



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 Baltimore Field Office**

**Worcester County Jail
Snow Hill, Maryland**

September 20-23, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
WORCESTER COUNTY JAIL
Snow Hill, 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 follow-up compliance inspection of the Worcester County Jail (WCJ) in Snow Hill, Maryland, from September 20 to 23, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of WCJ from April 5 to 9, 2021. The facility opened in 1982 and is owned and operated by Worcester County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCJ in 1999 under the oversight of ERO’s Field Office Director in Baltimore (ERO Baltimore). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility. A WCJ warden handles daily facility operations and manages █ support personnel. WCJ provides food services and commissary services, and Wellpath provides medical care at the facility. The facility does not hold any national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	█
Average ICE Detainee Population ³	█
Male Detainee Population (as of September 20, 2021)	█
Female Detainee Population (as of September 20, 2021)	█

During its last inspection, in April 2021, ODO found 18 deficiencies in the following areas: Admission and Release (3); Custody Classification System (2); Funds and Personal Property (4); Grievance System (1); Food Service (1); Sexual Abuse and Assault Prevention and Intervention (2); and Special Management Units (5).

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 September 20, 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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4&5}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	2
Special Management Units	1
Use of Force and Restraints	1
Sub-Total	6
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	2
Sub-Total	5
Part 6 – Justice	
Grievance System	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.

⁵ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concern listed below. ODO conducted detainee interviews via video teleconference.

Admission and Release: Four detainees stated they did not receive the ICE National Detainee Handbook upon their admission to the facility.

Action Taken: ODO reviewed the detention files of each detainee and found signed acknowledgements from each detainee, which indicated their receipt of the ICE National Detainee Handbook. On September 30, 2021, at the request of ODO, the facility provided each detainee new copies of both the ICE National Detainee Handbook and facility-specific handbook.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files and found all [REDACTED] files contained the Order to Detain or Release Form (Form I-203 or I-203a). However, [REDACTED] files did not have the Order to Detain Form (I-203) signed by ERO Baltimore's authorizing official (**Deficiency AR-18**⁶). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee detention files, interviewed the assistant warden and a facility lieutenant, and found no evidence of WCJ conducting detainee fingerprinting procedures prior to a detainee's release (**Deficiency AR-28**⁷).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed WCJ's UOFR policies, interviewed the facility's colonel, and found the facility does not retain UOFR documentation for a minimum of 6 years. Specifically, in January of each year, WCJ destroys all UOFR documentation, exceeding 5 years from the date of occurrence (**Deficiency UOFR-87**⁸).

⁶ "Official documentation from ICE/ERO (e.g. Form I-203, I-203a, or I-216) shall accompany each newly arriving detainee." See ICE NDS 2019, Standard, Admission & Release, Section (II)(F).

⁷ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing fingerprinting." See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

⁸ "Facilities shall maintain all written use-of-force documentation for a minimum of six years." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(4).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed [REDACTED] disciplinary segregation (DS) orders that contained disciplinary hearing reports and found none of the disciplinary hearing reports contained the date nor time of the detainee's release from DS (**Deficiency SMU-42⁹**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO attempted to review WCJ's SAAPI policies and found nothing to confirm the facility's SAAPI policies incorporate the requirement to cooperate with all ICE/ERO audits and monitoring of the facility's compliance with ICE's sexual abuse and assault policies and standard. Specifically, WCJ did not provide ODO with any supporting documentation (**Deficiency SAAPI-13¹⁰**). **This is a repeat deficiency.**

ODO reviewed the WCJ website and found the facility does not post its protocols on its website nor make their protocols available to the public (**Deficiency SAAPI-16¹¹**). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO reviewed WCJ's common-fare menus and found the facility's menus did not include special menus for the 10 federal holidays (**Deficiency FS-60¹²**). **This is a repeat deficiency.**

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found [REDACTED] records contained no documentation of tuberculosis (TB) screening within 12 hours of the detainee's arrival. Specifically, WCJ completed the TB screenings from 1 to 17 days after the detainee's arrival at the facility (**Deficiency MC-18¹³**).

ODO reviewed [REDACTED] detainee medical records and found [REDACTED] records did not document the facility's medical staff completing an initial physical exam within 14 days of the detainee's arrival.

⁹ "When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be included in the detainee's detention file or maintained in a retrievable electronic format." See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2)(c).

¹⁰ "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

7. The facility's requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(7).

¹¹ "Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocols available to the public." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

¹² "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

¹³ "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

Specifically, one physical exam was completed 15 days after the detainee’s arrival (**Deficiency MC-27¹⁴**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed WCJ's SSHSPI policies and two medical files of detainees on suicide watch placed in suicide-resistant cells with constant monitoring (one-to-one) during this inspection period and found a mental health provider did not perform a welfare check every 8 hours. Specifically, WCJ policy recommends evaluation of the detainee by a mental health professional within 24 hours and confirmed welfare checks every 24 hours as noted in the suicide watch file (**Deficiency SSHSPI-22¹⁵**).

ODO reviewed WCJ SSHSPI policies and two medical files of detainees on suicide watch placed in suicide-resistant cells with constant monitoring (one-on-one) during this inspection period and found a mental health provider did not perform a welfare check every 8 hours. Specifically, WCJ policy recommends evaluation of the detainee by a mental health professional within 24 hours and confirmed welfare checks every 24 hours as noted in the suicide watch file (**Deficiency SSHSPI-28¹⁶**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 12 standards under NDS 2019 and found the facility in compliance with 5 of those standards. ODO found 11 deficiencies in the remaining 7 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO’s last inspection of WCJ in April 2021.

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2019)
Standards Reviewed	18	12
Deficient Standards	7	7
Overall Number of Deficiencies	18	11
Repeat Deficiencies	4	4
Areas of Concern	1	0
Corrective Actions	0	0

¹⁴ “The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival at the facility.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹⁵ “A mental health provider may place a detainee in a suicide-resistant cell with constant monitoring (one-to-one). A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section, (II)(F).

¹⁶ “A mental health provider may place a detainee in a suicide-resistant cell with constant monitoring (one-to-one). A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section, (II)(F).