

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
Follow-Up Compliance Inspection

Enforcement and Removal Operations
ERO New York Field Office

Hudson County Correctional Center
Kearny, New Jersey

June 21-25, 2021

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
SECURITY	7
Admission and Release.....	7
Funds and Personal Property	8
CONCLUSION	9

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Assistant Team Lead
Contractor
Contractor
Contractor
Contractor

ODO
ODO
Creative Corrections
Creative Corrections
Creative Corrections
Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Hudson County Correctional Center (HCCC) in Kearny, New Jersey, from June 21 to 25, 2021.¹ This inspection focused on the standards found deficient during ODO's last inspection of HCCC from January 11 to 15, 2021. The facility opened in January 1990 and is owned and operated by Hudson County. 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 service manager to the facility. An HCCC director handles daily facility operations and manages ██████ 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 in January 2020 and by the National Commission on Correctional Health Care in May 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	476
Average ICE Detainee Population ³	████
Male Detainee Population (as of June 21, 2021)	████
Female Detainee Population (as of June 21, 2021)	████

During its last inspection, in January 2021, ODO found 11 deficiencies in the following areas: Admission and Release (6); Funds and Personal Property (4); and Special Management Units (1).

¹ This facility holds both 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 June 21, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDS 2008 Standards Inspected ⁴	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	4
Classification System	0
Funds and Personal Property	7
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	11
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	11

⁴ For greater detail on ODO's findings, see the *Follow-Up 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 concern listed below. ODO attempted to conduct detainee interviews via video teleconference; however, ERO New York and the facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Medical Care: One detainee stated he submitted four sick call requests concerning dizziness and medical staff had not evaluated him.

- Action Taken: ODO reviewed the detainee's medical record, interviewed the director of nursing (DON), and confirmed medical staff evaluated nine times for various symptoms from December 2019 to May 2021. On June 22, 2021, the registered nurse evaluated the detainee, who claimed he felt fine, though he suffers from chronic asthma. The DON informed ODO the medical staff documented his chronic asthma in his medical record and placed him on the chronic care program for further evaluation. Additionally, the medical staff evaluated the detainee on June 22, 2021, and found his lungs were clear.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee release files and found in [REDACTED] files the facility did not complete certain procedures before a detainee's release, removal, or transfer. Specifically, the facility did not complete fingerprinting or check for wants and warrants (**Deficiency AR-75**⁵).

ODO reviewed [REDACTED] detainee release files and found [REDACTED] detainee files did not contain an Order to Release Form (Form I-203) signed by an authorizing ERO New York official (**Deficiency AR-77**⁶). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee release files and found [REDACTED] of the detainees signed the inventory sheet (**Deficiency AR-96**⁷). **This is a repeat deficiency.**

⁵ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, checking wants and warrants, etc." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H).

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 detainee shall check his or 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 2008, Standard, Admission and Release, Section (V)(H)(9).

ODO reviewed [REDACTED] detainee release files and found [REDACTED] of the files contained all [REDACTED] copies of the closed-out G-589. Specifically, the detainee did not sign to confirm the return of funds upon release, removal, or transfer from the facility (**Deficiency AR-101⁸**). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed HCCC policies, interviewed the lieutenant and property officer, and found no written procedures for auditing detainee valuables (**Deficiency FPP-4⁹**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee detention files containing property inventory forms and found [REDACTED] of the files contained the time of the admission on the inventory form (**Deficiency FPP-52¹⁰**).

ODO reviewed [REDACTED] detainee detention files containing property inventory forms and found [REDACTED] of the files contained the general condition of the property on the inventory form (**Deficiency FPP-54¹¹**).

ODO reviewed HCCC's inventory and audit FPP program, interviewed the property officer and lieutenant, and found on-coming and off-going supervisors did not conduct simultaneous audits of property envelopes. Specifically, HCCC does not accept large valuables (**Deficiency FPP-59¹²**).

ODO reviewed HCCC FPP procedures, interviewed the property officer and lieutenant, and found the valuables logbook do not record the date, time, and name of officers conducting the inventory (**Deficiency FPP-60¹³**).

ODO reviewed HCCC FPP procedures, interviewed the property officer and lieutenant, and found the facility's chief of security is not immediately notified of discrepancies in unaccounted for detainee funds and valuables (**Deficiency FPP-61¹⁴**).

ODO reviewed [REDACTED] detainee release files and found [REDACTED] of the detainees signed the blue copy of

⁸ "The processing officer shall compare the blue and pink copies of the G-589 with the white copy presented by the detainee. 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 G-589. The facility shall retain [REDACTED] copies (blue, pink, and white) of the closed-out G-589 in the detainee's detention file." See ICE PBNDS 2008, Standard, Admission & Release, Section (V)(H)(10).

⁹ "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).

¹⁰ "The personal property inventory form must contain the following information at a minimum: ...

- Date and time of admission." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

¹¹ "The personal property inventory form must contain the following information at a minimum: ...

- General condition of the property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

¹² "Where physical custody of, or access to, detainee funds, property envelopes, and large valuables changes with facility shift changes, both on-coming and off-going supervisors shall simultaneously conduct an audit of these items." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(K).

¹³ "The property and valuables logbook shall record the date, time, and the name of the officer(s) conducting the inventory." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

¹⁴ "Any discrepancies shall be immediately reported to the chief of security, who shall follow facility procedure to ensure that all detainee funds and valuables are accounted for." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

the G-598, indicating receipt of all funds and personal property (**Deficiency FPP-69¹⁵**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 11 standards under PBNDS 2008 and found the facility in compliance with 9 of those standards. ODO found 11 deficiencies in the remaining 2 standards. ODO commends the facility staff for their responsiveness during this inspection. ODO recommends ERO New York 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 HCCC on May 21, 2021.

Compliance Inspection Results Compared	First FY 2021 (PBNDS 2008)	Second FY 2021 (PBNDS 2008)
Standards Reviewed	19	11
Deficient Standards	4	2
Overall Number of Deficiencies	13	11
Repeat Deficiencies	1	5
Areas of Concern	0	0
Corrective Actions	0	0

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)(J).