



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

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## Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
ERO Los Angeles Field Office  
Santa Ana City Jail  
Santa Ana, CA

August 30-September 1, 2016

**COMPLIANCE INSPECTION  
for the  
SANTA ANA CITY JAIL  
Santa Ana, California**

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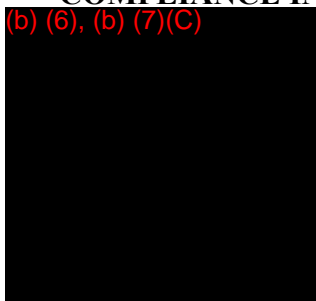
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**COMPLIANCE INSPECTION TEAM MEMBERS**



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## EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Santa Ana City Jail (SACJ) in Santa Ana, California, from August 30 to September 1, 2016.<sup>1</sup> SACJ opened in 1997 and is owned and operated by the City of Santa Ana. The Office of Enforcement and Removal Operations (ERO) began housing detainees at SACJ in January 1997 pursuant to a contract, under the oversight of ERO’s Field Office Director (FOD) in Los Angeles.

ERO staff members are not assigned to the facility. An ERO Detention Services Manager is assigned to the facility. A Jail Administrator is responsible for oversight of daily facility operations and is supported by (b) (7) personnel. NaphCare Incorporated provides medical care, and Aramark provides food services. The facility holds no external accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	200
Average ICE Detainee Population <sup>3</sup>	191
Male Detainee Population (as of 08/30/2016)	142
Female Detainee Population (as of 08/30/2016)	51

### OVERALL FINDINGS

In February 2013, ODO conducted an inspection of the SACJ under the National Detention Standards (NDS) 2000 reviewing the facility’s compliance with 17 standards and finding the facility compliant with seven standards. There were a total of 28 deficiencies in the remaining ten standards.

Inspection Results Compared	FY 2013 (NDS)	FY2016 (PBNS 2011)
Standards Reviewed	17	16
Deficient Standards	7	11
Overall Number of Deficiencies	28	26
Deficient Priority Components	N/A <sup>4</sup>	6
Corrective Actions Initiated	0	2

In FY2016, ODO conducted an inspection of the SACJ under the Performance-Based National Detention Standards (PBNS) 2011. ODO reviewed the facility’s compliance with 16 standards and found the facility compliant with five standards. ODO found 26 deficiencies in the remaining 11 standards, **six of which were priority components and four of which were repeat deficiencies.**<sup>5</sup> Finally, ODO identified two instances in which the facility initiated corrective action during the course of the inspection.<sup>6</sup>

<sup>1</sup> 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.

<sup>2</sup> Data Source: ERO Year-End Facility List Report, dated October 3, 2016.

<sup>3</sup> *Ibid.*

<sup>4</sup> The February 2013 ODO compliance inspection was conducting using the ICE National Detention Standards (NDS) 2000. Priority components have not been identified for the NDS 2000.

<sup>5</sup> ODO identified repeat deficiencies from the February 2013 inspection in the Environmental Health and Safety, Food Service and Telephone Access standards.

<sup>6</sup> 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 PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED <sup>7</sup>	DEFICIENCIES
<b>Part 1 – Safety</b>	
1.2 – Environmental Health and Safety	4
<b>Sub-Total</b>	<b>4</b>
<b>Part 2 – Security</b>	
2.1 - Admission and Release	2
2.2 - Custody Classification System	3
2.5 - Funds and Personal Property	3
2.11 - Sexual Abuse and Assault Prevention and Intervention	2
2.12 - Special Management Units	1
2.13 - Staff-Detainee Communication	0
2.15 - Use of Force and Restraints	0
<b>Sub-Total</b>	<b>11</b>
<b>Part 4 – Care</b>	
4.1 - Food Services	2
4.3 - Medical Care	1
4.4 - Medical Care (Women)	0
4.6 – Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 5 – Activities</b>	
5.6 - Telephone Access	4
<b>Sub-Total</b>	<b>4</b>
<b>Part 6 – Justice</b>	
6.1 - Detainee Handbook	2
6.2 - Grievance System	0
6.3 - Law Libraries and Legal Materials	2
<b>Sub-Total</b>	<b>4</b>
<b>Total Deficiencies</b>	<b>26</b>

<sup>7</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

## COMPLIANCE INSPECTION PROCESS

Every fiscal year, 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.<sup>8</sup> 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."<sup>9</sup> Priority components have been selected from across a range of detention standards based on their critical importance to 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.

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<sup>8</sup> ODO reviews the facility's compliance with selected standards in their entirety.

<sup>9</sup> Priority components have not been identified for the NDS.

## DETAINEE RELATIONS

ODO interviewed 16 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

***Admission and Release:*** 10 detainees stated they were strip searched during the intake process and/or upon their return from contact legal visits.

- **Action Taken:** ODO reviewed each detainee's detention file, the facility policy on strip searches and also interviewed facility senior staff regarding the strip search procedures.<sup>10</sup> Based on the document review and interviews, ODO determined the facility did perform strip searches on the detainees. SACJ facility policy requires that all arrested persons brought into the jail be pat searched. However, staff interviewed stated that all detainees who have not been under the supervision of SACJ staff are stripped searched whenever they enter the facility, as well as those returning from court and contact legal visits. Consequently, ODO determined that SACJ conducts blanket strip searches, rather than actually relying on the presence of reasonable suspicion, based on specific and articulable facts, as required by facility policy and PBNDS 2011. Furthermore, the standard requires that prior to strip-searching a detainee, an officer shall first attempt to resolve his/her suspicions through less intrusive means. This information is supposed to be captured on the facility's "Authorization for Strip Search" form. However, of the forms reviewed by ODO, none provided articulable facts supporting the conclusion that reasonable suspicion existed or that a less intrusive means such as a pat-down search or detainee interview were used prior to conducting a strip search. ODO raised this concern with the ERO Assistant Field Office Director (AFOD). See the Compliance Inspection Results: Security section of this report for further discussion of this item.

***Admission and Release:*** Five detainees claimed they had not received the ICE National Detainee Handbook and/or the facility handbook.

**Action Taken:** ODO reviewed each detainee's file but was unable to determine if they had received either the ICE National Handbooks or the facility handbooks because there was no handbook receipt acknowledgement forms found in the individual files. ODO informed both the ICE/ERO staff and the facility booking staff of the issue. Prior to completion of the inspection the SDDO and facility staff provided each detainee a handbook and a signed receipt acknowledgement form was added to their detention file. See the Compliance Inspection Findings: Detainee Handbook section of this report.

***Admission and Release:*** Five detainees stated they did not receive additional hygiene items once the items they received during intake were depleted.

- **Action Taken:** ODO reviewed the facility handbook and interviewed facility staff and determined that replacement hygiene items are available at the housing unit officer's desk for immediate access. However, the facility requires detainees to submit a detainee request to have facility-issued hygiene items replaced.

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<sup>10</sup> Santa Ana City Jail Policy and Procedure Order # 05.01, *Inmate Serches*, dated October 15, 2009.

**Medical Care:** One detainee complained she was denied medical care for a skin condition and was instead just directed to wash her hands.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee was evaluated by medical staff in July of 2016 for her skin condition. The detainee was provided oral antibiotics and a medical cream for her condition. The detainee was further advised to keep the infected area clean and to wash her hands often in order to decrease the infection.

**Medical Care:** One detainee complained she requested to see the Mental Health Doctor but had not been seen.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee was seen by facility mental health staff in July and August of 2016. During the August visit the detainee informed the mental health staff that it was not necessary for her to be seen by the psychiatrist.

**Medical Care:** One detainee complained that she requested medical service for a gum problem but had not been seen by medical staff.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee was seen on July 11, 2016 by facility dental staff. The detainee received a prescription and was instructed on the appropriate use of the medication.

**Medical Care:** One detainee complained she requested medical service for ear pain.

- Action Taken: ODO reviewed the detainee's medical record and found that she was seen by medical staff during July of 2016. However, the detainee refused medical evaluation at that time because her pain had supposedly gone away. She was advised by medical staff to submit another sick call request if the pain returned.

**Staff-Detainee Communication:** One detainee claimed she did not understand English or Spanish (via) interpreters. The detainee was from Haiti and claimed to only speak Creole and French and therefore did not understand the facility handbook, orientation video, or housing unit postings.

- Action Taken: ODO reviewed the detainee's detention file and found the detainee was issued a facility handbook and the ICE National Detainee Handbook (both in English). ERO and facility staff notified ODO that they were unaware the detainee did not speak English. The SDDO requested approximately 20 of the most important pages of the handbooks be translated into Creole for the detainee until the entire book can be translated. Additionally, the SDDO had an ERO officer use an interpretation service to review both the facility and ICE national handbook with the detainee.

**Staff-Detainee Communication:** Six detainees claimed when staff of the opposite sex enter the housing units they do not announce their presence.

Action Taken: ODO toured the housing units and interviewed facility staff regarding announcements of the presence of the opposite sex when entering a housing unit. During the tour of the facility and observation of daily operations, ODO observed that when some staff members of the opposite gender entered housing units they did not consistently announce themselves. ODO raised this issue to both ERO and facility staff.

***Staff-Detainee Communication:*** One detainee complained ICE officers would interact with her and promise to return with information but would never return with the requested information.

- Action Taken: ODO confirmed the ERO schedule of visitation is posted in the housing units and advised the detainee to document her request by submitting a detainee request form. ODO also informed the SDDO of the detainee's complaint and the detainee was seen by a deportation officer prior to the conclusion of the inspection.



# COMPLIANCE INSPECTION FINDINGS

## SAFETY

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

ODO reviewed generator maintenance records from February 1, 2016 to August 1, 2016 and found that each generator had been run tested for only 7.2 hours. Emergency power generators are inspected weekly; however, they are not operationally tested every two weeks for one hour (**Deficiency EH&S-1<sup>11</sup>**). **Note:** The California Air Quality Management District limits the testing of power generators to 20 hours per year for maintenance.

ODO found the SACJ's Material Safety Data Sheets (MSDS's) were up-to-date and readily available throughout the facility, to include a master index with a legend depicting the MSDS's and the hazardous substances as well as their locations. ODO's review of hazardous material inventory documents found the inventories to be accurate, complete and readily available in all areas except the facility laundry area which contained hazardous materials but no inventory (**Deficiency EH&S-2<sup>12</sup>**).

All SACJ's areas and shifts participate in multiple fire drills throughout the year. ODO's review of fire drill documentation found that although emergency keys are drawn during fire drills, SACJ does not document the time keys are drawn from the central control center and their arrival at the emergency doors (**Deficiency EH&S-3<sup>13</sup>**).

ODO's observation of the medical department's procedures regarding sharps confirmed that medical sharps are inventoried at shift change and verified monthly by the Health Service Administrator (HSA). However, a review of the inventory counts found that the inventory of lancets, 23 gauge syringes, and 25 gauge syringes were not accurate and did not match the physical counts (**Deficiency EH&S-4<sup>14</sup>**).

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<sup>11</sup> "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." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(6). **This is a repeat deficiency.**

<sup>12</sup> "Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic, or caustic) used and stored there." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(B)(3).

**This is a repeat deficiency.**

<sup>13</sup> "Emergency-key drills shall be included in each fire drill, and timed. Emergency keys shall be drawn and used by 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. However, when conducting fire drills, emphasis shall be placed on safe and orderly evacuation rather than speed." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

<sup>14</sup> "Items that pose a security risk, such as sharp instruments, syringes, needles and scissors, shall be inventoried and checked weekly by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(D)(4).

# SECURITY

## ADMISSION AND RELEASE (A&R)

During ODO detainee interviews, ten detainees complained of being strip searched upon arrival, after contact attorney visits or both. ODO's subsequent review of the detainee's files, found that SACJ has a blanket strip search practice in place, which requires all detainees to be strip searched when they arrive for processing from another facility or when they return from court or an attorney visit, if not supervised by SACJ personnel (**Deficiency A&R-1<sup>15</sup>**).

ODO interviewed transgendered detainees and multiple SACJ staff and found no medical personnel are present to observe the strip search of transgendered detainees (**Deficiency A&R-2<sup>16</sup>**).

## CUSTODY CLASSIFICATION SYSTEM (CCS)

As part of the intake assessments, classification staff takes into account the detainee's gender self-identification. However, ODO interviewed the classification officer, classification supervisor and medical SME and found that a medical or mental health professional is not consulted on the classification assessment of transgendered individuals (**Deficiency CCS-1<sup>17</sup>**).

ODO's review of the housing roster, tour of the housing units, and multiple SACJ staff interviews confirmed that detainees in the corresponding gay, transgender and sex-offender housing units found detainees are not housed according to their classification levels. Instead housing units contained detainees from all custody levels, separated solely by their confining offense or sexual orientation, resulting in low, medium-low, medium-high, and high custody detainees being co-mingled within units (**Deficiency CCS-2<sup>18</sup>**). ODO was informed by ICE/ERO the facility has a waiver pending approval with ICE Headquarters related to this

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<sup>15</sup> "Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his/her body to search for contraband." "Officers must obtain supervisory approval before conducting strip searches during admission or release. Staff may conduct a strip search during admission and release, only when there is reasonable suspicion that contraband may be concealed on the person. "Reasonable suspicion" means suspicion based on specific and articulable facts that would lead a reasonable detention officer to believe that a specific detainee is in possession of contraband. This "reasonable suspicion" standard is a more permissive (lower) standard than the "probable cause" standard, but it nevertheless requires more than a mere hunch. It must be based on specific and articulable facts-along with reasonable inferences that may be drawn from those facts-that the officer shall document in Form-1025 (or contractor equivalent)." See ICE PBND 2011, Standard, Admission and Release, Section (V)(B)(4)(a)(b).

<sup>16</sup> "Special care should be taken to ensure that transgender detainees are searched in private. *\*\*Whenever possible, medical personnel shall be present to observe the strip search of a transgender detainee.*" See ICE PBND 2011, Standard, Admission and Release, Section (V)(B)(4)(c).

<sup>17</sup> "When making classification and housing decisions for a transgender detainee, staff shall consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's mental health and well-being. A medical or mental health professional shall be consulted as soon as practicable on this assessment." See ICE PBND 2011, Standard, Custody Classification System, Section (V)(C).

<sup>18</sup> "All facilities shall ensure that detainees are housed according to their classification levels. Low custody detainees may not be comingled with high custody detainees. Medium custody detainees may not ordinarily be comingled with high or low custody detainees." See ICE PBND 2011, Standard, Custody Classification System, Section (V)(F)(1)(2). **This is a priority component.**

finding; however, field office staff were unable to provide a signed waiver prior to the conclusion of the inspection.

ODO's review of the facility reclassification policy (02.04) found SACJ allows responses to reclassification requests to be provided up to 96 hours after the initial request is received when submission occurs on a Friday and when/if the classification officer is off duty (**Deficiency CCS-3<sup>19</sup>**).

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

ODO's review of the facility handbook found it does not notify detainees no cash is allowed within the facility or that detainees may access personal funds to pay for legal services. The handbook also fails to inform detainees that they may obtain a certified copy of any identification document held by ICE/ERO in their A-file, what the procedure is for claiming property upon release, or identify the procedure for filing a claim regarding lost/damaged property (**Deficiency F&PP-1<sup>20</sup>**).

Each detainee is provided a bin to store permitted personal property within the housing unit. However, ODO's inspection of the bins found they are not securable. (**Deficiency F&PP-2<sup>21</sup>**).

ODO's review of the facility handbook and F&PP procedures found that possession of jewelry is prohibited including wedding rings which are confiscated during the admissions process and stored with the detainee's property (**Deficiency F&PP-3<sup>22</sup>**).

#### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO found the facility policy on sexual abuse prevention and intervention (06.16) includes zero tolerance for all forms of sexual abuse or assault. However, the policy does not require that any allegation, made to staff of sexual assault or attempted sexual assault, be reported immediately to a supervisor and to ERO (**Deficiency SAAPI-1<sup>23</sup>**).

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<sup>19</sup> "A detainee may request reclassification in writing by submitting a detainee request form, as described in standard "2.13 Staff-Detainee Communication." The classification officer shall ordinarily respond in person or in writing as soon as possible and practicable, but no later than within 72 hours of receipt." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(3).

<sup>20</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: which items, including cash, they may retain in their possession, that, upon request, they shall be provided an ICE/ERO-certified copy of any identity document (e.g., passport, birth certificate), which shall then be placed in their A-files, the procedure for claiming property upon release, transfer, or removal, the procedure for filing a claim for lost or damaged property and, detainees may access personal funds to pay for legal services." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(1)(2)(4)(5)(6).

<sup>21</sup> "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(E).

<sup>22</sup> "Each detainee shall be permitted to keep in his/her possession reasonable quantities of the following, as long as a particular item does not pose a threat to the security or good order of the facility: wedding ring." See ICE PBNDS 2011, Funds and Personal Property, Section (V)(E)(8).

<sup>23</sup> "Each facility administrator shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program that includes, at a minimum: the requirement that any allegation to staff of sexual assault or attempted sexual assault be reported immediately to a supervisor and to ERO". See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(3). **This is a priority component.**

ODO's review of the facility's training curriculum found it to include procedures for reporting incidents and allegations. However, ODO found the training did not include instruction on sexual abuse and/or assault never being an acceptable consequence of detention or the recognition of situations where sexual abuse and/or assault may occur (**Deficiency SA-API-2<sup>24</sup>**).

### **SPECIAL MANAGEMENT UNITS (SMU)**

SACJ uses the Jail Management System (JMS) to record all detainee activities within the SMU. ODO's review of recreation log entries made in the JMS indicates officers are not consistently recording the time the detainee left the cell, the time the detainee returned to the cell, or if an SMU detainee refused to participate in recreation. A review of the JMS log found that the log entries regarding recreation time were inconsistent. Therefore, ODO could not confirm if detainees in administrative segregation were receiving the optimal level of two hours per day of recreation, seven days a week, or that disciplinary segregation detainees were receiving their one hour per day in accordance with the optimal provisions the facility is contractually-obligated to provide (**Deficiency SMU-1<sup>25</sup>**).

## **CARE**

### **FOOD SERVICE (FS)**

ODO's review of the facility's food service menu found that the SACJ utilizes a 28-day menu cycle containing 2,800 calories. (**Deficiency FS-1<sup>26</sup>**). However, the menu is certified by a registered dietitian for its nutritional adequacy

ODO's interview of food service staff members found that although several employees reported receiving medical screenings following ODO's 2013 compliance inspection to correct the then-identified deficiency; the facility was unable to provide any documentation to verify that health screenings were completed on all food service personnel (**Deficiency FS-2<sup>27</sup>**)

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<sup>24</sup> "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for employees, volunteers and contract personnel and shall also be included in annual refresher training thereafter. Training shall include: ...instruction that sexual abuse and/or assault is never an acceptable consequence of detention; and recognition of situations where sexual abuse and/or assault may occur." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E)(3)(4). **This is a priority component.**

<sup>25</sup> "Administrative Segregation: "Facilities operating at the optimal level will offer detainees at least two hours of recreation or exercise per day, seven days a week. Disciplinary Segregation: "Facilities operating at the optimal level will offer detainees at least one hour of recreation or exercise per day, seven days a week." See EROIGSA-15-0007, Attachment 1-PBNDS 2011 OPTIMAL PROVISIONS: CITY OF SANTA ANA dated June 26, 2015.

<sup>26</sup> "The FSA shall base menu selections on the best nutritional program the facility can afford meeting U.S. minimum daily allowances. The ICE/ERO standard menu cycle is 35 days." See ICE PBNDS 2011, Standard, Food Service, Section (V)(E)(1).

<sup>27</sup> "All food service personnel, including staff and detainees, shall receive a pre-employment medical examination noting the importance of identifying those communicable diseases more likely to be found in the immigrant population. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(3)(a). **This is a repeat deficiency.**

## **MEDICAL CARE (MC)**

ODO's review of 30 electronic medical records (EMR) found that the intake screening form used by SACJ does not include a requirement for the screener to inquire about a transgender detainee's gender identification and the history of transition-related care (**Deficiency MC-1**<sup>28</sup>).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO's operational checks of the SACJ detainee phone system found that it has an automated setup to electronically monitor all detainee telephone calls. Detainees are notified of telephone monitoring in the facility handbook and postings near most of the telephones. In addition to the handbook and postings, an automated verbal proclamation is announced to both the detainee and the recipient that the conversation is being recorded and may be monitored. Though detainees may make unmonitored telephone calls, the procedures to do so were not consistently posted near all detainee telephones in English and Spanish (**Deficiency TA-1**<sup>29</sup>).

ODO's tour of the detainee housing units found that although telephone access rules are provided to detainees upon admittance via orientation and the facility handbook, the hours for telephone access are not posted consistently near all telephones (**Deficiency TA-2**<sup>30</sup>). ODO found that of the six units housing ICE detainees, only the SMU had the hours for telephone access posted.

ODO's use of the SACJ's translation and interpretation language line verified the availability of services; however, these services are not always provided as needed (**Deficiency TA-3**<sup>31</sup>). ODO used the SACJ Language Line Service to interview a detainee who had been housed at the SACJ for approximately 143 days (at the time of inspection) and found that the detainee claimed not to understand English or Spanish. The detainee claimed she only spoke Creole and French. The detainee claimed, via an interpreter, that only the medical department used the language line to communicate with her. All other communications with the facility and field office staff were supposedly communicated by way of hand gestures.

ODO interviews with facility staff confirmed that housing unit officers conduct daily safety and security rounds, as well as inspections of the housing unit dayroom. ODO tested phones in these areas and found them all to be in working order. However, ODO found that no designated staff

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<sup>28</sup> "Within 12 hours of arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions. The screening shall inquire into the following: a transgender detainee's gender self-identification and history of transition-related care, when a detainee self-identifies as transgender." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(J)(15). **This is a priority component.**

<sup>29</sup> "Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall: At each monitored telephone, place a notice that states: The procedure for obtaining an unmonitored call to a court, a legal representative, or for the purposes of obtaining legal representation." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(B)(3)(b). **This is a repeat deficiency.**

<sup>30</sup> "Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(C).

<sup>31</sup> "Translation and interpretation services shall be provided as needed." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(C).

member inspects the detainee telephones daily to promptly report out-of-order phones for service and/or repair (**Deficiency TA-4**<sup>32</sup>).

## **JUSTICE**

### **DETAINEE HANDBOOK (DH)**

ODO reviewed 15 randomly selected detainee files and found four of the files were lacking a receipt acknowledgement form verifying the detainee's receipt of the local supplement (**Deficiency DH-1**<sup>33</sup>).

*Corrective Action:* Prior to completion of the inspection each detainee was issued the particular handbook which they were missing and their signed receipt acknowledgement forms were added to their detention file (**C-1**).

ODO reviewed the local supplement and found that it does not notify detainees of: the facility's marriage request procedures; the contact information for the field Office including the scheduled hours and days that ERO staff are available to be contacted; the procedures for detainees to submit written questions, requests, or concerns to ERO; or the availability of assistance to prepare such requests (**Deficiency DH-2**<sup>34</sup>).

*Corrective Action:* Prior to completion of ODO's inspection, the facility initiated corrective action by updating the information in the local supplement in preparation for the next reprint. The facility also posted memos informing detainees of this information throughout the detainee housing units and other prominent detainee common areas (**C-2**).

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<sup>32</sup> "Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service so that required repairs are completed quickly." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(3).

<sup>33</sup> "Upon admission to a facility, prior to placement in general population, each detainee shall be provided a copy of the handbook and that facility's local supplement to the handbook. Staff shall require each detainee to verify, by signature, receipt of the handbook, and shall maintain that signed acknowledgement in the detainee's detention file." See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(B). **This is a priority component.**

<sup>34</sup> "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of the facilities marriage request procedures, contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility, and the procedures for detainees to submit written questions, requests, or concerns to ERO staff, as well as the availability of assistance to prepare such requests." See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(B)(13)(14)(15). **This is a priority component.**

## LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO's tour of the facility found that each detainee housing unit has a law library co-located within the unit, consisting of a single computer equipped with the latest version of Lexis Nexis installed and dated July 25, 2016. However, lists of the law library's holdings, or the hours of access, were not consistently posted in all of the housing unit law libraries (**Deficiency LL&LM-1**<sup>35</sup>).

ODO reviewed the facility handbook and found that it does not notify detainees of the rules and procedures governing access to legal materials, its times of availability, or the instructions for the use of the Lexis Nexis computer program (**Deficiency LL&LM-2**<sup>36</sup>).

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<sup>35</sup> "These policies and procedures shall also be posted in the law library, along with a list of the law library's holdings. The list of the law library's holdings shall be kept up to date, and shall include the date and content of the most recent updates of all legal materials available to detainees in print and electronic media." See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(N).

<sup>36</sup> "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information: if applicable, that LexisNexis is used at the facility and that instructions for its use are available." See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(N)(2)(8).