



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
National Detention Standards**

Enforcement and Removal Operations

ERO New Orleans Field Office

DeKalb County Detention Center

Facility

Fort Payne, Alabama

March 27 –29, 2018

**COMPLIANCE INSPECTION
for the
DeKalb County Detention Center
Fort Payne, Alabama**

TABLE OF CONTENTS

OVERVIEW

Facility Overview.....1
Findings by National Detention Standard (NDS) 2000 Major Categories2

COMPLIANCE INSPECTION PROCESS3

DETAINEE RELATIONS4

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

Detainee Classification System.....5
Detainee Grievance Procedures5
Detainee Handbook.....5
Food Service6
Funds and Personal Property7

SECURITY AND CONTROL

Environmental Health and Safety7
Use of Force7

HEALTH SERVICES

Medical Care.....8
Suicide Prevention and Intervention.....8

CONCLUSION8

COMPLIANCE INSPECTION TEAM MEMBERS

(b) (6), (b) (7)(C)	Team Lead	ODO
(b) (6), (b) (7)(C)	Inspections and Compliance Specialist	ODO
(b) (6), (b) (7)(C)	Inspections and Compliance Specialist	ODO
(b) (6), (b) (7)	Section Chief	ODO
(b) (6), (b) (7)	Contractor	Creative Corrections
(b) (6), (b) (7)	Contractor	Creative Corrections
(b) (6), (b) (7)(C)	Contractor	Creative Corrections
(b) (6), (b) (7)(C)	Contractor	Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance and oversight inspection of the DeKalb County Detention Center (DCDC) in Fort Payne, Alabama, from March 27-29, 2018.¹ DCDC opened in 2006 and is owned by the DeKalb County Commission and operated by the DeKalb County Sheriff (DCS). The Office of Enforcement and Removal Operations (ERO) began housing detainees at DCDC in May 2008 pursuant to an Inter-Governmental Service Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in New Orleans.

ERO Detention and Deportation Officers and a Detention Service Monitor are assigned to the facility. At DCDC, Chief (b) (6), is responsible for oversight of daily operations and is supported by (b) (7)(E) personnel. Trinity Service Group provides food service and county-commissioned employees provide detainee medical care. The facility operates under the National Detention Standards (NDS) 2000 and is not contractually-obligated to comply with the ICE Performance-Based National Detention Standards (PBNS) 2011 Sexual Abuse and Assault Prevention and Intervention Standard.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	97
Average Daily ICE Detainee Population ³	13
Male Detainee Population (as of 3/29/2018)	8
Female Detainee Population (as of 3/29/2018)	0

In July 2014, ODO conducted an inspection of the DCDC reviewing a total of 15 standards and found the facility compliant with nine standards. ODO found (12) deficiencies in the remaining six standards: Admission and Release (2) Environmental Health and Safety (4), Food Service (1), Funds and Personal Property (1), Medical Care (2), and Staff-Detainee Communication (2).

¹ This facility holds male and female detainees for periods greater than 72 hours.

² Data Source: ERO Facility List Report as of March 12, 2018.

³ *Ibid.*

FY 2018 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	0
Detainee Classification System	3
Detainee Grievance Procedures	1
Detainee Handbook	1
Food Service	6
Funds and Personal Property	1
Staff-Detainee Communication	0
Telephone Access	0
Sub-Total	12
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	2
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	1
Sub-Total	2
PBNDS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	16

⁴ For greater detail on ODO's findings, see the *Compliance 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*. ODO 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 (17) seventeen detainees (one level I and sixteen level II males) to assess the conditions of confinement at the DeKalb County Detention Center (DCDC). Interview participation was voluntary, and none of the detainees expressed allegations of abuse, discrimination, or mistreatment. All the detainees reported being satisfied with facility services and stated they were looking forward to their pending return to their country of origin. ERO staff indicated the detainees were transferred to another facility following ODO's inspection to facilitate their removal.

See the Compliance Inspection Findings: Medical Care section of this report for more information regarding an issue identified during the detainee interviews.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO's review of 9 detainee files found a detainee with a conviction for 1st degree murder and sexual assault of a minor was classified as a medium level detainee and housed in the general population (**Deficiency DCS-1⁶**). ODO's review of documentation verified ERO staff noted on the Forms I-201 and I-216 the detainee was high level and provided documentation regarding his conviction for murder. However, no information related to the conviction for sexual assault of a minor was provided (**Deficiency DCS-2⁷**). All relevant information must be reviewed in making housing assignments to avoid prohibited comingling and to ensure detainee safety; in this case, the conviction for sexual assault is relevant with regard to housing assignments that may pose safety concerns for victims.

ODO observed staff who perform detainee classification were knowledgeable and could describe the classification process. Staff stated they receive on-the-job training from the booking sergeant; however, there is no documentation to reflect classification staff have been trained in the facility's classification system (**Deficiency DCS-3⁸**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed DCDC's Detainee Handbook and determined it does not provide notice of the procedures for contacting ICE to appeal the Officer in Charge's decision regarding grievances (**Deficiency DGP-1⁹**). The standard requires the detainee handbook or equivalent provide the procedures to contact ICE and appeal decisions in IGSA facilities.

DETAINEE HANDBOOK (DH)

ODO reviewed DCDC's Detainee Handbook and found the handbook covers most of the topics required by the standard; however, it does not contain information pertaining to the procedures and accessibility of personal property (**Deficiency DH-1¹⁰**).

⁶ "New arrivals are generally classified by convictions when assessing the criminal record reports. Use of convictions for classification will be limited, as suggested by the following guidelines. ... Level 2 Classification: May not include any detainee whose most recent conviction was for any offense listed under the "HIGHEST" section of the severity of offense guideline (APPENDIX 1)." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E)(2)(a).

⁷ "All detainees are classified upon arrival, before being admitted into the general population. INS will provide CDFs and IGSA facilities with the data they need from each detainee's file to complete the classification process." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

⁸ "All officers assigned to classification duties shall be trained in the facility's classification process." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

⁹ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following: ... The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(4).

¹⁰ "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 commissary/canteen. The overview will also cover medical policy (sick call); facility-issued items, e.g., clothing, bedding, etc.; access to personal property; and meal service." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(B).

- *Corrective Action:* The facility initiated corrective action prior to the conclusion of the inspection by posting signage and adding the supplemental information to the electronic handbook alerting the detainees of the procedures. **(C-1)**.

FOOD SERVICE (FS)

ODO inspected the kitchen area and confirmed all inmate/detainee workers are medically-cleared prior to working in the food service operation; however, Trinity staff did not receive pre-employment medical examinations **(Deficiency FS-1¹¹)**.

- *Corrective Action:* The facility initiated corrective action prior to the conclusion of the inspection. The Regional Manager contacted Trinity’s corporate office and arrangements were made to ensure all Trinity staff are medically-examined and cleared by April 4, 2018 **(C-2)**.

ODO was informed by food service staff that on weekends detainee meals are served at 7:00 am and 3:00 pm. By ODO’s calculation, there are 16 hours between the evening meal on Friday and the breakfast meal on Saturday, and similar occurrences on Saturdays to Sundays, surpassing the 14 hours allowed by the standard **(Deficiency FS-2¹²)**.

ODO found DCDC’s booster heater for the final rinse cycle of the single compartment dishwashing machine was not operating properly, and the final rinse did not maintain 180 degrees Fahrenheit as required by the standard **(Deficiency FS-3¹³)**.

- *Corrective Action:* Work orders had been submitted to repair the booster heater, but until repairs are made a cold-water sanitizer is used, which meets manufacturers guidelines stated on the label of the product **(C-4)**

ODO observed a large block of ice on the cooling coil and ice build-up on the condensing unit in the freezer and noted the freezer temperature was not maintained at zero degrees Fahrenheit or below **(Deficiency FS-4¹⁴)**. ODO found the temperature was nine degrees Fahrenheit and the temperature log reflected temperatures above zero degrees Fahrenheit for several days during the 30 days preceding the inspection.

- *Corrective Action:* The facility initiated corrective action prior to the conclusion of the inspection by calling an outside contractor to repair the freezer **(C-5)**.

ODO observed food was stored up to the ceiling in the freezer, except for the immediate area under the sprinkler deflector **(Deficiency FS-5¹⁵)**. It is imperative to maintain a clearance of at least 18 inches from the sprinkler head to ensure proper operation of the sprinkler in the event of a fire.

¹¹ “All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. “See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a).

¹² “The dining room schedule must allow no more than 14 hours between the evening meal and breakfast.” See ICE NDS 2000, Standard, Food Service, Section (III)(C)(1).

¹³ “**Mechanical Cleaning and Sanitizing:** Spray- or immersion-dishwashers or devices, including automatic dispensers for detergents, wetting agents, and liquid sanitizer, shall be maintained in good repair. ...Maintain the following temperatures for hot-water sanitizing: Single-tank, pot/pan/utensil washer (stationary or moving rack): wash temperature of 140 degrees F; final rinse, 180 degrees F.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(g)(5)(d).

¹⁴ “The following procedures apply when receiving or storing food: ...f. Store perishables at 35-40 degrees F to prevent spoilage and other bacterial action; maintain frozen foods at or below zero degrees F.” See ICE NDS 2000, Standard, Food Service, Section (III)(J)(3)(f).

¹⁵ “All facilities shall meet the following environmental standards: ... e. Eighteen-inch clearance (minimum) underneath sprinkler deflectors.” See ICE NDS 2000, Standard, Food Service, Section (III) (H)(5)(e).

- *Corrective Action:* The facility initiated corrective action prior to the conclusion of the inspection by moving the food items to meet the requirements of the standard (C-6).

The DCDC food service operation has three hand washing basins available for staff and inmate workers. Two are located at either end of the kitchen, and the third was located immediately adjacent to the lavatory. ODO tested all three wash basins and found the water temperature did not get hot (**Deficiency FS-6¹⁶**). Two of the basins had push-on and automatic shut-off taps and the timing of the tap would not allow for warm water, if available, to be used by staff or inmate workers.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO inspected the detainee housing unit and observed the detainees are not provided with any type of storage for their property (**Deficiency F&PP-1¹⁷**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO's inspection found there were three toilets for 22 detainees housed in the female Dome 1 Unit and only two toilets were operational (**Deficiency EH&S-1¹⁸**). The safety manager/maintenance supervisor informed ODO the parts to repair this toilet had been ordered, and they were waiting to receive them; however, the number of detainees/inmates was not reduced in the unit to provide ample toilets to serve the population at the time of the inspection.

USE OF FORCE (UOF)

ODO's review of documentation found there was one immediate and no calculated use of force incidents involving detainees during the year preceding the inspection. ODO reviewed the documentation which reflected the incident involved two detainees fighting in a hold room in the booking area as they were waiting to be moved from the facility. Staff physically separated the detainees, and one detainee was placed on the floor prior to being restrained. After being restrained, the detainees were medically-assessed and transferred the same day. The incident report documented the detainees had no injuries and documentation was forwarded to ERO; however, there was no documentation an after-action review was completed for the use of force incident in accordance with the standard (**Deficiency UOF-1¹⁹**).

¹⁶ "Lavatories shall have readily available hot and cold water." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(9)(b).

¹⁷ "Each housing area will designate an area for storing detainees' personal property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(4).

¹⁸ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

¹⁹ "The After-Action Review Team shall complete and submit its After-Action Review Report to the OIC within two working days of the detainee's release from restraints. The OIC shall review and sign the report, acknowledging its finding that the use of force was appropriate/inappropriate." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO's review of medical records found detainees do not sign a consent form prior to receiving medical care or treatment (**Deficiency MC-1²⁰**).

- *Corrective Action:* The facility initiated corrective action by revising the intake screening to include the consent for treatment statement to be signed and dated by the detainee (**C-6**).

ODO interviewed a detainee on the first day of the inspection and attempted to identify her by name on the medical roster. Staff indicated she was allegedly using an alias and ODO found she was not listed on the medical roster by either her alias or legal name. ODO reviewed the detainee's file and found although she was medically screened during admission, including answering TB screening questions, she had not received a chest X-ray, despite having been at the facility for four days. Once the oversight was discovered, medical staff ordered an X-ray which was negative for TB. DCDC administration was informed of the oversight and initiated an investigation to determine the cause. The HSA verbalized the medical/psychiatric alert procedure used to inform administration and ERO of detainees with serious medical or mental health conditions. ODO notes this as an **Area of Concern (AC-1)**.

SUICIDE PREVENTION AND INTERVENTION (SP&I)

DCDC has one safe cell located in the booking area for suicide watches for detainees. ODO observed the safe cell is not free of objects or structural elements that could facilitate a suicide attempt (**SP&I-1²¹**). A long grab bar on the wall by the toilet could be used to tie material around to facilitate a hanging.

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 15 standards under the NDS 2000 and found the facility compliant with six (6) standards. ODO found 16 deficiencies in the remaining 9 standards. Finally, ODO identified six instances where the facility initiated corrective action during the inspection. ODO found an increase in deficiencies since its last inspection and recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results	FY 2014 (NDS 2000)	FY 2018 (NDS 2000)
Standards Reviewed	15	15
Deficient Standards	9	9
Overall Number of Deficiencies	12	16
Corrective Action	0	6

²⁰ "The health care provider will obtain signed and dated consent forms for all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Standard, Medical Care, Section (III)(L).

²¹ "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).