



U.S. Department of Homeland Security
U.S. 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 New York Field Office**

**Hudson County Correctional Center
Kearny, New Jersey**

January 11-15, 2021

COMPLIANCE INSPECTION
of the
HUDSON COUNTY CORRECTIONAL CENTER
Kearny, New Jersey

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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 Hudson County Correctional Center (HCCC) in Kearny, New Jersey, from January 11-15, 2021.¹ The facility opened in 1990 and is owned by Hudson County and operated by Hudson County Department of Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HCCC in 1996 under the oversight of ERO's Field Office Director in New York (ERO New York). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned deportation officers and a detention services manager to the facility. An HCCC director oversees daily facility operations and is supported by [REDACTED] personnel. GD Correctional Services provides food services, Wellpath provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association and National Commission on Correctional Health Care in 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	256
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of 01/11/2021)	[REDACTED]
Female Detainee Population (as of 01/11/2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 9 deficiencies in the following areas: Admission and Release (1); Funds and Personal Property (1); Special Management Units (2); Use of Force and Restraints (1); Medical Care (2); Suicide Prevention and Intervention (1); and Visitation (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 December 14, 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 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	6
Classification System	0
Facility Security and Control	0
Funds and Personal Property	4
Emergency Plans	0
Population Counts	0
Special Management Units	1
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Use of Force and Restraints	0
Sub-Total	11
Part 4 – Care	
Food Service	0
Medical Care	0
Hunger Strikes	0
Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	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 New York and the facility were not able to accommodate this request due to technological issues. As such, ODO conducted the detainee interviews via telephone.

Admission and Release: Three detainees said they were strip searched at the facility upon arrival and/or after contact visits.

- Action Taken: ODO interviewed the admissions and release lieutenant and found in all instances the facility followed their policy. In two instances, the detainees alerted the body scanner, which resulted in the strip searches. In the other instance, a body scanner was not available, and staff conducted a strip search after a contact visit.

Admission and Release: A detainee said a judge ordered his release on December 29, 2020, but ERO New York said they could not release him because of COVID-19. The detainee also stated the facility staff informed him he would be released on January 14, 2021.

- Action Taken: ODO interviewed the detention services manager (DSM), who confirmed a judge granted the detainee voluntary departure on January 4, 2021. According to the DSM, the detainee and their family are responsible for transportation to the country of residence for voluntary departures. The DSM confirmed the detainee was scheduled for departure on January 14, 2021, as arranged by his family.

Medical Care: A detainee said he submitted a medical request, but medical staff did not evaluate him in a timely manner.

- Action Taken: ODO discussed the detainee's concerns with the health services administrator (HSA) and reviewed his medical record. On September 24, 2020, medical staff completed a health appraisal of the detainee and did not note any medical problems or concerns. The detainee's intake screening found criminal charges of domestic violence; therefore, medical staff referred him for a mental health screening. On September 27, 2020, a psychiatrist evaluated the detainee and placed him on mental health chronic care. The HSA stated medical staff routinely meet with the detainee for his adjustment disorder. ODO did not find a request in which medical staff did not address it in a timely manner.

Medical Care: A detainee stated he was in perfect health until arriving at the facility and since arriving, he has had headaches and nose bleeds.

- Action Taken: ODO reviewed the detainee's medical record and discussed the detainee's concerns with the HSA. Medical staff evaluated the detainee and determined mucus membranes of the interior of his nose was dry; however, there were no signs of bleeding. Medical staff prescribed the detainee Motrin, for his headaches, and ointment

to apply to his nose twice a day and instructed him to return to the clinic if the issue persisted.

Medical Care: A detainee stated he was in bad health and has requested ERO New York release him.

- Action Taken: ODO reviewed the detainee's medical record and discussed the concern with the HSA. On October 1, 2020, medical staff completed a physical screening on the detainee and noted there were no medical, dental, or mental health problems. On January 11, 2021, the medical director (MD) evaluated the detainee for a possible nasal obstruction; however, the MD did not find an obstruction. The MD prescribed the detainee nasal spray and advised him to return to the clinic, as needed.

Medical Care: A detainee stated he has epilepsy and says the medication makes him dizzy. He fell from his bunk and his arm hurts, and he believes the medication made him fall. He also stated he was taking medication for depression before ICE apprehended him and the facility has not prescribed him the medication.

- Action Taken: ODO reviewed the detainee's medical record and discussed the detainee's concerns with the HSA. On September 4, 2020, medical staff evaluated the detainee at intake and noted he did not have a history of depression, but he did have a history of seizures and he was subsequently prescribed medication and placed him on the chronic care log for routine visits with the MD. During a sick call visit on January 12, 2021, the detainee stated he fell from his bunk. Medical staff evaluated the detainee and found no injuries and assigned him to a low bunk.

Staff-Detainee Communication: Three detainees stated they had little or no contact with ERO staff.

- Action Taken: ODO reviewed the facility logbooks and interviewed ERO New York staff and determined ERO staff visit the facility at least once a day. ERO stated staff meet with detainees daily to see if there is any assistance they could provide.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO found four out of five released detainee files did not have an Order to Release (Form I-203) (**Deficiency A&R-77⁶**).

ODO interviewed facility staff and confirmed ERO New York does not forward the Order to Release (Form I-203) to the facility administrator (**Deficiency A&R-80⁷**).

ODO reviewed five released detainee files and found no documentation indicating the detainees checked their property against the original property inventory form (**Deficiency A&R-95⁸**).

ODO reviewed five released detainee files and found none of the detainees signed the inventory sheet (**Deficiency A&R-96⁹**).

ODO reviewed five released detainee files and found none of the detainees signed the blue copy of the G-589 confirming receipt of the inventoried property (**Deficiency A&R-100¹⁰**).

ODO reviewed five released detainee files and found none of the files contained all three copies of the closed-out G-589 (**Deficiency A&R-101¹¹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed facility policies and found HCCC does not have written procedures for auditing detainee valuables (**Deficiency F&PP-4¹²**).

ODO reviewed photos of garment bags used to store detainee property and found the garment bags

⁶ “A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(1).

⁷ “The requesting ICE/DRO official shall present/forward the appropriate documents to the facility administrator or facility administrator’s designee.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(3).

⁸ “The detainee shall check his or her property against the original personal property inventory form.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(9).

⁹ “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 2008, Standard, Admission and Release, Section (V)(H)(9).

¹⁰ “If the detainee’s documentation is in order, the officer shall return the detainee’s funds and secure the detainee's signature confirming receipt of the inventoried property on the blue copy of the G589.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(10).

¹¹ “The facility shall retain all three copies (blue, pink, and white) of the closed-out G-589 in the detainee’s detention file.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(10).

¹² “All detention facilities are required to have written policies and procedures to:

- Inventory and audit detainee funds, valuables, and personal property.” See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(A).

are not secured in a tamper resistant manner (**Deficiency F&PP-56¹³**).

ODO interviewed the admissions and release lieutenant and found weekly valuable audits are not completed jointly by the Detention Operations Supervisor and a detention staff member (**Deficiency F&PP-63¹⁴**).

ODO reviewed five released detainee files and found none of the detainees signed the blue copy of the G-589, indicating receipt of all funds and personal property (**Deficiency F&PP-69¹⁵**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 disciplinary segregation orders and found none of the orders contained the date and time the releasing officer released the detainees from SMU (**Deficiency SMU-137¹⁶**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2008 and found the facility in compliance with 16 of those standards. ODO found 11 deficiencies in the remaining 3 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO New York to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2008)	FY 2021 (PBNDS 2008)
Standards Reviewed	18	19
Deficient Standards	7	3
Overall Number of Deficiencies	9	11
Repeat Deficiencies	0	1
Corrective Actions	3	0
Areas of Concern	0	0

¹³ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a manner that is tamper-resistant (such as by a tamperproof numbered tie strap) and shall only be opened in the presence of the detainee." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I). **This is a Repeat Deficiency.**

¹⁴ "In SPCs and CDFs without commissaries, a comprehensive weekly audit is to be completed jointly by the Detention Operations Supervisor or CDF equivalent and a detention staff member." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J)(8).

¹⁵ "After the property check, the property shall be returned to the detainee. The detainee shall then sign the blue copy of the G-589, indicating his or her receipt of all funds and personal property due him/her. The property log and inventory sheets shall reflect the transaction." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(K).

¹⁶ "When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Disciplinary Segregation Order, then forward the completed order to the chief of security for insertion into the detainee's detention file." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2)(b).