick Facility
Irvine, California**

January 8 – 10, 2013

**COMPLIANCE INSPECTION
JAMES A. MUSICK FACILITY
LOS ANGELES 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 James A. Musick Facility (JAMF) in Irvine, California, from January 8 to 10, 2013. The 177,746 square foot facility opened in 1963 to house Orange County inmates. On August 9, 2010, JAMF began accommodating Level I (lowest threat) male and female ICE detainees for periods in excess of 72 hours via an Intergovernmental Service Agreement. Currently, JAMF houses county inmates and ICE detainees, and has a total capacity of 1,250 beds (890 males, 360 females). Of the available beds, 366 are dedicated to ICE detainees (256 males, 110 females). At the time of the inspection, the facility housed 256 male and 63 female ICE detainees.

The Government of Orange County, California, owns JAMF, and the facility is operated by the Orange County Sheriff's Department (OCSD). An on-site OCSD Captain is the Facility Commander and Officer-in-Charge, and is responsible for oversight of daily operations at JAMF. OCSD supervisory staff at JAMF also includes (b)(7)e Lieutenants and (b)(7)e Sergeants. OCSD non-supervisory staff consists of (b)(7) Deputies, (b)(7) Sheriff's Special Officers, (b)(7) Correctional Services Technicians, (b)(7) Correctional Services Assistants, and an Office Specialist who provides administrative support and assistance to the Captain. The Orange County Health Care Agency, a department within the Government of Orange County, provides medical care. The facility holds no accreditations.

The Enforcement and Removal Operations (ERO), Field Office Director (FOD), Los Angeles, California, is responsible for ensuring facility compliance with ICE policies and the Performance-Based National Detention Standards (PBNDS). ERO staff physically located at JAMF consists of (b)(7)e Supervisory Detention and Deportation Officer (SDDO), (b)(7)e Deportation Officers, (b)(7)e Immigration Enforcement Agent, and (b)(7)e Detention Removal Assistant. These (b)(7)e ERO officers report to an Assistant Field Office Director (AFOD) located in the ERO sub-office in Santa Ana, California. The AFOD reports directly to the ERO FOD Los Angeles.

JAMF exclusively houses Level I ICE detainees. JAMF does not have hold rooms or special management units for administrative or disciplinary segregation. Detainees who require segregation are transferred to other OCSD facilities. Upon arrival at JAMF, detainees are immediately sent to their assigned housing units. Detention files for male detainees at JAMF are maintained at the Theo Lacy Facility (TLF) in Orange, California. Detention files for female detainees held at JAMF are maintained at the OCSD Intake and Release Center (IRC) in Santa Ana, California.

Each ICE detainee managed by OCSD begins processing at the IRC with a medical triage. Female detainees complete their entire admissions and intake process at the IRC, which includes medical screening and classification. Male detainees receive a chest X-ray, are photographed, provide thumbprints at the IRC, and are then transported to TLF for a physical examination and classification. Once medically cleared and classified at Level I, males and females are transferred to JAMF.

ODO conducted its first inspection of JAMF in August 2011. ODO reviewed a total of 24 PBNDS; 12 standards were found fully compliant, with 20 deficiencies identified in the remaining 12 standards.

In October 2012, the ERO Detention Standards Compliance Unit contractors, the Nakamoto Group, Inc., conducted an annual review of the ICE PBNDS at JAMF. The facility received an overall rating of "Does Not Meet Standards." One standard was found "Does Not Meet Standard," and two were found "Not Applicable." The remaining 38 standards were found to "Meet Standards." ODO noted the Nakamoto Group cited JAMF for not having a special management unit, which resulted in a rating of "Does Not Meet Standards."

During this CI, ODO reviewed a total of 16 PBNDS. Nine standards were found to be fully compliant, while 14 deficiencies were identified in the remaining seven areas: Environmental Health and Safety (3 deficiencies), Food Service (2), Grievance System (4), Key and Lock Control (1), Law Libraries and Legal Material (1), Medical Care (2), and Use of Force and Restraints (1). During the August 2011 ODO review, a deficiency was cited for numerous key-in-knob locks in detainee-accessible areas. Post inspection, the key-in-knob locks were replaced with key-in-lever locks rather than deadbolts or deadlocks as required by the PBNDS. During this review, ODO observed key-in-lever locks in the medical unit, all of which were in detainee-accessible areas. This is not permissible under the ICE PBNDS (b)(7)e

(b)(7)e

This report details all deficiencies and refers to specific, relevant sections of the ICE PBNDS. OPR will provide ERO a copy of the report to assist in developing corrective actions to resolve the 14 identified deficiencies.

ODO confirmed drinking water and waste water are not tested in accordance with the PBNDS. Annual testing, as required by the PBNDS, certifies drinking water is safe and waste water contains no toxins harmful to the environment upon discharge. The emergency electrical power generators at JAMF are tested on a weekly basis to ensure their readiness to perform in the event of an emergency. The tests include inspection of oil and water levels, and hose and belt integrity; however, the tests are 30 minutes in duration rather than the 60 minutes required by the standard. JAMF management provided ODO with a memorandum from the ERO Detention Management Division waiving the requirement for 60-minute testing due to a limitation of 20 hours per year operation time for testing purposes imposed by the local air quality management district. This is a repeat deficiency from the August 2011 ODO inspection.

Inspection confirmed inventories of cleaning agents maintained and distributed from the central warehouse to the housing units, laundry area, and medical services are accurate in all areas. In addition, ODO confirmed the accuracy of inventories of chemicals supplied by the safety manager for use in the barbershop and housing units. However, during inspection of the operations department, ODO found hazardous substance inventories were inaccurate, and storage areas were disorganized and disorderly. ODO recommends a system of review be instituted to ensure accountability for the accuracy of inventories and the orderly storage of hazardous substances within the operations department.

All work associated with food preparation, service, and kitchen sanitation is performed by OCSD employees. The food service staff consists of a Chief Cook, (b)(7)e Senior Head Cooks, (b)(7)e Senior Institutional Cooks, and (b)(7)e Warehouse Worker. A crew of (b)(7) inmate workers supports the food service operation. No ICE detainees work in food service. ODO verified all staff and inmate workers receive medical clearances and complete training as required by the standard. Staff and inmate workers wear hair restraints, beard guards, and personal protective equipment. A review of the master cycle menu confirmed the menu is reviewed annually by the Chief Cook and certified by a registered dietician. The dietician provides nutritional analysis for both the regular and special diet menus. ODO confirmed the menu includes two hot meals per day. A food substitution log documents proper selection of substitutes approved by the Chief Cook.

The food service department consists of two kitchens (east and west) with attached dining rooms. The breakfast and dinner meals are served in the dining rooms using a “closed line” operation. In closed line systems, food trays are passed through a slot. A solid barrier prevents servers and meal recipients from seeing one another, which prevents inconsistent food portions based on personal relationships, or conveyance of contraband. The noon meal consists of sack lunches delivered to detainees in the housing units. ODO observed meals transported from the kitchen by unsupervised kitchen workers on open, unlocked carts. Delivery of meals under staff supervision and in locked carts protects food safety, and prevents food tampering.

Inspection of storage areas confirmed food was properly and safely stored. ODO verified temperatures in the walk-in freezer and cooler are in accordance with the PBNDS. Food preparation equipment is clean, properly installed, and equipped with machine guards and emergency gas shut-off valves. Knives are secured in metal cabinets in the office of the Chief Cook, and are inventoried and classified as required by the Tool Control PBNDS. Chemicals used to maintain kitchen sanitation are properly stored and secured, and Material Safety Data Sheets are available. Inspection of logs and containers confirmed inventories are maintained, and proper labeling is in place. ODO observed sanitation is maintained at a high level in all areas of the food service operation. Cleaning schedules are posted throughout the area, and ODO observed workers cleaning per the schedules. Documentation confirms daily sanitation inspections are conducted by food service staff. A yearly inspection conducted by the Orange County Health Care Agency on May 23, 2012, found JAMF in compliance with California food service regulations.

JAMF management maintains an electronic grievance log to document and track all formal grievances submitted by detainees. Detainees are encouraged to resolve grievances informally; however, detainees may pursue a formal grievance at any time if desired. Detainees are able to appeal grievance decisions. JAMF staff is trained to handle emergency grievances, ensuring the safety and welfare of detainees. JAMF management encourages its officers to report grievances to supervisory personnel for immediate action, with a special emphasis on emergency grievances.

A review of the grievance logs from January 2012 through December 2012 reflected only three grievances filed. One grievance was about a lost telephone card bought from the commissary. There was also one medical grievance and one staff misconduct allegation. JAMF management addressed the commissary and staff misconduct grievances within five days as required by the PBNDS; however, the medical grievance was not submitted directly to medical personnel

designated to receive and respond to medical grievances at the facility. Delivery of a medical grievance directly to medical personnel ensures continuity of care and privacy protection. Additionally, the medical grievance was addressed more than five days after receipt of the grievance. ODO confirmed JAMF staff does not file medical grievances in individual detainee medical files.

Medical services are provided by Correctional Health Services under a Memorandum of Understanding between the OCSD and the Orange County Healthcare Agency. The clinic is open 24 hours a day, seven days a week, and is administered by the Chief of Operations. Additional personnel in administrative positions include the Director of Nursing, the Nursing Supervisor, and the Mental Health Administrative Manager. A physician holding the title of Medical Director (MD) is the designated clinical medical authority. ODO notes all administrators and the MD are full-time employees responsible for medical operations at JAMF and the other two facilities operated by the OCSD: the IRC and the TLF. The same medical policies apply to each OCSD facility, and many staff members serve on a rotation at all three facilities: JAMF; TLF; IRC. Per the JAMF staffing plan, a physician is on-site one day a week, and a nurse practitioner is on-site three days a week. On-call coverage is shared by a pool of physicians and nurse practitioners. A dentist and dental hygienist are on-site five days a week to provide dental care. Mental health services are provided by a full-time licensed mental health specialist and a licensed social worker, supplemented by a pool of on-call psychiatrists. These positions are augmented by registered nurses, licensed vocational nurses, a medical assistant, and a medical records clerk. ODO finds staffing sufficient to provide basic medical services to detainees housed at JAMF. Professional licenses were present and primary source verified with the issuing State boards for authentication purposes.

JAMF currently holds no medical accreditations, citing cost and resources as the reason. The MD stated to ODO that JAMF management had planned to obtain accreditation from the Institute for Medical Quality, but it was decided budgetary resources would instead be directed toward implementation of an electronic medical record system. ODO observed the clinic has an effective healthcare delivery process. There are three examination/treatment rooms, a one-chair dental suite, a break room, a nurse's station, a mental health office, a clerical office, a medication room, a medical records room, two separate waiting areas (one for males and one for females), and an inmate/detainee restroom. A detention officer's desk is located within the clinic for custody supervision. JAMF does not have an infirmary. In the event a detainee requires medical care beyond the scope available at JAMF, transfer to the TLF for infirmary housing is arranged. For higher level care or specialized needs, Western Medical Anaheim Hospital or the University of California Irvine Hospital is used. Detainees whose mental health needs exceed available services at JAMF are transferred to the IRC for interim care, or to a local hospital for a higher level of psychiatric care.

Medical and mental health intake screening and tuberculosis testing take place at the IRC. Pregnancy testing for female detainees is completed at the IRC. Male detainees are transferred from the IRC to the TLF within 12 hours for a physical examination; it is determined at the TLF whether any medical or mental health needs preclude transfer to JAMF. JAMF accepts only detainees with stable or low-level acuity, and females who are fewer than six months pregnant. Based on intake screening results, female detainees are transferred to JAMF directly from the IRC. Prior to clearance for transfer to JAMF, detainees requiring immediate attention for

medical or mental health issues, or for medications, are referred to a medical provider for immediate follow-up.

ODO reviewed intake documentation in the medical records of 30 detainees transferred to JAMF. All records documented that a registered nurse conducted thorough medical and mental health intake screenings to identify immediate, chronic care, and medication needs. ODO verified each physical examination is conducted in accordance with the PBNDS and the National Commission on Correctional Health Care standards.

Detainees request health care services by completing medical request forms available in English and Spanish, and depositing them in a locked box inside the dining hall. The forms are available in the housing units or from nursing staff. Completed forms are retrieved by medical staff during medication distribution rounds, a minimum of twice daily. Each request is date-stamped and triaged upon receipt. The medical records reviewed by ODO reflected same-day triage, with medical requests addressed and completed in a timely manner based on the nature of the complaint. Sick call is conducted on a daily basis, and is performed in the clinic. JAMF does not charge detainees fees or co-pays for medical treatment.

The MD has instituted an informal internal chart review process; however, there is no external peer review program as required by the PBNDS. Peer reviews identify weaknesses or errors in work performance, and enhance or maintain the quality of services provided. The MD stated a peer review process will be implemented. ODO confirmed medical grievances are not maintained in individual detainee medical records.

Review of the JAMF chronic care program and documentation contained in individual medical records confirmed monitoring and follow-up occurs in accordance with the PBNDS. Use of a "Treatment Plan for Diabetics" form that includes sections for diet, laboratory and medication orders, glucometer checks, and any activity restrictions is cited by ODO as a best practice. The form is printed on yellow paper for easy identification in the record.

ODO verified JAMF has Sexual Abuse and Assault Prevention and Intervention (SAAPI) written policy and procedures in place to prevent sexual abuse and assaults on detainees, to provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and to control, discipline and prosecute the perpetrators of sexual abuse and assault. Detainees are informed of the SAAPI program in the detainee handbook, during orientation via the facility orientation video, and through conspicuous postings in housing units.

ODO confirmed there have been no detainee deaths or attempted suicides at JAMF since the previous ODO inspections. 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. JAMF uses a curriculum developed locally, and presented by training and mental health staff. Review of the training files confirmed staff completed initial and ongoing suicide prevention training covering the above elements required by the PBNDS.

ODO verified detainees are screened for suicide potential during the intake process at the IRC. JAMF staff stated detainees requiring suicide watch are immediately transferred to the TLF, where appropriate housing is available.

A secure lockbox is located in the dining hall and inside housing units for detainees to submit ICE requests. The lockbox is checked on a daily basis and is only accessible to ERO staff. Detainee requests are electronically logged, and responses are provided to detainees within 72 hours of receipt. ERO officers conduct weekly scheduled visits with detainees to address questions or concerns. Visitation schedules are conspicuously posted in each housing unit. ODO verified regular and unannounced supervisory and non-supervisory staff visits are conducted and documented by ERO staff.

Review of the JAMF use of force policy confirmed all requirements of the standard are addressed. The facility has an Emergency Response Team for calculated use of force incidents. JAMF does not use a restraint chair or four-point restraints on ICE detainees. ODO confirmed all intermediate force devices are properly secured, and confirmed there have been no incidents requiring calculated or immediate use of force involving detainees in the 12 months preceding the ODO inspection.

All JAMF officers receive initial and annual training in the use of force policy. Review of the curriculum confirmed it includes all topics required by the PBNDS, including confrontation avoidance and self-defense tactics. Inspection of training records for (b)(7) officers confirmed completion of training and current certifications in intermediate force devices for all but (b)(7)e officers. (b)(7)e certification had expired on August 2, 2012, and (b)(7)e on October 4, 2012. The Training Sergeant at JAMF stated (b)(7)e transferred to JAMF in December 2012 and will be attending annual training as soon as practical.

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 PBNDS apply to JAMF. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at JAMF to determine compliance with current policies and detention standards. Prior to and during 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 JAMF.

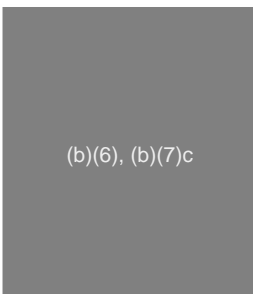
REPORT ORGANIZATION

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 ongoing 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



Special Agent (Team Leader)	ODO, Phoenix
Section Chief	ODO, Phoenix
Special Agent	ODO, Phoenix
Special Agent	ODO, Phoenix
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed OCSD supervisory and non-supervisory staff assigned to JAMF, including a Captain, a Lieutenant, and an Assistant Administrator. ODO also interviewed ERO supervisory staff, including one AFOD and an SDDO. During the interviews, all OCSD personnel and ERO staff stated the working relationship between ICE and OCSD is excellent.

All OCSD personnel stated morale is high. The Captain, the Lieutenant, and the Assistant Administrator all advised that OCSD has adequate personnel assigned to the facility to handle the current ICE detainee population at JAMF. All stated they consistently see ERO officers visiting the housing units multiple times each week and communicating with detainees to address issues or concerns.

The AFOD and SDDO stated morale has greatly improved since the last ODO inspection. The SDDO stated ERO staff has been increased to accommodate the workload, and a Detention Removal Assistant has been assigned for administrative support and operational assistance.

DETAINEE RELATIONS

ODO interviewed 14 randomly-selected male and seven randomly-selected female ICE detainees to assess the overall living and detention conditions at JAMF. All detainees interviewed stated they received a detainee handbook and adequate hygiene supplies upon arrival.

One detainee could not identify a Deportation Officer by name. However, all detainees interviewed stated that an ICE official visits each housing area daily, and all detainees were aware of how to contact a Deportation Officer. ODO confirmed through review of facility visitation logs that ICE personnel frequent the housing units. Six detainees complained it takes medical personnel too long to respond to sick call requests; however, medical records confirmed all sick call requests are triaged within the 48-hour period required by the PBNDS. During interviews, a detainee stated he observed medical personnel responded immediately to a detainee in the housing unit who complained of having an allergic reaction to food.

ODO received no complaints concerning religious services, food service, recreation, visitation, access to telephones, or sending and receiving mail. All detainees stated they were treated with dignity and respect by personnel at JAMF.

ICE PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 PBNDS and found JAMF fully compliant with the following nine standards:

- Correspondence and Other Mail
- Detainee Handbook
- Emergency Plans
- Personal Hygiene
- Recreation
- Sexual Abuse and Assault Prevention and Intervention
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Visitation

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 seven standards:

- Environmental Health and Safety
- Food Service
- Grievance System
- Key and Lock Control
- Law Libraries and Legal Material
- Medical Care
- Use of Force and Restraints

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

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at JAMF to determine if the facility maintains high standards 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 policies and documentation of inspections, hazardous chemical management, generator testing, and fire drills.

Sanitation is maintained at a high level throughout the facility. The medical area, dining rooms, and food service department were observed to be exceptionally clean.

ODO reviewed the fire prevention, control, and evacuation plan at JAMF and determined it addresses all requirements of the PBNDS. The Orange County Fire Authority last inspected JAMF on January 9, 2012, and found no deficiencies. JAMF management stated the 2013 inspection will be scheduled in the near future. ODO confirmed monthly fire drills are conducted on each shift and documentation is on-file. Pest control invoices are current. Barbering is conducted in a designated area, and hair care sanitation regulations are conspicuously posted. Documentation confirms requirements for handling medical waste are met, and inventories and records for disposal of sharp objects are accurate.

Tests of drinking and waste water are not conducted (**Deficiency EH&S-1**). Annual State testing certifies drinking water is safe and waste water contains no toxins harmful to the environment upon discharge.

The emergency electrical power generators at JAMF are tested on a weekly basis to ensure their readiness to perform in the event of an emergency. The tests include inspection of oil and water levels, and hose and belt integrity, but the tests are 30 minutes in duration rather than 60 minutes required by the standard (**Deficiency EH&S-2**). This deficiency was cited during the August 2011 ODO inspection. JAMF management provided ODO with a memorandum from the ERO Detention Management Division waiving the requirement for 60-minute testing due to a limitation of 20 hours per year operation time for testing purposes imposed by the local air quality management district.

ODO reviewed procedures in place for control, storage, and issuance of hazardous materials. A master index and documentation of review is available. Material Safety Data Sheets are included in the index and are maintained in all areas where these substances are used. Inspection confirmed inventories of cleaning agents maintained and distributed from the central warehouse to the housing units, laundry area, and medical services are accurate in all areas. In addition, ODO confirmed the accuracy of inventories of chemicals supplied by the Safety Manager for use in the barbershop and housing units. However, during inspection of the operations department, ODO found hazardous substance inventories were inaccurate (**Deficiency EH&S-3**). In the plumbing area, the inventory for "Sizzle," a lime, rust, and scale remover, documented that five containers were available; ODO found 16. The plumber adjusted the inventory when the inaccuracy was brought to his attention. In the mechanical services work area, the inventory for "Quick Seal," an adhesive caulk, listed 17 containers were on hand when only 11 containers were present. In the Heating/Ventilation/Air Conditioning (HVAC) work area, ODO found a medium-sized tank of compressed nitrogen for which there was no inventory, and there were two

containers of refrigerant present that were listed on an inventory maintained elsewhere within the operations department. During the August 2011 ODO review, a deficiency was cited for the failure of the operations department to maintain an inventory. Though inventories have been implemented, a repeat deficiency is cited in light of the identified inaccuracies. In addition to this deficiency, ODO noted the storage areas in the operations department work areas are disorganized and disorderly. ODO recommends a system of review be instituted to ensure accountability for the accuracy of inventories and the orderly storage of hazardous substances.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE PBNDS, Environmental Health and Safety, section (V)(E), the FOD must ensure, at least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable standards. A copy of the testing and safety certification shall be maintained on-site.

DEFICIENCY EH&S-2

In accordance with the ICE PBNDS, Environmental Health and Safety, section (V)(F), the FOD must ensure, at least every two weeks, emergency power generators shall be tested for one hour, and the oil, water, hoses and belts of these generators shall be inspected for mechanical readiness to perform in an emergency situation.

Power generators are inspected weekly and load tested quarterly at a minimum, or in accordance with manufacturer's recommendations and instruction manual. Among other things, the technicians shall check starting battery voltage and amperage output.

Other emergency equipment and systems shall be tested quarterly, and needed follow-up repairs or replacement shall be accomplished as soon as feasible.

DEFICIENCY EH&S-3

In accordance with the ICE PBNDS, Environmental Health and Safety, section (VI)(C), the FOD must ensure every area shall maintain a current inventory of the hazardous substances (flammable, toxic, or caustic) used and stored there. Inventory records shall be maintained separately for each substance. Entries for each shall be logged on a separate card (or equivalent) filed alphabetically by substance. The entries shall contain relevant data, including purchase dates and quantities, use dates and quantities, and quantities on hand.

FOOD SERVICE (FS)

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

OCSA employees perform all work associated with food preparation, service, and kitchen sanitation. The food service staff consists of the Chief Cook, (b)(7)e Senior Head Cooks, (b)(7)e Senior Institutional Cooks, and (b)(7)e Warehouse Worker. A crew of (b)(7)e inmate workers supports the food service operation. No ICE detainees work in food service. ODO verified all staff and inmate workers received medical clearances and completed training as required by the standard. ODO observed staff and inmate workers wearing hair restraints, beard guards, and personal protective equipment.

The food service department consists of two kitchens (east and west) with attached dining rooms. The breakfast and dinner meals are served in the dining rooms using a “closed line” operation. In closed line systems, food trays are passed through a slot, and a solid barrier prevents servers and meal recipients from seeing one another. This is done to prevent servers from dispensing inconsistent food portions based on personal relationships, and the conveyance of contraband. The noon meal consists of sack lunches delivered to detainees in the housing units. ODO observed the meals were transported from the kitchen by unsupervised kitchen workers (**Deficiency FS-1**) in open, unlocked carts (**Deficiency FS-2**). Delivery of meals under staff supervision and in locked carts protects food safety and prevents food tampering.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE PBNDS, Food Service, section (V)(D)(1), the FOD must ensure meals shall always be prepared, delivered, and served under staff (or contractor) supervision.

DEFICIENCY FS-2

In accordance with the ICE PBNDS, Food Service, section (V)(D)(2)(g), the FOD must ensure, in any facility, if food carts are delivered to housing units by detainees, they must be locked unless they are under constant supervision of staff.

GRIEVANCE SYSTEM (GS)

ODO reviewed the Grievance System standard at JAMF 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, in accordance with the ICE PBNDS. ODO reviewed the grievance system logs and grievances filed by ICE detainees, and conducted interviews with the JAMF Grievance Coordinator and the ICE Grievance Coordinator.

Detainees are encouraged to resolve grievances informally; however, detainees may pursue a formal grievance at any time. Detainees are able to appeal grievance decisions. JAMF staff is trained to handle emergency grievances, which ensures the safety and welfare of detainees. JAMF management encourages its officers to report grievances to supervisory personnel for immediate action, with a special emphasis on emergency grievances.

A review of grievance logs from January 2012 through December 2012 reflects three grievances were filed. Only formal and medical grievances are recorded in a log and are reviewed by the Grievance Officer (**Deficiency GS-1**). Although staff is not required to provide a detainee a written response to a verbal or informal grievance, the PBNDS require staff to document the results in individual detention files and any logs or data systems the facility has established to track such actions.

All three grievances filed were formal grievances. There was a grievance for a lost telephone card bought from the commissary, a medical grievance, and a grievance alleging staff misconduct. The Commissary replaced the telephone card, and JAMF management investigated the staff misconduct allegation within five days as required by the PBNDS. However, the medical grievance was not submitted directly to medical personnel designated to receive and respond to medical grievances at the facility (**Deficiency GS-2**). Delivering a medical grievance directly to medical personnel ensures continuity of care and privacy protection. Additionally, it took more than five days to address the medical grievance (**Deficiency GS-3**). ODO confirmed medical grievances are not placed in individual detainee medical files (**Deficiency GS-4**). This is a repeat deficiency from the August 2011 ODO inspection. Placement of documented dispositions in detainee medical files ensures medical staff is aware of all pertinent actions when reviewing individual medical records.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY GS-1

In accordance with the ICE PBNDS, Grievance System, section (V)(C)(1), the FOD must ensure, if an oral grievance is resolved, the employee need not provide the detainee written confirmation of the outcome but shall document the result for the record in the detainee's Detention File and in any logs or data systems the facility has established to track such actions.

DEFICIENCY GS-2

In accordance with the ICE PBNDS, Grievance System, section (V)(C)(3), the FOD must ensure formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility.

DEFICIENCY GS-3

In accordance with the ICE PBNDS, Grievance System, section (V)(C)(3)(2)(c), the FOD must ensure designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale.

DEFICIENCY GS-4

In accordance with the ICE PBNDS, Grievance System, section (V)(E), the FOD must ensure medical grievances are maintained in the detainee's medical file.

KEY AND LOCK CONTROL (K&LC)

ODO reviewed the Key and Lock Control standard at JAMF to determine if facility safety and security is maintained by requiring keys and locks to be controlled and maintained, in accordance with the ICE PBNDS. ODO interviewed staff; inspected keys and key cabinets; reviewed policy and documentation; observed use, accountability, and maintenance of keys and locks throughout the facility; and inspected gun lockers.

JAMF has a comprehensive written policy governing key and lock control. Responsibility for the key control program is assigned to a designated full-time Key Control Deputy. There is no lock shop at the facility. The lock shop and (b)(7)e individuals designated to serve as locksmiths at JAMF are located at the Orange County Sheriff-Coroner Department Research and Development Center. ODO verified both designated individuals are trained locksmiths. The Key Control Deputy maintains inventories of all keys and locks, and conducts preventive maintenance inspections in accordance with policy and procedure. At a minimum, all keys and locks are inspected twice per year and documented. The Key Control Deputy issues written work orders to the locksmiths for performance of preventive maintenance and repair of malfunctioning locks and keys.

All JAMF personnel are trained and accountable for key control. Keys are issued to staff using a photo chit system. Gun lockers are located (b)(7)e

(b)(7)e

During the August 2011 ODO review, a deficiency was cited for numerous key-in-knob locks in detainee-accessible areas. The key-in-knob locks were replaced with key-in-lever locks rather than deadbolts or deadlocks as required by the PBNDS. During this review, ODO observed key-in-lever locks in the medical unit, four on the east wing, and one on the west wing; all of which are detainee-accessible areas (**Deficiency K&LC-1**). The lock replacements did not meet the specifications of the standard, and the only difference between key-in-knob and key-in-lever locks is the housing; therefore, this constitutes a repeat deficiency. (b)(7)e

(b)(7)e

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY K&LC-1

In accordance with the ICE PBNDS, Key and Lock Control, section (V)(C)(4), the FOD must ensure either deadbolts or deadlocks are used in detainee-accessible areas. Locks not authorized for use in detainee-accessible areas include, but are not limited to: snap-, key-in-knob, thumb-turn, push-button, rim-latch, barrel or slide bolt, and removable-core-type locks (including padlocks). Any such locks in current use shall be phased out and replaced with mortise lock sets and standard cylinders.

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the Law Libraries and Legal Material standard at JAMF to determine if detainees have access to a law library, legal materials, courts, counsel, and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE PBNDS. ODO interviewed detainees and staff, reviewed local policies and the facility handbook, and toured the law library at JAMF.

ODO confirmed a Law Library Coordinator conducts updates on the computer systems and performs weekly systems checks. Weekly inspections of library computers ensure updates are timely and systems are operating properly. This prevents periods of inaccessibility.

The law library is required to maintain specific materials listed in the standard unless those materials are no longer published. ODO reviewed the legal reference materials at the law library, to include computers containing Lexis-Nexis. ODO confirmed the library does not maintain, either in hard-copy format or electronically, seven of the 30 publications required under the standard (**Deficiency LL&LM-1**). ERO is required to provide these additional materials. ERO management did not provide ODO a timeline for the purchase and delivery of the missing publications.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY LL&LM-1

In accordance with the ICE PBNDS, Law Libraries and Legal Material, section (V)(E)(2)(b)(2), the FOD must ensure, as an alternative to obtaining and maintaining the paper-based publications in Attachment A, a facility may substitute the Lexis/Nexis publications on CDROM. Any materials listed in Attachment A which are not loaded onto the Lexis/Nexis CDROM must be maintained in paper form.

Immigration Law and Crimes; Guide for Immigration Advocates; Human Rights Watch – World Report; UNHCR Handbook on Procedures and Criteria for Determining Refugee Status; Affirmative Asylum Procedures Manual; AILA’s Asylum Primer, 4th edition; Federal Civil Judicial Procedure and Rules; United States Code, Title 28, Rules, Appellate Procedure Pamphlets I + II; Federal Criminal Code and Rules; Criminal Procedure (Hornbook) By LaFave, Israel and King; Legal Research in a Nutshell, 9th edition by Cohen and Olson; Black’s Law Dictionary, latest standard edition, in 2007, 8th edition; Mexican Legal Dictionary and Desk Reference by Jorge Vargas; Directory of Nonprofit Agencies that Assist Persons in Immigration Matters; Other Translation Dictionaries Depending on the Most Common Languages; Detainee Handbook and Detainee Orientation Materials; Self-help Materials. Materials provided by outside organizations after clearance by District Counsel; Telephone Books (Yellow pages) for local areas and nearby metropolitan areas where counsel may be located.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at JAMF 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, and interviewed the Chief of Operations, Director of Nursing, Nurse Supervisor, Mental Health Administrative Manager, and MD. ODO examined 30 medical records of detainees in the following categories: chronic care, healthy, mental health patients, and sick calls scheduled on January 3, 2013. All records were reviewed for compliance with requirements of the PBNDS, including sick call timeliness and transfer documentation. Any records older than a year were checked for annual tuberculosis testing and physical examinations.

The MD has instituted an informal internal chart review process; however, there is no external peer review program as required by the PBNDS (**Deficiency MC-1**). Peer reviews identify weaknesses or errors in work performance, and enhance or maintain the quality of services provided. The MD informed ODO that a peer review process will be implemented.

Medical grievances are not maintained in detainee medical records (**Deficiency MC-2**). JAMF administrative personnel stated placement of medical grievances in medical records is prohibited by JAMF internal policy, consistent with Board of State and Community Corrections, Correctional Standards Authority guidelines stipulating that all grievances are to be maintained by the Sheriff's Department. This is a repeat deficiency. Failure to follow the standard impedes tracking and retrieving detainee medical grievances.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE PBNDS, Medical Care, section (V)(X)(3), the FOD must ensure the administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years.

DEFICIENCY MC-2

In accordance with the ICE PBNDS, Medical Care, section (V)(Z), See Grievance System Detention Standard. In accordance with ICE PBNDS, Grievance System, section (V)(E), the FOD must ensure medical grievances are maintained in the detainee's medical file.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the Use of Force and Restraints standard at JAMF to determine if necessary use of force and the use of restraints are used 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, in accordance with the ICE PBNDS. ODO toured the facility, interviewed staff, inspected equipment, and reviewed the local policies and training records.

Review of the JAMF use of force policy confirmed all requirements of the standard are addressed. The facility has an Emergency Response Team for calculated use of force incidents. JAMF staff does not use a restraint chair or four-point restraints on ICE detainees. The facility inventory of intermediate force devices includes Tasers, oleoresin capsicum (OC) spray, and the pepper ball gun system of OC delivery. ODO confirmed all intermediate force devices are properly secured. The JAMF Security Sergeant stated, in the 12 months preceding the ODO inspection, there were no incidents involving calculated or immediate use of force, or the use of intermediate force devices on ICE detainees. A review by ODO of facility and ERO documentation confirmed this information.

All JAMF officers receive initial and annual training in the use of force policy. Review of the curriculum confirmed it includes all topics required by the PBNDS, including confrontation avoidance and self-defense tactics. In addition, all officers complete training in the use of intermediate force devices. Inspection of training records by ODO for (b)(7)(e) officers confirmed completion of training and current certifications in intermediate force devices for all but (b)(7)(e) officers. (b)(7)(e) certification expired on August 2, 2012, (b)(7)(e) on October 4, 2012 (**Deficiency UOF&R-1**). The Training Sergeant stated the officers requiring a training update transferred to JAMF in December 2012, and both officers will be attending annual training as soon as practical. In the interest of safety, ODO recommends the officers complete recertification training as soon as possible.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF&R-1

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(D)(2), the FOD must ensure any officer who is authorized to use specialized intermediate force devices shall be specifically trained and certified to use that device. Training in the use of chemical agents also shall include treatment of individuals exposed to them.

Training shall also cover use of force in special circumstances (detailed below).

All employees who participate in a calculated use-of-force move shall have received prior training.

The employee will receive training on an annual basis, and documentation of that training will be maintained in the employee's training record for as long as he or she is employed by the facility. The employee must also maintain certification.