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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO New York Field Office

Bergen County Jail
Hackensack, New Jersey

August 27-29, 2019

**COMPLIANCE INSPECTION
of the
BERGEN COUNTY JAIL
Hackensack, New Jersey**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
DETAINEE SERVICES	8
Food Service	8
Telephone Access	8
SECURITY AND CONTROL	8
Environmental Health and Safety	8
HEALTH SERVICES	9
Medical Care	9
CONCLUSION	11

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO), conducted a compliance inspection of the Bergen County Jail (BCJ) in Hackensack, New Jersey, from August 27 to 29, 2019.¹ The facility opened in 2000 and is owned and operated by Bergen County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCJ in 2009 under the oversight of ERO's Field Office Director (FOD) in New York (ERO New York). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. The BCJ warden handles daily facility operations and is supported by ██████ personnel. Aramark Corporation provides food services, and Bergen County provides medical care at the facility. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	128
Average ICE Detainee Population ³	402
Male Detainee Population (as of 8/16/2019)	219
Female Detainee Population (as of 8/16/2019)	24

During its last inspection, in Fiscal Year (FY) 2016, ODO found eight deficiencies in the following areas: Admission and Release (1); Detainee Grievance Procedures (3); Staff-Detainee Communication (2); Telephone Access (1); and Use of Force (1).

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

² Data Source: ERO Facility List Report as of August 16, 2019.

³ *Ibid.*

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 longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is 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. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedures	0
Food Service	2
Funds and Personal Property	0
Recreation	0
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	1
Visitation	0
Sub-Total	3
Part 2 – Security and Control	
Environmental Health and Safety	6
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	6
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
Total Deficiencies	10

⁵ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, each of whom voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Funds and Personal Property: One detainee stated he was issued a check while detained at a previous facility and wants the check deposited into his account.

- Action Taken: ODO discussed the issue with ERO staff and determined the outstanding check was in the possession of the Metropolitan Detention Center in Brooklyn, New York. ERO staff explained to the detainee that he would have to provide a notarized letter to a relative to retrieve the check and deposit it into his account. ODO confirmed that the facility's notary public met with the detainee to process a notarized letter.

Medical Care: One detainee stated she suffers from ovarian cysts and that medical staff has only provided her ibuprofen for the pain.

- Action Taken: ODO reviewed the detainee's medical record and determined that on June 13, 2019, the detainee was seen by a nurse and underwent a medical evaluation and pelvic ultrasound. On June 17, 2019, the detainee was evaluated by the medical director and prescribed palliative care and observation. Based on a radiological interpretation of the ultrasound, the cyst was determined to be consistent with ovulation and a repeat ultrasound was recommended after the detainee's third menstrual cycle. ODO confirmed that the detainee was scheduled for follow-up care with medical staff on August 29, 2019.

Medical Care: One detainee stated she suffers from high blood pressure and blood clots and that she was not evaluated by medical staff until three or four days after her initial intake.

- Action Taken: ODO reviewed the detainee's medical record and determined the detainee arrived at the facility on August 19, 2019 and received a medical evaluation the same day. The results of the examination revealed a slightly elevated blood pressure and the detainee was prescribed 81 milligrams of aspirin for prophylaxis. On August 26, 2019, the detainee complained of chest pains and underwent a medical evaluation with negative results. ODO confirmed that the detainee was scheduled to have her blood pressure checked twice a week, until further notice.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

FOOD SERVICE (FS)

ODO inspected the facility kitchen and observed several stained, chipped, and dented insulated trays (**Deficiency FS-1⁶**).

Corrective Action: Prior to completion of the inspection, the facility removed all affected trays and added 70 new insulated trays that had been in storage (**C-1**).

ODO found Material Safety Data Sheets (MSDSs) were not available for the Suma Oven Cleaner and Degreaser and the Suma Light Dishwashing Detergent (**Deficiency FS-2⁷**).

Corrective Action: Prior to completion of the inspection, the MSDS binder was updated for all chemicals stored and used in the kitchen (**C-2**).

TELEPHONE ACCESS (TA)

ODO found that the local ERO field office does not use Telephone Serviceability Worksheets to verify serviceability of all telephones in detainee housing units (**Deficiency TA-1⁸**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the medical unit and found that hazardous chemicals were not inventoried (**Deficiency EH&S-1⁹**) and the MSDS binder was inaccurate (**Deficiency EH&S-2¹⁰**).

⁶ “All food service equipment and utensils (including plasticware) shall be designed and fabricated for durability under normal use. Such equipment shall be readily accessible, easily cleanable, and resistant to denting, buckling, pitting, chipping, and cracking.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(c)(1).

⁷ “The FSA shall obtain and file for reference Material Safety Data Sheets (MSDSs) on all flammable, toxic, and caustic substances used in the facility. Food service staff and detainee workers shall be informed of the hazards associated with these items. The FSA shall forward copies of all MSDSs to the health services department, with a set available in each food service work area.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c)(4).

⁸ “Effective immediately, concurrent with staff/detainee communications visits, ICE staff will verify serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list. ICE staff will also interview a sampling of detainees and review written detainee complaints regarding detainee telephone access. The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis. Each serviceability test shall be documented using the attached form. The field office shall maintain forms in a retrievable format, organized by month, for a three-year period.” See ICE Memorandum: Detainee Telephone Services, dated April 4, 2007.

⁹ “Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.).” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹⁰ “Every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety Data Sheets (MSDSs). The MSDSs provide vital information on individual hazardous substances, including

ODO found the master index of hazardous chemicals stored in the facility did not include the chemicals stored in the medical unit (**Deficiency EH&S-3¹¹**).

ODO found three unlabeled spray bottles stored in the medical unit and two unlabeled spray bottles located in two detainee housing units (**Deficiency EH&S-4¹²**).

ODO inspected the barbering kits in all detainee housing units and found neck dusters were included in all male barbering kits (**Deficiency EH&S-5¹³**).

Corrective Action: Prior to completion of the inspection, the facility removed all neck dusters from the barbering kits (**C-3**).

ODO found that the inventory for 25-gauge 1” syringes, 21-gauge winged blood collection needles, 25-gauge winged blood collection needles, and 21-gauge vacutainers was inaccurate and not verified weekly by the Health Services Administrator or Director of Nursing (**Deficiency EH&S-6¹⁴**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 39 detainee medical records and found two detainees did not receive an initial

instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to the MSDSs for the substances with which they are working while in the work area. Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary. The MSDS file in each area should include a list of all areas where hazardous substances are stored, along with a plant diagram and legend. Staff will provide a copy of this information and all MSDSs contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor or designate.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

¹¹ “The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

¹² “The OIC will individually assign the following responsibilities associated with the labeling procedure:...

4. Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J)(4).

¹³ “Sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs, and clippers. Towels must not be reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to:...

4. Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees....

f. The common use of brushes, neck duster, shaving mugs and shaving brushes will be prohibited.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(4)(f).

¹⁴ “An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

dental screening within 14 days of arrival at the BCJ (**Deficiency MC-1**¹⁵).

ODO reviewed a male detainee's initial medical screening completed on May 4, 2019 and found the detainee's blood pressure was documented as 206/143 with a pulse rate of 102. According to the American Heart Association's hypertension definition, this reading is categorized as a hypertensive crisis. ODO notes as an **Area of Concern** that although the screening nurse scheduled the detainee to be seen by medical the next day, the nurse did not contact the physician to inform him of the detainee's hypertensive crisis reading. Additionally, ODO reviewed the facility's Nursing Encounter Tool and found it lacked defined parameters to determine when to call a physician.

ODO notes as a **Best Practice** BCJ's use of "Interpreter on Wheels," a portable communication network that uses an iPad and video calling to translate all languages and dialects, including sign language, to assist with medical examinations.

¹⁵ "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

CONCLUSION

ODO reviewed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with 13 of those standards. ODO found 10 deficiencies in the remaining 4 standards and noted one **Area of Concern** pertaining to the Nursing Encounter Tool not including a procedure to contact the physician. ODO noted six deficiencies related to the Environmental Health and Safety standard, majority of which are directly attributable to inaccurate inventories of medical equipment and hazardous chemicals. ODO commends facility staff for their responsiveness during this inspection and notes there were three instances where staff initiated immediate corrective action during the inspection. ODO also notes that the facility had no repeat deficiencies from the FY 2016 ODO compliance inspection and recommends ERO work with the facility to address the noted **Area of Concern** and remedy any outstanding deficiencies, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2016 (NDS 2000)	FY 2019 (NDS 2000)
Standards Reviewed	15	17
Deficient Standards	5	4
Overall Number of Deficiencies	8	10
Deficient Priority Components	N/A	N/A
Repeat Deficiencies	1	0
Corrective Actions	1	3