



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 Buffalo Field Office

Buffalo Federal Detention Facility

Batavia, New York

April 18–20, 2017

**COMPLIANCE INSPECTION
for the
BUFFALO FEDERAL DETENTION FACILITY
Batavia, New York**

TABLE OF CONTENTS

OVERVIEW

Facility Overview1
Findings by Performance-Based National Detention Standard (PBNDS) 2011 Major
Categories2

COMPLIANCE INSPECTION PROCESS3

DETAINEE RELATIONS4

COMPLIANCE INSPECTION FINDINGS

SAFETY

Environmental Health and Safety5

ACTIVITIES

Telephone Access5

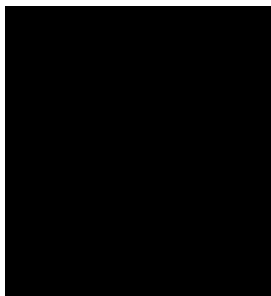
JUSTICE

Grievance System5

CONCLUSION6

* * * * *

COMPLIANCE INSPECTION TEAM MEMBERS



Management and Program Analyst (Team Lead)	ODO
Inspections and Compliance Specialist (Assistant Lead)	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Buffalo Federal Detention Facility (BFDF), in Batavia, New York from April 18 to 20, 2017.¹ BFDF opened in March 1998 and is owned by U.S. Immigration and Customs Enforcement (ICE) and operated by Akima Global Services (AGS) and ICE. The Office of Enforcement and Removal Operations (ERO) began housing detainees at BFDF in March 1998 as a Service Processing Center under the oversight of ERO's Field Office Director (FOD) in Buffalo, NY.

ERO has assigned ERO Deportation Officers (DO) and a Detention Services Manager (DSM) to the facility. An ICE Assistant Field Office Director (AFOD) is responsible for oversight of daily facility operations and is supported by [REDACTED] personnel. AGS provides food service, and ICE Health Service Corps (IHSC) provides detainee medical care. The facility holds accreditations with the American Correctional Association and National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	650
Average Daily ICE Detainee Population ³	554
Male Detainee Population (as of 3/18/2017)	508
Female Detainee Population	N/A

¹ This facility holds male detainees with low, medium low, medium high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List Report as of March 20, 2017.

³ *Ibid.*

FY 2017 FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

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

⁴ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to (i) assist ERO in developing and initiating corrective action plans and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 38 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:

Medical Care: One detainee claimed he has migraine headaches and severe back pain and has not received proper treatment.

- Action Taken: ODO's review of the medical record revealed the detainee was seen by medical staff on March 30, 2017 for the above concerns. An x-ray revealed early degeneration and osteoarthritis. Following ODO's interview, the detainee was seen by medical staff, provided with his x-ray results, and prescribed pain medication specific to his symptoms.

One detainee complained he was having difficulty hearing.

- Action Taken: ODO interviewed medical staff and reviewed the detainee's detention and medical records. The detainee was seen by the medical provider on January 31, 2017 for hearing difficulty and was provided ear drops for an infection. Medical staff also scheduled an appointment with an audiologist and Ear, Nose, and Throat specialist on April 25, 2017. At ODO's request, the Supervisory Detention and Deportation Officer (SDDO) informed the detainee of his upcoming appointments but did not provide the exact date due to security concerns.

One detainee complained he was having difficulty seeing with both eyes and needs outside treatment.

- Action Taken: ODO interviewed medical staff and reviewed the detainee's detention and medical records. Following a sick call request, medical staff diagnosed the detainee with a condition of the pupil that may require surgery. The detainee was scheduled to be evaluated by ophthalmology on April 20, 2017. At ODO's request, the SDDO informed the detainee of his upcoming appointment but did not provide the exact date due to security concerns.

One detainee complained he was having a problem with his left knee; medical personnel sent him to see an outside specialist who recommended surgery, but he has not been permitted to get surgery.

- Action Taken: ODO interviewed medical staff and reviewed the detainee's detention and medical records. The detainee has been seen by the medical provider on multiple occasions due to knee pain. An MRI on October 27, 2016 indicated a ligament rupture and an orthopedic specialist recommended the detainee wear a knee brace. On April 10, 2017, the orthopedic specialist indicated surgery was not needed and instead prescribed pain medication and continued use of the knee brace. Records indicate the detainee refused pain medication at that time.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

The most recent annual fire safety inspection was conducted by the Batavia Fire Chief on February 24, 2017 with no violations noted. A review of monthly fire drill reports confirmed fire drills were conducted on each shift in accordance with the standard. Fire evacuation diagrams in English and Spanish were placed throughout the facility; however, Areas of Safe Refuge were not identified on the diagrams (**Deficiency EH&S-1⁶**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed BFDF's telephone access policy and procedures, observed the facility provides one telephone for every 12 detainees, and tested the telephone serviceability in all housing units.

[REDACTED]

[REDACTED]

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed BFDF's grievance policy and procedures, interviewed line staff, supervisors and the BFDF Grievance Officer. ODO found all grievances submitted received appropriate review, and procedures are in place to ensure detainees are free of reprisal for submitting a grievance. Although BFDF has a practice in place, written policy and procedures do not include a special procedure containing a mechanism by which emergency medical grievances are screened as soon as practicable by appropriate personnel (**Deficiency GS-1⁸**).

⁶“Areas of Safe Refuge’ shall be identified and explained on diagrams. Diagram posting shall be in accordance with applicable fire safety regulations of the jurisdiction.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(5).

[REDACTED]

“Each facility shall have written policy and procedures for a detainee grievance system that: establish a special procedure for time-sensitive, emergency grievances, including having a mechanism by which emergency medical grievances are screened as soon as practicable by appropriate personnel.” See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(5). **This is a priority component.**

BFDF has established four levels of formal grievance review, which exceeds the minimum requirements of PBNDS Standard 6.2. The appellate review is performed by the AFOD. ODO reviewed the grievance log for the last 12 months. Ten out of 18 grievances appealed to the appellate level of review did not have appeal decisions issued within five days of receipt of the appeal (**Deficiency GS-2**⁹).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 15 standards under the PBNDS 2011 and found the facility compliant with 12 standards. ODO found four (4) deficiencies in the remaining three (3) standards. Finally, ODO identified one (1) instance where the facility initiated corrective action during the course of the inspection¹⁰. ODO recommends ERO work with facility personnel to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2013 (PBNDS 2011)	FY 2017 (PBNDS 2011)
Standards Reviewed	19	15
Deficient Standards	6	3
Overall Number of Deficiencies	8	4
Corrective Action	0	1

⁹“The facility administrator, in some cases in conjunction with the Field Office Director, shall review the grievance appeal and issue a decision within five days of receipt of the appeal.” *See* ICE PBNDS 2011, Standard, Telephone Access, Section (V)(C)(3)(b)(3)(b).