



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 Service Processing Center
Batavia, New York**

October 25-29, 2021

COMPLIANCE INSPECTION
of the
BUFFALO SERVICE PROCESSING CENTER
Batavia, New York

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
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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 Buffalo Service Processing Center (BSPC) in Batavia, New York, from October 25 to 29, 2021.¹ The facility opened in 1998 and is owned and operated by the ICE Office of Enforcement and Removal Operations (ERO). ICE ERO began housing detainees at BSPC in 1998 under the oversight of ERO’s Field Office Director in Buffalo (ERO Buffalo). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. An officer in charge handles daily facility operations and manages █████ support personnel. Akima Global Services provides food services, ICE Health Services Corps provides medical care, and Trinity Services provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2017 and the National Commission on Correctional Health Care in May 2019. In July 2017, BSPC was audited by the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA Certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	████
Average ICE Population ³	████
Adult Male Population (as of October 25, 2021)	████
Adult Female Population (as of October 25, 2021)	████

During its last inspection, in Fiscal Year (FY) 2021, ODO found nine deficiencies in the following areas: Admission and Release (1); Facility Security and Control (2); Funds and Personal Property (3); Special Management Units (2); and Medical Care (1).

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

² Data Source: ERO Facility List as of October 12, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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 highlights instances when 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 (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Use of Force and Restraints	3
Sub-Total	6
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

Interview and Tours	0
Detainee Transfers	2
Sub-Total	2
Total Deficiencies	8

DETAINEE RELATIONS

ODO interviewed 13 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services. ODO conducted the detainee interviews via video teleconference.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed █████ release detention files and found █████ files did not contain the detainee's signature on the personal property inventory form (**Deficiency AR-90**⁷).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed BSPC's SMU policy, interviewed the training lieutenant, and found the facility routinely restrains detainees with handcuffs prior to exiting their cells in the SMU (**Deficiency SMU-108**⁸). **This is a repeat deficiency.**

ODO reviewed BSPC's SMU policy, interviewed the training lieutenant, and found the facility does not use restraints as only a necessary precaution against escape during transfer, medical reasons, or prevention of self-injury, injury to others, or serious property damage. Specifically, the facility routinely restrains detainees with handcuffs prior to exiting their cells in the SMU (**Deficiency SMU-109**⁹). **This is a repeat deficiency.**

⁷ "The detainee shall check his/her property against the original personal property inventory form. If all property is correctly accounted for, the detainee shall sign the inventory sheet, a copy of which the officer shall place in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(9)(c).

⁸ "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." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(E).

⁹ "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 (Revised 2016), Standard, Special Management Units, Section (V)(E).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the training lieutenant, reviewed one calculated UOF incident, and found the facility did not audio visually record the incident (**Deficiency UOFR-69¹⁰**).

ODO reviewed one calculated UOF incident and found the facility did not audio visually record the incident; therefore, the audiovisual recording was not in the investigation package for the after-action review (**Deficiency UOFR-72¹¹**).

ODO reviewed one calculated UOF incident and found the facility did not audio visually record the incident; therefore, the recording did not include all the elements required in the standard (**Deficiency UOFR-73¹²**).

ADMINISTRATION AND MANAGEMENT

DETAINEE TRANSFERS (DT)

ODO reviewed ■ detainee detention files and found in all files, processing staff did not document offering a detainee a domestic call (**Deficiency DT-70¹³**).

Corrective Action: Prior to the conclusion of the inspection, the facility amended their intake form to include fields for processing staff to document offering a domestic call and for detainees to sign the form. The facility briefed the processing staff on the updates to the intake form and trained staff on the use of the form (**C-1**).

ODO reviewed ■ detainee detention files and found processing staff did not document offering a detainee a domestic call; therefore, processing staff did not file the intake form in the detainee's detention folder (**Deficiency DT-71¹⁴**).

¹⁰ "While ICE/ERO requires that all use-of-force incidents be documented and forwarded to ICE/ERO for review, for calculated use of force, it is required that the entire incident be audio visually recorded." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2).

¹¹ "The audiovisual record and accompanying documentation shall be included in the investigation package for the after-action review described below." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2).

¹² "Calculated use-of-force incidents shall be audio visually-recorded in the following order:

- a. Introduction by team leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
- b. Faces of all team members shall briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.
- c. Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance and issues use-of-force order.
- d. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
- e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.
- f. Debrief the incident with a full discussion/analysis/assessment of the incident." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2)(a-f).

¹³ "The offer to make a domestic call, as referenced above, will be documented and signed by processing staff and by the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(F)(2).

¹⁴ "A copy of the documentation verifying that a detainee was offered a three-minute phone call will be filed in the

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 20 of those standards. ODO found eight deficiencies in the remaining four standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO Buffalo work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of BSPC on April 26, 2021.

Compliance Inspection Results Compared	FY 2021 PBNDS 2011 (Revised 2016)	FY 2022 PBNDS 2011 (Revised 2016)
Standards Reviewed	14	24
Deficient Standards	5	4
Overall Number of Deficiencies	9	8
Repeat Deficiencies	3	2
Areas Of Concern	0	0
Corrective Actions	2	1
Facility Rating	N/A	Superior