



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO Atlanta Field Office
Atlanta City Detention Center
Atlanta, Georgia

March 22–24, 2016

**COMPLIANCE INSPECTION
for the
ATLANTA CITY DETENTION CENTER
ATLANTA, GEORGIA**

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Overall Findings.....2
Findings by National Detention Standard (NDS) 2000 Major Categories3

INSPECTION PROCESS4

DETAINEE RELATIONS5

INSPECTION FINDINGS

DETAINEE SERVICES

Access to Legal Material7
Detainee Grievance Procedures7
Detainee Handbook.....8
Funds and Personal Property8
Staff Detainee Communications9
Telephone Access9

SECURITY AND CONTROL

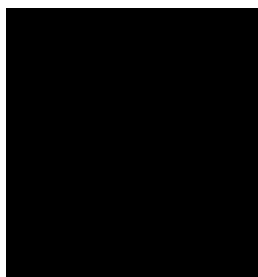
Special Management Units (Administrative Segregation)9
Special Management Units (Disciplinary Segregation).....10

HEALTH SERVICES

Medical Care10
Suicide Prevention and Intervention.....11

* * * * *

INSPECTION TEAM MEMBERS



Lead Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Atlanta City Detention Center (ACDC) in Atlanta, Georgia, from March 22 to 24, 2016.¹ ACDC opened in 1995 and is owned by the City of Atlanta and operated by the City of Atlanta Department of Corrections. The Office of Enforcement and Removal Operations (ERO) began housing detainees at ACDC in November of 1995 pursuant to a United States Marshals Service (USMS) Intergovernmental Agreement (IGA), under the oversight of ERO’s Field Office Director (FOD) in Atlanta.

ERO staff members are not assigned to the facility. A Detention Services Manager is not assigned to the facility. A Chief is responsible for oversight of daily facility operations and is supported by █ personnel. ACDC staff provides medical services and the Trinity Services Group provides food services. The facility is accredited by the American Correctional Association; additionally, while ACDC is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard, it has made efforts to comply.⁴

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	200
Average ICE Detainee Population ³	61
Male Detainee Population (as of 3/23/2016)	234
Female Detainee Population (as of 3/23/2016)	0

OVERALL FINDINGS

In March 2012, ODO conducted an inspection of ACDC under the National Detention Standards (NDS) 2000, reviewing the facility’s compliance with 20 standards and finding the facility compliant with 12 standards. There were a total of 25 deficiencies in the remaining eight standards.

Inspection Results Compared	FY 2011 (NDS 2000)	FY 2016 (NDS 2000)
Standards Reviewed	20	15
Deficient Standards	8	10
Overall Number of Deficiencies	25	17
Corrective Action	0	8

In FY2016, ODO conducted an inspection of ACDC under the NDS 2000, reviewing the facility’s compliance with 15 standards and finding the facility compliant with five standards. ODO found 17 deficiencies in the remaining ten standards, one of which was a repeat deficiency. Finally, ODO identified eight opportunities where the facility initiated corrective action during the course of the inspection.⁵

¹ Male and female detainees with low, medium low, medium high, and high security classification levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List Report as of March 28, 2016.

³ *Ibid.*

⁴ The U.S. Department of Justice, Bureau of Justice Assistance completed a Prison Rape Elimination Act (PREA) audit at ACDC in 2015. The final audit results, dated September 8, 2015, certified the ACDC as PREA compliant.

⁵ Corrective actions, where immediately implemented, best practices, and ODO recommendations, as applicable, have been identified in the Inspection Findings section and annotated with a “C,” “BP,” or “R,” respectively.

FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁶	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	3
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedures	1
Detainee Handbook	2
Food Service	0
Funds and Personal Property	2
Staff-Detainee Communication	3
Telephone Access	1
Sub-Total	12
Part 2 – Security and Control	
Environmental Health and Safety	0
Special Management Unit (Administrative)	1
Special Management Unit (Disciplinary)	1
Use of Force	0
Sub-Total	2
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	1
Sub-Total	3
Total Deficiencies	17

⁶ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁷ Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."⁸ Priority components have been selected from across a range of detention standards based on critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

⁷ ODO reviews the facility's compliance with selected standards in their entirety.

⁸ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed 22 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below, all related to medical care:

Medical Care: Four detainees complained medical staff at ACDC do not respond to sick call requests timely.

- Action Taken: ODO reviewed the first detainee's medical file and found he submitted a sick call request in mid-March 2016. The detainee's sick call request was triaged and responded to three days later, and he was seen in sick call the following day. There were no other sick call requests present in the detainee's file.
- Action Taken: ODO reviewed the second detainee's medical record and found two sick call requests which were both triaged and responded to on their date of submission. Further, the detainee received an assessment by the clinical director the day following his second sick call request.
- Action Taken: ODO reviewed the third detainee's medical record which documented he submitted a request for sick call in mid-March which was responded to five days later. During the inspection, ERO informed ODO that due to bed space issues in the AOR, the detainee population at ACDC surged by approximately 200 detainees just three weeks prior to the inspection. As a result, the facility experienced a temporary lag in responding to detainee sick call requests while it adjusted to the increased population. This temporary lag was confirmed by the RN who saw the complainant detainee, and who stated that the influx of detainees caused medical staff to fall slightly behind in triaging sick call requests. The RN stated that sick call requests are typically responded to within three days, which was confirmed during ODO's inspection of the Medical Care NDS.
- Action Taken: ODO reviewed the fourth detainee's medical record and found the detainee submitted one sick call request in mid-March and was seen by medical staff that same day. The detainee's medical intake screening, completed four days prior to his sick call request, documented he had no medical complaints on that date.

Medical Care: One detainee complained his insulin is not properly administered and specifically stated he should receive injections three times daily, as opposed to twice daily.

- Action Taken: ODO reviewed the detainee's medical file which documented the detainee arrived to ACDC in early March 2016, at which time he had a diagnosis of type-one diabetes and was receiving insulin three times daily. The clinical director conducted the detainee's initial chronic care assessment twelve days later. Based on his review of the detainee's documented blood sugar levels from his date of intake, the physician determined the detainee should receive insulin two times daily. The detainee was scheduled for his next chronic care appointment two weeks after the initial chronic care assessment.

Medical Care: One detainee complained he is subject to blood sugar checks even though he is not diabetic.

- Action Taken: ODO reviewed the detainee's medical file which documented the clinical director conducted the detainee's physical examination in mid-March 2016, at which time the detainee reported he was borderline diabetic. Blood sugar testing was ordered every twelve hours for 90 days to determine a diagnosis, and conducted as ordered. Medical staff interviewed by ODO stated detainees have the right to refuse blood sugar testing. ODO reviewed the detainee's medical file and found no documentation that he refused any blood sugar checks, or that he submitted any written requests to be removed from blood sugar monitoring. ODO notes that while the detainee handbook states that medical staff will document any refusals of medical treatment, it does not specifically articulate a detainee's right to refuse treatment.

INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the facility handbook and found it did not contain the procedure for a detainee to request additional time in the law library beyond the five hour per week minimum (**Deficiency ALM-1⁹**).

Corrective Action: Prior to the completion of the inspection, the facility updated the facility handbook to add a procedure for requesting additional time in the law library beyond the five hour per week minimum (**C-1**).

ODO reviewed the facility handbook and found it did not contain the procedure for a detainee to request legal reference materials not maintained in the law library (**Deficiency ALM-2¹⁰**).

Corrective Action: Prior to the completion of the inspection, the facility updated the facility handbook to include the procedure for requesting legal reference materials not maintained in the law library (**C-2**).

ODO reviewed the facility handbook and found it did not contain the procedure for a detainee to notify a designated employee that library material is missing or damaged (**Deficiency ALM-3¹¹**).

Corrective Action: Prior to the completion of the inspection, the facility updated the facility handbook to include the procedure for notifying a designated employee that library material is missing or damaged (**C-3**).

DETAINEE GRIEVANCE PROCEDURE (DGP)

ODO reviewed the facility's electronic detainee grievance log and the corresponding detention files and found none of the detention files contained the required documentation to show that detainees' oral grievances are resolved (**Deficiency DGP-1¹²**).

Corrective Action: Prior to the completion of the inspection, copies of the missing resolved oral grievance dispositions were placed in the referenced detainees' detention files (**C-4**).

⁹ "The detainee handbook or equivalent shall: Have the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum)." See ICE NDS 2000, Standard, Access To Legal Material, Section (III)(Q)(4).

¹⁰ "The detainee handbook or equivalent shall: Have the procedure for requesting legal reference materials not maintained in the law library." See ICE NDS 2000, Standard, Access To Legal Material, Section (III)(Q)(5).

¹¹ "The detainee handbook or equivalent shall: Have the procedure notifying a designated employee that library material is missing or damaged." See ICE NDS 2000, Standard, Access To Legal Material, Section (III)(Q)(6).

¹² "If an oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome; however the staff member will document the results for the record and place his/her report in the detainee's detention file." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(1). **This is a repeat deficiency.**

DETAINEE HANDBOOK (DH)

ODO reviewed the facility handbook and found it did not contain information on educational opportunities available to detainees (**Deficiency DH-1**¹³).

Corrective Action: Prior to the completion of the inspection, the facility updated the facility handbook to identify the facility's educational programs available to detainees (**C-5**).

ODO reviewed the facility handbook and found it did not contain information on areas of the facility where detainee access is restricted (**Deficiency DH-2**¹⁴).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed facility policy concerning funds and personal property and observed the facility's intake process and found a forwarding address is not obtained from every detainee admitted to the facility with personal property (**Deficiency F&PP-1**¹⁵).

ODO reviewed the facility handbook and found it does not contain facility policies and procedures concerning personal property, including the rules for storing or mailing property not allowed in the detainee's possession (**Deficiency F&PP-2**¹⁶).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility liaison visit checklist that ERO provided, from March 2015 through the dates of the inspection, and interviewed ERO staff regarding staff-detainee communication practices. ODO determined detainees housed in the facility's special management units were not seen during ERO's scheduled visits to conduct staff-detainee communication during the time period reviewed (**Deficiency SDC-1**¹⁷). It is noted that during the time period reviewed, 28 detainees were placed in disciplinary segregation with sanctions ranging from two to 20 days. At the time of ODO's inspection, two detainees were housed in administrative segregation, one for 18 days, and the other for ten days. Neither detainee was visited by ERO for staff-detainee communication prior to the inspection. ERO staff visited the two detainees during ODO's inspection after ODO brought the issue to ERO's attention.

¹³"The overview will briefly describe individual programs and services and associated rules. Among others, these include recreation, visitation, education, voluntary work, telephone use, correspondence, library use, and the canteen/commissary." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(B).

¹⁴"The handbook will specify in greater detail the rules, regulations, policies, and procedures with which every detainee must comply, including, but not limited to: smoking policy, restricted areas, contraband, and so forth." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(C).

¹⁵ Standard operating procedure will include obtaining a forwarding address from every detainee who has personal property that could be lost or forgotten in the facility after the detainee's release, transfer, or removal." See ICE NDS 2000, Standard, Funds and Personal Property, section (III)(C).

¹⁶ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: The rules for storing or mailing property not allowed in their possession." See ICE NDS 2000, Standard, Funds and Personal Property, section (III)(J)(3).

¹⁷ "While visiting the Special Management Unit, the detainees shall be interviewed, living conditions will be observed and detainee-housing records reviewed." See ICE NDS 2000, Standard, Staff Detainee Communication, section (III)(A)(2)(b).

ODO found detainees are not notified by either facility staff or via the facility handbook that they may seal their staff-detainee communication requests in an envelope and clearly mark the envelope with the name, title, or office the request is to be forwarded to (**Deficiency SDC-2**¹⁸).

Corrective Action: Prior to the completion of the inspection, the facility handbook was modified to notify detainees they can seal their detainee request in an envelope and clearly mark the envelope with the name, title, or office the request is to be forwarded to (**C-6**).

ODO reviewed documentation of detainee requests and found that neither ERO nor the facility record detainee requests to ICE in a logbook specifically designed for that purpose (**Deficiency SDC-3**¹⁹).

TELEPHONE ACCESS

ODO learned during interviews with facility staff that the detainee phone system automatically terminates all phone calls after 15 minutes (**Deficiency TA-1**²⁰).

Corrective Action Initiated: Prior to the conclusion of the inspection, ODO was informed by facility staff that the telephone provider agreed to increase the allotted time per phone call to 20 minutes effective March 24, 2016. ODO was unable to verify the change to the phone system prior to completion of the inspection (**C-7**).

SECURITY AND CONTROL

SPECIAL MANAGEMENT UNITS ADMINISTRATIVE SEGREGATION (SMU AS)

ODO reviewed segregation files for detainees who were placed in administrative segregation between March 2015 and March 2016 and found status reviews were not consistently completed

¹⁸ "The detainee may, if he or she chooses, seal the request in an envelope and clearly mark the envelope with the name, title or office the request is to be forwarded to." See ICE NDS 2000, Standard, Staff-Detainee Communication, section (III)(B).

¹⁹ "All requests shall be recorded in a logbook specifically designed for that purpose and at a minimum contain :

- The date the detainee request was received;
- Detainee's name;
- A-Number;
- Nationality;
- Officer logging the request;
- The date the request, with staff response and action, is returned to the detainee; and
- Any other site-specific pertinent information.

In IGSA's the date the request was forwarded to ICE and the date it was returned shall also be recorded." See ICE NDS 2000, Standard, Staff Detainee Communication, section (III)(B)(2).

²⁰ "The facility shall not restrict the numbers of calls a detainee places to his/her legal representative, nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes." See ICE NDS 2000, Standard, Telephone Access section (III)(F).

(Deficiency SMU AS-1²¹). Twenty-four detainees were placed in administrative segregation from March 2015 to March 2016. In two cases, periodic reviews required by both the NDS and the ACDC Standard Operating Procedure 200-12, Special Management Procedures, were not completed. Specifically, one detainee who was in administrative segregation for 28 days did not receive a 72 hour review and received only one seven day review; a second detainee who was in administrative segregation for 12 days did not receive any status reviews.

SPECIAL MANAGEMENT UNITS DISCIPLINARY SEGREGATION (SMU DS)

ODO reviewed the detention files of 28 detainees who were placed in disciplinary segregation between March 2015 and March 2016 and found 14 of those detainees were placed in disciplinary segregation prior to a hearing in which the detainee was found to be guilty of a prohibited act (**Deficiency SMU DS-1²²**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed the medical records of 25 detainees and found 12 of those detainees were not tested for tuberculosis (TB) upon arrival to the facility (**Deficiency MC-1²³**). In five of the 12 cases, testing was completed within two to nine days of arrival; in one case, testing was completed one year after arrival; and in six cases, the detainees had not been tested at the time of ODO's inspection. Upon review of the six cases, ODO learned three did not receive TB screenings because they arrived at the facility with documentation of TB testing within the past year, in accordance with facility policy, which contravenes the NDS. One of the six cases arrived with documentation of a positive protein derivative (PPD) skin test from the facility from which he was transferred but with no documentation of a chest x-ray to rule out active disease. ODO addressed this detainee's lacking chest x-ray with medical staff, and the detainee received a chest x-ray during ODO's inspection. ODO was unable to determine why the remaining two detainees were not tested upon admission, but the facility administered a PPD skin test to both detainees during ODO's inspection.

²¹ "All facilities shall implement written procedures for the regular review of administrative detention cases, consistent with the procedures specified below." *See* ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

²² "To provide detainees in the general population a safe and orderly living environment, facility authorities shall discipline anyone whose behavior does not comply with facility rules and regulations. This may involve temporary confinement apart from the general population, in the Special Management Unit (SMU). A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Committee, after a hearing in which the detainee has been found to have committed a prohibited act." *See* ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(A).

²³ "All new arrivals shall receive TB screening by PPD (mantoux method) or chest x-ray." *See* ICE NDS 2000, Standard, Medical Care, section (III)(D).

ODO reviewed the medical records of 25 detainees and found two were prescribed psychotropic medication and had not a signed specific consent form (**Deficiency MC-2²⁴**).

Corrective Action: Prior to the completion of the inspection, the facility initiated the drafting of a modification to the local policy which addresses the required actions prior to prescribing a detainee psychotropic medication, to include having the detainee sign a specific consent form (**C-8**).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO inspected the facility's two padded cells in the SMU used for suicide watch and observed that the cells were not free of structural elements that could facilitate a suicide attempt (**Deficiency SP&I-1²⁵**).



²⁴ "The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Standard, Medical Care, section (III)(L).

²⁵ "The isolation room will be free of objects or structural elements that could facilitate a suicide attempt." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, section (III)(C).