



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

---

**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
New Orleans Field Office  
DeKalb County Detention Center  
Fort Payne, Alabama**

**July 15–17, 2014**

**COMPLIANCE INSPECTION  
DEKALB COUNTY DETENTION CENTER  
NEW ORLEANS FIELD OFFICE**

**TABLE OF CONTENTS**

**INSPECTION PROCESS**

Report Organization.....1  
Inspection Team Members.....2

**EXECUTIVE SUMMARY .....3**

**OPERATIONAL ENVIRONMENT**

Detainee Relations .....6

**ICE 2000 NATIONAL DETENTION STANDARDS**

Detention Standards Reviewed.....7  
Admission and Release.....8  
Environmental Health and Safety.....9  
Food Service.....11  
Funds and Personal Property.....12  
Medical Care.....13  
Staff-Detainee Communication.....15

# INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

## REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replaced the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

## INSPECTION TEAM MEMBERS



Special Agent (Team Lead)  
Inspections and Compliance Specialist  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections

## EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the DeKalb County Detention Center (DCDC) in Fort Payne, Alabama, from July 15 to 17, 2014. DCDC, which opened in 2006, is owned and operated by Dekalb County Commission. ERO began housing detainees at DCDC in 2007 under an intergovernmental service agreement. Male and female detainees of all security classification levels (Levels I through III) are detained at the facility for periods in excess of 72 hours. The inspection evaluated DCDC's compliance with the 2000 NDS.

The ICE ERO Field Office Director (FOD) in New Orleans, Louisiana, is responsible for ensuring facility compliance with the 2000 NDS and ICE policies. An Assistant Field Office Director (AFOD) in Birmingham, Alabama, has oversight responsibility at DCDC. There is no Detention Service Manager or ERO staff stationed on site.

Capacity and Population Statistics	Quantity
Total Bed Capacity	325
ICE Detainee Bed Capacity	88
Average Daily Population	274
Average ICE Detainee Population	69
Average Length of Stay (Days)	3
Male Detainee Population (as of 7/16/14)	22
Female Detainee Population (as of 7/16/14)	44

The Dekalb County Sheriff and Chief Jail Administrator oversee daily facility operations and are supported by (b)(7)(F) personnel. The Dekalb County Sheriff's Office provides food and medical services. The facility holds no accreditations.

In December 2011, ODO conducted a compliance inspection of DCDC under the 2000 NDS. ODO reviewed nine standards and found DCDC compliant with four standards. A total of eight deficiencies were found in the remaining five standards.

During this inspection, ODO reviewed 15 standards and found DCDC compliant with nine. ODO found a total of 12 deficiencies in the remaining six standards: Admission and Release (2 deficiencies), Environmental Health and Safety (4), Food Service (1), Funds and Personal Property (1), Medical Care (2), and Staff-Detainee Communication (2). ODO made one recommendation in this report regarding DCDC's admission and release practices.<sup>1</sup>

This report details all deficiencies and refers to the specific, relevant sections of the 2000 NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed preliminary deficiencies with DCDC and ICE staff during the inspection and at a closeout briefing conducted on July 17, 2014.

Newly arrived detainees at DCDC are searched, screened and provided clothing, bedding and hygiene items. DCDC policy prohibits strip searches without probable cause and requires notification to ICE. Detainees are not provided an orientation video. ERO provides DCDC with

<sup>1</sup> The recommendation is annotated in the report as "R."

information for classification purposes. Form I-387, Report of Detainee's Missing Property, is not completed by DCDC staff as required by the NDS.

The facility handbook, last revised January 13, 2014, describes the facility rules, regulations, services and programs available to detainees. ERO provides detainees the ICE National Detainee Handbook in both English and Spanish. DCDC staff does not provide each detainee a hard copy of the local handbook; instead, detainees access the handbook via a kiosk in the housing units. Newly arriving detainees receive a tutorial on how to use the kiosk.

DCDC stores personal property in a secured area and documents the items on a property form. Facility staff conducts internal audits of property and inventory valuables on a quarterly basis, however, there is no written procedure governing the audits. DCDC staff initiated corrective action for this deficiency during the inspection. Prior to completion of the inspection, the Jail Administrator produced a revised policy to correct this deficiency.

Detainees have access to legal material via two computers with LexisNexis.

The grievance system at DCDC allows detainees to file informal, formal and emergency grievances. Grievance forms may be submitted electronically via a kiosk located in each housing unit. All grievance submissions and responses are maintained in the kiosk. Two grievances were filed in the 12 months preceding the inspection; none alleged staff misconduct.

Facility sanitation was good at the time of the inspection. ODO found two hazardous substances not listed on the inventory. A master index for hazardous substances was available and included Material Safety Data Sheets (MSDS); however, the index lacked documentation of a semi-annual review or a listing of emergency phone numbers. In addition, there was no documentation showing the fire department receives a copy of the index. Emergency keys are not drawn during fire drills. Also, sharps inventories are not conducted as required by the standard.

DCDC conducts monthly fire drills in each area of the facility, but emergency keys are not drawn and tested during fire drills. Exit/evacuation diagrams in both English and Spanish are present in the housing units and throughout the facility. Sharp instruments in the medical department are deducted from the inventory when used; however, a weekly inventory of the sharps is not conducted. Containers for disposing of sharps are located within the medical area, and a contract with a bio-hazardous waste company to remove the waste is current.

DCDC has a satellite meal system. During weekends, no cook supervisor or equivalent is responsible for ensuring all items on the master-cycle menu are prepared and presented according to approved recipes.

DCDC medical staff conducts initial medical and mental health screening of detainees upon their arrival. All detainees sign a consent form at intake providing staff approval for routine health services. The facility uses a telephonic interpretation service with detainees when required. The initial health appraisal includes a hands-on physical examination conducted by the registered nurse (RN). Physical examinations and dental screenings are not completed within the timeframes specified in the NDS. Detainees seek health care by submitting a request through an automated kiosk located in each housing unit.

Although DCDC was not required to comply with the 2011 PBNDS Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard at the time of the inspection, ODO noted any efforts by the facility to comply with the standard's requirements. The facility intends to establish a comprehensive SAAPI program. According to DCDC staff no incidents of sexual abuse or assault were reported in the 12 months preceding the inspection. Facility staff presented ODO with a newly drafted policy stating they have a zero tolerance policy "for all incidents of sexual assault and or abuse on detainees by other detainees, staff, volunteers or contract personnel." The policy states that the Chief Jail Administrator shall act as the SAAPI coordinator. The policy addresses the reporting of incidents, victim protection, medical care in response to an incident, and staff training.

ERO staff makes weekly scheduled and unscheduled visits to DCDC. ODO reviewed detention files and discovered that the facility staff does not keep copies of completed detainee request forms in the detainees' detention files. The facility handbook lists written procedures specifying how detainees can route requests to ICE. However, the handbook does not specify that detainees have the availability of assistance in preparing a request form should they need it.<sup>2</sup> Detainees submitted seven requests in the 12 months preceding the inspection.

DCDC screens detainees for suicide risk during intake and again during the initial health appraisal. The booking area has an observation room used for suicide watch. ODO found the observation room free of objects that could facilitate a suicide attempt.

The Special Management Units at DCDC were well lit, in acceptable sanitary condition, adequately ventilated and temperature controlled. ODO's review of the policy confirmed detainees on segregation receive all services required by the standard and are recorded in a log. None of the detainees at DCDC were housed in segregation during the inspection.

ODO verified detainees have reasonable and equitable access to telephones at DCDC. The telephone-detainee ratio at the time of the inspection was one to 15. Detainees have access to telephones from 7 a.m. to 10 p.m. daily. ODO tested telephones in each of the housing units and confirmed proper operation.

DCDC has a Crisis Emergency Response Team (CERT) for calculated use-of-force incidents. CERT team members receive training in confrontation avoidance and use-of-force team technique, to include the use of oleoresin capsicum (OC) spray. Policy requires video recording of calculated use-of-force incidents. Documentation confirmed equipment is routinely tested and maintained to assure operability. According to DCDC staff, in the 12 months preceding the inspection, there was one immediate use-of-force incident involving a detainee. The incident was handled in accordance with the NDS.

---

<sup>2</sup> This is a repeat deficiency from ODO's December 2011 inspection.

# OPERATIONAL ENVIRONMENT

## DETAINEE RELATIONS

ODO interviewed 25 randomly-selected ICE detainees (17 females and eight males) to assess the conditions of confinement at DCDC. Interview participation was voluntary and none of the detainees made allegations of abuse, discrimination, nor mistreatment.

All detainees expressed satisfaction with the medical care and food service provided. All detainees stated they have access to the grievance system, recreation, religious services, and visitation by family members. ODO received specific complaints about the Detainee Handbook, Law Library, Medical Care and Commissary.

**Detainee Handbook:** Six of the 25 detainees stated that they did not receive the ICE National Detainee Handbook and 20 did not receive the facility's local handbook; however, the local handbook is available in hard copy form in both English and Spanish in each of the housing units, as well on the kiosks in each housing unit.

**Law Library:** Ten of the 25 detainees stated they did not know the law library was available or how to access it. ODO did not identify any issues with the law library or the process for requesting access during the inspection.

**Medical Care:** Two detainees complained of not receiving adequate medical attention. One complained of an ear infection and the other of stomach pains. ODO reviewed each detainee's medical file and found they were seen and treated by a medical provider. ODO observed the detainee alleging stomach pain was visibly in discomfort, and requested facility management to have the detainee evaluated. The detainee was seen by the clinic and was prescribed medication to reduce the pain.

**Commissary:** During ODO's tour of the housing units, detainees complained of not receiving all the food items purchased through the kiosk. ODO discovered that the food items are delivered from a local contracted company and DCDC does not have any policy regulating the service. During the course of the inspection, DCDC created a new policy addressing commissary services and food items not provided in a timely manner. The policy provides an adjustment to the detainees account in the event of any missing food items.

## **ICE 2000 NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 15 2000 NDS and found DCDC fully compliant with the following nine standards:

1. Access to Legal Material
2. Detainee Classification System
3. Detainee Grievance Procedures
4. Detainee Handbook
5. Special Management Unit – Administrative Segregation
6. Special Management Unit – Disciplinary Segregation
7. Telephone Access
8. Suicide Prevention and Intervention
9. Use of Force

As the standards above were compliant at the time of the inspection, a synopsis for these standards is not included in this report.

ODO found 12 deficiencies in the following six standards.

1. Admission and Release
2. Environmental Health and Safety
3. Food Service
4. Funds and Personal Property
5. Medical Care
6. Staff-Detainee Communication

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

## **ADMISSION AND RELEASE (AR)**

ODO reviewed the Admission and Release standard at DCDC to determine if procedures are in place to protect the health, safety, security and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO reviewed policies, procedures and the detainee handbook, inspected detention files, interviewed staff and detainees, and observed the intake process and viewed the orientation video.

DCDC has ten separate policies addressing admission and release processing. ODO observed newly arrived detainees were pat searched and screened by intake officers under the supervision of a sergeant. Policy prohibits strip searches without probable cause and requires that ICE be notified in the event a strip search is conducted. Personal property and funds were inventoried, and the detainees were provided with jail issued items, including clothing, bedding, towels, and personal hygiene items. Fingerprints and photographs were taken. ODO's review of 15 detainee files confirmed required documentation was present.

Per facility policy, new detainees are to be shown an orientation video providing information on DCDC operations. Upon ODO's request to review the video, DCDC staff stated it was lost. They were unable to recall how long the video has been unavailable. On the final day of the compliance inspection, ODO was informed the new orientation video was ready. ODO viewed the video as it was shown to new detainees. English and Spanish versions of the video were available. DCDC staff said detainees who arrived the day before did not see the video, and as previously noted, it is unknown if detainees admitted earlier were provided any video orientation (**Deficiency AR-1**). ODO recommends the new video be shown to all current detainees (**R-1**).

During interviews concerning allegations of missing property, both DCDC and ERO staff stated as claims are reported to ERO by e-mail. However, Form I-387, Report of Detainee's Missing Property, is not completed as required by the NDS (**Deficiency AR-2**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY AR-1**

In accordance with the ICE 2000 NDS, Admission and Release section (III)(A)(1), the FOD must ensure, "The orientation process supported by a video (ERO) and handbook shall inform new arrivals about facility operations, programs, and services."

### **DEFICIENCY AR-2**

In accordance with the ICE 2000 NDS, Admission and Release section (III)(I), the FOD must ensure, "The officer shall complete a Form I-387, "Report of Detainee's Missing Property" when any newly arrived detainee claims his/her property has been lost or left behind."

## **ENVIRONMENTAL HEALTH AND SAFETY (EH&S)**

ODO reviewed the Environmental Health and Safety standard at DCDC 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 ICE NDS. ODO toured the facility, interviewed staff, and reviewed procedures and documentation of inspections, hazardous chemical management, and fire drills.

ODO observed the sanitation of the facility was very good. During inspection of the laundry, ODO found two hazardous substances, which were not listed on the inventory. Ten gallons of a degreasing agent labeled as corrosive was stored in the secure storage room, and 24 cans of Lysol spray cleaner were found on a shelf (**Deficiency EH&S-1**). Neither was on the inventory of hazardous substances for the area. The facility initiated corrective action during the inspection.

A master index for hazardous substances was available and included Material Safety Data Sheets (MSDS). However, the index did not include documentation of semi-annual review or a listing of emergency phone numbers. In addition, a copy of the index had not been forwarded to the fire department (**Deficiency EH&S-2**). ODO verified MSDS are located in each location where chemicals are used. The facility initiated corrective action during the inspection.

The fire safety officer provided documentation of weekly fire and safety inspections, as well as the required monthly inspections. Fire drills are conducted monthly in each area of the facility; however, emergency keys are not drawn and tested during fire drills (**Deficiency EH&S-3**). Exit/evacuation diagrams, in both English and Spanish, are present in the housing units and throughout the facility.

Sharp instruments in the medical department are deducted from the inventory when used; however, a weekly inventory is not conducted (**Deficiency EH&S-4**). Containers for disposing of sharps are located within the medical area, and a contract with a bio-hazard waste company to remove bio-hazardous waste is current.

DCDC is inspected annually by the Alabama State Fire Marshal. The most-recent inspection occurred March 10, 2014. The facility was determined to be in full compliance with fire code. The Alabama Department of Health inspected the facility in January 2014. Deficiencies were identified in the state inspection for graffiti in some of the cells, and because lime was forming on some of the plumbing. ODO did not observe any lime or any graffiti during the inspection.

## **STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS**

### **DEFICIENCY EH&S-1**

In accordance with ICE 2000 NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure, "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent)."

**DEFICIENCY EH&S-2**

In accordance with ICE 2000 NDS, Environmental Health and Safety, section (III)(C), the FOD must ensure, “The Maintenance Supervisor or designee will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of semi-annual reviews will be maintained in the MSDS master file. The master index will also include a comprehensive, up to date listing of emergency phone numbers (fire department, poison control center, etc.).

**DEFICIENCY EH&S-3**

In accordance with ICE 2000 NDS, Environmental Health and Safety, section (III)(L)(4)(c), the FOD must ensure, “Emergency-Key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.”

**DEFICIENCY EH&S-4**

In accordance with ICE 2000 NDS, Environmental Health and Safety, section (III)(Q)(1), the FOD must ensure, “An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.”

## **FOOD SERVICE (FS)**

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

A DCDC lieutenant serves in the role of food service manager. (b)(7)e county inmates are assigned to work in food service. All inmate workers and the food service manager received medical clearance. Kitchen workers are visually inspected by the food service manager for any obvious health or hygiene concerns.

According to the food service manager, the shift supervisor assigns an officer to supervise the inmate workers' preparation of meals on weekends. During the weekends, no cook supervisor or equivalent is responsible for ensuring all items on the master-cycle menu are prepared and presented according to approved recipes (**Deficiency FS-1**).

The kitchen, food storage and preparation areas, cooler, and freezer were clean and well organized during the inspection. Required clearances were met in the storage area. ODO reviewed documentation of required inspections and verified temperature logs were maintained. The food service operation was last inspected by the Alabama Department of Public Health on January 16, 2014. Three identified, non-critical items were corrected during the inspection, none which constituted violations of the NDS. No re-inspection was required.

DCDC has a satellite meal system. ODO observed the food service manager using a digital thermometer to check food temperatures as trays were being prepared for delivery to housing units. The menu is on a 28-day cycle and certified annually by a registered dietician. The nutritional analysis is based on a 2,400 calorie daily intake. Medical and religious diets are provided as approved. During the inspection, five detainees were receiving medical diets, and none were on religious diets.

## **STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS**

### **DEFICIENCY FS-1**

In accordance with ICE 2000 NDS, Food Service, section (III)(D)(Food Preparation)(1), the FOD must ensure, "The CS or equivalent is responsible for ensuring that all items on the master-cycle menu are prepared and presented according to approved recipes. This includes assessing the availability and condition of ingredients required by particular recipes, and communicating supply needs to the FSA. Therefore, the CS shall review upcoming menu items as much in advance as possible."

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO reviewed the Funds and Personal Property standard at DCDC to determine if controls are in place to inventory, document, store, and safeguard detainees' personal property, in accordance with the ICE NDS. ODO toured the facility; reviewed local policies, the detainee handbook, and detention files; interviewed staff; and inspected areas where detainee property and valuables are stored.

ODO observed the inventory of detainee property. Detainee property was placed in clearly-marked mesh bags with the detainee's name and A-number. The bags were stored in the secured property room in numerical order. (b)(7)e DCDC staff counted cash in the presence of each detainee and then returned it to the detainee for immediate placement in a kiosk. Foreign currency and valuables are placed in sealed plastic bags and stored in the secure area of the records room. Receipts are provided to each detainee for all property, valuables and currency. Receipts are also included in property bags and detention files.

The facility handbook issued to detainees upon arrival notifies detainees of policy and procedures governing handling of funds and personal property.

The DCDC financial clerk informed ODO the facility's practices are audited by the County of DeKalb annually and by the State of Alabama every two years. Internal audits of property and valuables are conducted on a quarterly basis, though there is no written procedure governing the audits (**Deficiency F&PP-1**). The facility initiated corrective action during the inspection by producing a revised policy to correct this deficiency.

The facility's policy addresses return of funds and property upon release or transfer. ODO reviewed ten files from released detainees and confirmed the existence of signed receipts for property and funds.

## **STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS**

### **DEFICIENCY F&PP-1**

In accordance with ICE 2000 NDS, Funds and Personal Property, section (III)(F), the FOD must ensure, "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property."

## MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at the DCDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO toured the medical department, interviewed staff and detainees, and reviewed health care policies, 40 active detainee medical records, provider credentials, and medical and correctional staff training records.

DCDC holds no accreditations. The health care department is staffed by employees of the DeKalb County Sheriff's Office, including a registered nurse who serves as the Health Services Administrator (HSA), (b)(7)e paramedic emergency medical technicians (EMT), and (b)(7)e administrative assistant. The clinical medical authority is a contract physician and is on site once weekly for two to four hours, and on call 24 hours a day, seven days a week. He has remote access to the electronic medical record system.

Health care coverage is provided 24 hours a day, Monday through Friday, by the RN who is present during the day and the EMTs who are present during the evenings and overnight. On weekends, the RN and EMTs rotate responsibility for reporting to the facility to prepare medications and address any issues requiring the attention of a medical professional. On-site mental health services are provided one day weekly by a licensed clinical social worker (LCSW) under DCDC's contract with a community clinic. The LCSW also provides on-call coverage 24 hours a day, seven days a week. Dental services are provided in the community by a local dentist.

ODO's review confirmed credentials of the three medical staff and the contract physician including licensure, insurance, and other certifications, were current and verified at the primary source. There was no documentation of restrictions on the licenses. Documentation of current cardiopulmonary resuscitation and first aid was present in the files of all medical staff and training records for (b)(7)e randomly selected officers.

The medical clinic consists of one general examination room, a secure waiting area, storage rooms, and two rooms equipped with negative airflow for respiratory isolation. ODO's inspection confirmed the examination room affords privacy for patient encounters, and detainees have access to a restroom and drinking water while in the waiting area. The facility uses the ICE telephone interpretation service for language assistance, when required.

ODO's review of 40 detainee medical records confirmed initial medical and mental health screening was conducted upon the detainees' arrival at DCDC. The screening form is comprehensive and was fully completed in all 40 records, and review of (b)(7)e randomly selected officer training records confirmed all had current training in conducting medical screening. Documentation of review of intake screening forms by the RN was present in all records. Detainees are screened for signs and symptoms of tuberculosis as part of the intake screening, and receive a chest X-ray completed by a mobile radiology service, with results reported within one to four hours as confirmed by the medical record review. ODO observed both intake screening and completion of chest X-rays during the inspection.

The dental screening and appraisal is conducted as part of the health assessment which is completed by the RN prior to the intake physical examination. All detainees sign a consent form at intake providing staff approval for routine health services. Detainees seek health care by submission of a request through an automated kiosk system located in each housing unit.

The initial health appraisal includes a hands-on physical examination conducted by the RN. The RN had documented training and certification by the physician in conducting physical examinations, and documentation of physician review was present in all 40 records inspected. However, the physical examinations were not completed within 14 days as required by the NDS. In all 40 cases, the examinations were completed 25 days after the detainees arrived (**Deficiency MC-1**). Dental screenings by the RN were completed at the same time, also 25 days after the detainees arrived (**Deficiency MC-2**). The RN indicated DCDC typically holds detainees only for one to three days; therefore, compliance with NDS requirements for physical examinations and dental screenings is not generally an issue. The deficiencies are due to the arrival of a large group of detainees on June 5, 2014, for an extended stay.

There are (b)(7) trained officers who are responsible for distributing medications. ODO verified certificates in medication administration were present in the training records of all (b)(7) officers. ODO accompanied an officer on medication rounds and he adequately responded to questions regarding distributing medication. Medications are stored in a secure cabinet in the clinic area, accessible only by medical staff.

Detainees access health care services by way of an electronic kiosk system programmed in several languages. ODO confirmed sick call requests are triaged upon receipt, and detainees are seen for sick call within 24 to 48 hours. Sick call is conducted by the RN five days a week, and physician-approved protocols are followed. Several sick call encounters were observed by ODO during the inspection. Records show three detainees were sent for outside medical or dental consults in 2013, pursuant to physician order.

DCDC's medical emergency plan provides guidance to corrections staff for addressing medical issues during the absence of health care personnel. This plan includes instructions for contacting on call medical staff, and requires completion of a written report of any patient encounter. Medical staff reviews the written report and files it in the detainee's medical record.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY MC-1**

In accordance with ICE 2000 NDS, Medical Care, section (III)(D), the FOD must ensure, "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within fourteen days of arrival at the facility."

### **DEFICIENCY MC-2**

In accordance with ICE 2000 NDS, Medical Care, section (III)(E), the FOD must ensure, "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner."

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed the Staff-Detainee Communication standard at the DCDC 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 NDS. ODO interviewed staff and detainees, visually inspected housing units, and reviewed records.

ERO staff conducts weekly scheduled and unscheduled visits at DCDC. During visits ERO staff checks on the overall condition of the facility and respond to detainee requests. While onsite, ERO staff creates a written schedule for visits and posts it throughout the housing units. ERO staff visits are documented in an ICE logbook that is maintained by the facility. ODO reviewed Facility Liaison Checklists and telephone serviceability worksheets to verify weekly checks are completed.

Detainees may submit written requests to ICE. The written requests are placed in a designated box and ERO staff retrieves the request forms at least twice weekly. ERO staff maintains an electronic log to document detainee requests. The electronic log captures the date of receipt; the detainee's name and nationality; A-number; name of the staff member who logged the request; the date the request was returned to the detainee; and other pertinent information. ODO reviewed the logs and found that ERO staff responded to requests within 72 hours. Seven requests were submitted in the 12 months preceding the inspection; none appeared to involve staff misconduct. ODO found copies of completed requests are not maintained in detention files (**Deficiency SDC-1**).

The facility handbook includes written procedures on how to route requests to ICE; however, detainees are not informed in any way of the availability of assistance in preparing requests (**Deficiency SDC-2**).<sup>3</sup> The facility initiated corrective action during the inspection by their handbook to include this information.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SDC-1**

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B)(3), the FOD must ensure, "The detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request."

### **DEFICIENCY SDC-2**

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B), the FOD must ensure, "A detainee may request assistance from another detainee, housing officer or other facility staff in preparing a request form."

---

<sup>3</sup>This is a repeat deficiency from ODO's December 2011 inspection.