



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Baltimore Field Office

Howard County Detention Center
Jessup, Maryland

August 3-6, 2020

COMPLIANCE INSPECTION
of the
HOWARD COUNTY DETENTION CENTER
Jessup, Maryland

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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 Howard County Detention Center (HCDC) in Jessup, Maryland, from August 3-6, 2020.¹ The facility opened in 1983 and is owned and operated by the Howard County Government. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HCDC in 1995 under the oversight of ERO's Field Office Director in Baltimore (ERO Baltimore). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has not assigned deportation officers nor a detention services manager to the facility. A facility director handles daily facility operations and is supported by [REDACTED] personnel. Trinity Food Service provides food services, Wellpath provides medical care, and Keefe provides commissary services at the facility. The facility was accredited in October 1996 by the Maryland Commission on Correctional Standards.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	78
Average ICE Detainee Population ³	50
Male Detainee Population (as of 8/3/2020)	24
Female Detainee Population (as of 8/3/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2019, ODO found 47 deficiencies in the following areas: Environmental Health and Safety (2); Admission and Release (4); Custody Classification System (1); Funds and Personal Property (1); Sexual Abuse and Assault Prevention and Intervention (3); Special Management Units (2); Staff-Detainee Communication (5); Use of Force and Restraints (3); Food Service (1); Disability Identification, Assessment, and Accommodation (3); Medical Care (2); Significant Self-harm and Suicide Prevention and Intervention (1); Telephone Access (5); Detainee Handbook (2); Grievance System (11); and Law Libraries and Legal Materials (1).

¹ This facility holds male 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 July 20, 2020.

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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	1
Funds and Personal Property	1
Special Management Units	1
Staff-Detainee Communication	3
Use of Force and Restraints	0
Sub-Total	6
Part 4 – Care	
Food Service	1
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	2
Part 5 – Activities	
Recreation	1
Religious Practices	1
Telephone Access	0
Visitation	0
Sub-Total	2
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	11

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each 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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Medical Care: One detainee stated an ultrasound was administered two days prior to the interview for a groin problem and was not told the results of the test.

- Action Taken: ODO reviewed the detainee's medical file and spoke with facility medical staff and determined the detainee had an ultrasound for swelling of the left groin on July 31, 2020. The detainee was verbally told there were no significant findings on the ultrasound on August 1, 2020, by a visiting medical doctor. Additionally, prior to ODO's completion of the inspection, the detainee was seen by facility medical staff on August 3, 2020, and was told again his ultrasound had no significant findings.

Medical Care: One detainee stated he submitted a request for a smaller hernia abdominal wrap a month prior to the ODO inspection and had not received a response from the facility medical staff. The detainee stated his current abdominal wrap was too big for him since he lost weight.

- Action Taken: ODO reviewed the detainee's medical file and spoke with the facility medical staff and determined the detainee was given a hernia abdominal wrap a month prior to the ODO inspection. On August 3, 2020, medical staff provided the detainee with a new smaller hernia abdominal wrap.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's fire inspection documentation and found the Howard County Department of Fire and Rescue Services and the Office of the Fire Marshal had not completed an annual inspection since June 18, 2019 (**Deficiency EH&S-1⁶**).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed six files of detainees whom required reclassification based on their length of stay and found three out of six files did not contain a reclassification form. Additionally, one out of six files had a reclassification form, which had not been completed 60 to 90-days after the date of the initial classification (**Deficiency CCS-1⁷**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's policy, C-201- Lost and Abandoned Inmate/Detainee Property, which stated abandoned detainee personal property will be turned over to ERO Baltimore officials. However, abandoned detainee property was routinely donated to the community's Goodwill Industries International, Inc (**Deficiency F&PP-1⁸**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility's Inmate/Detainee Disciplinary and Administrative Segregation policies and interviewed supervisory staff and found detainees were restrained with handcuffs any time the detainees were escorted outside their cells for any reason (**Deficiency SMU-1⁹**).

⁶ "b. the American Correctional Association "mandatory" Expected Practices [Mandatory ACA Expected Practice 4-ALDF-1 C-07 requires that the facility conform to applicable federal, state and/or local fire safety codes, and that of the authority having jurisdiction over document compliance. A fire alarm and automatic detection system are required (or else there must be a plan for addressing these or other deficiencies within a reasonable time period), as approved by the authority having jurisdiction. If the authority approves any variance, exceptions or equivalencies, they must not constitute a serious life-safety threat to the occupants of the facility." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(1)(b).

⁷ "1. The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V) (H) (1).

⁸ "Because property obtained through non-appropriated funds cannot be donated, donations of abandoned property to charitable organizations are prohibited." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V) (M) (3).

⁹ "...Placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility. Consistent with standard 2.15, restraints should only be used if necessary, as a precaution against escape during transfer, for medical reasons (when directed by the medical officer), or to prevent self-injury, injury to others, or serious property damage." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(E). **This is a Repeat Deficiency.**

STAFF-DETAINEE COMMUNICATION (SDC)

ODO found 34 out of 45 detainee requests logged between January 2020 and July 2020 were not answered within three business days nor were the in-person responses recorded in the facility's electronic log (**Deficiency SDC-1¹⁰**).

The detainee request log did not contain the detainee's A-number, the name of the staff member who responded to the request, any other pertinent site-specific information, nor specific reasons why the detainee's request may be urgent and required a faster response (**Deficiency SDC-2¹¹**).

ERO Baltimore had not performed nor documented weekly telephone serviceability tests after February 13, 2020 (**Deficiency SDC-3¹²**).

CARE

FOOD SERVICE (FS)

ODO reviewed [REDACTED] in the facility's kitchen and found inventories were not updated with [REDACTED] (**Deficiency FS-1¹³**).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

The facility's orientation program and handbook did not inform detainees about the disability accommodations policy, including their right to request reasonable accommodations and how to make such a request for reasonable accommodations (**Deficiency DIA&A-1¹⁴**).

¹⁰ "In Facilities without ICE/ERO Onsite Presence Each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days and answered as soon as practicable, in person or in writing, but no later than within three business days of receipt. All dates shall be documented." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(1)(b). **This is a Repeat Deficiency.**

¹¹ "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: a. date of receipt; b. detainee's name; c. detainee's A-number; d. detainee's nationality; e. name of the staff member who logged the request; f. date that the request, with staff response and action, was returned to the detainee; g. any other pertinent site-specific information, including detention condition complaints; h. specific reasons why the detainee's request is urgent and requires a faster response; and i. the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(c, e, g and h).

¹² "Field Office Directors shall ensure that all phones for detainee use are tested at least weekly in accordance with standard "5.6 Telephone Access." Staff shall report any telephone serviceability problem within 24 hours to the appropriate ICE point of contact. Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(C). **This is a Repeat Deficiency.**

¹³ "...a. All food service staff shall know where and how much toxic, flammable, or caustic material is on hand, and shall be aware that their use must be controlled and accounted for daily." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(11)(a).

¹⁴ "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request." See ICE PBNDS 2011, Standard, Disability Identification, Assessment and Accommodation, Section (V)(J). **This is a Repeat Deficiency.**

ACTIVITIES

RECREATION (R)

ODO determined the facility had not designated an individual responsible for the development and oversight of the recreation program (**Deficiency R-1**¹⁵).

RELIGIOUS PRACTICES (RP)

The facility's detainee handbook and religious services policy and procedure prohibited detainees from changing his/her religious preference designation at any time (**Deficiency RP-1**¹⁶).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2011 and found the facility in compliance with 8 of those standards. ODO found 11 deficiencies in the remaining 9 standards. ODO commends the facility for their professionalism and cooperation during the inspection and positively notes there was a substantial decrease in the number of overall deficiencies from 47 in ODO's last inspection of the facility in FY 2019 compared to 11 overall deficiencies for this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNDS 2011)	FY 2020 (PBNDS 2011)
Standards Reviewed	16	17
Deficient Standards	16	9
Overall Number of Deficiencies	47	11
Repeat Deficiencies	N/A	4
Corrective Actions	5	0

¹⁵ "The facility administrator shall designate an individual responsible for the development and oversight of the recreation program." See ICE PBNDS 2011, Standard, Recreation, Section (V)(C).

¹⁶ "A detainee may request to change his/her religious preference designation at any time by notifying the chaplain, religious services coordinator or other designated individual in writing, and the change shall be effected in a timely fashion." See ICE PBNDS 2011, Standard, Religious Practices, Section (V)(B).