



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 Buffalo Field Office**

**Buffalo (Batavia) Service Processing Center
Batavia, New York**

May 3-5, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
BUFFALO (BATAVIA) SERVICE PROCESSING CENTER
Batavia, New York

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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 Buffalo Service Processing Center (BSPC) in Batavia, New York, from May 3 to 5, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of BSPC from October 25 to 29, 2021. The facility opened in 1998 and is owned by ICE and operated by Akima Global Services (AGS), LLC. The ICE Office of Enforcement and Removal Operations (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 (OIC) handles daily facility operations and manages █████ support personnel. AGS 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 National Commission on Correctional Health Care in May 2019. In June 2021, BSPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	█████
Average ICE Detainee Population ³	█████
Male Detainee Population (as of May 3, 2022)	█████
Female Detainee Population (as of May 3, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found eight deficiencies in the following areas: Admission and Release (1); Detainee Transfers (2); Special Management Units (2); and Use of Force and Restraints (3).

¹ This facility holds female and 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 April 25, 2022.

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.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected ^{4,5}	Deficiencies
Part 1 – Safety	
Emergency Plans	1
Environmental Health and Safety	0
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	4
Sub-Total	5
Part 4 – Care	
Food Service	0
Hunger Strikes	1
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	4
Part 5 – Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Sub-Total	0
Part 7 – Administration and Management	
Detention Transfers	1
Sub-Total	1
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 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 inspections.

DETAINEE RELATIONS

ODO interviewed 13 detainees, who each voluntarily agreed to participate. One detainee stated he felt intimidated by a facility guard when the guard escorted him to the interview. Most detainees reported satisfaction with facility services except for the concern listed below.

Staff-Detainee Communication: One detainee stated he felt intimidated by a guard when being escorted to the ODO interview. The detainee claimed the officer stated he did not understand why he was being interviewed when the detainee did not understand English, which he felt was intimidating since he did understand English and wanted to participate in the interview.

- Action Taken: ODO interviewed the OIC, reviewed the detainee's detention file, and found the detainee had no prior grievances or significant incidents at the facility. ODO advised the OIC of the detainee's concern and the importance of the interview process for ODO's inspection. The OIC briefed the guards to ensure that when they contact the detainees ODO has requested to interview, they inform the detainees of ODO's request and ask if they would like to volunteer to participate in an interview with ODO, and to keep all encounters with the detainees professional.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the facility's EP training program, interviewed the ERO Buffalo emergency services officer, and found the facility did not conduct training exercises incorporating the activation of the command post at least once in the past 6 months (**Deficiency EP-99⁶**).

SECURITY

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility SMU policy, interviewed the ERO Buffalo assistant officer in charge (AOIC), and found the facility considered a detainee's placement in the SMU as a valid basis for the application of restraints. Specifically, BSPC routinely applied restraints to detainees in disciplinary segregation during movement outside of their cells (**Deficiency SMU-108⁷**). **This is a repeat deficiency.**

⁶ "Training exercises integrating the activities of the command post, HNT and SRT, shall occur every six months to underscore the importance of a total facility response to a hostage situation." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(E)(5)(b)(5).

⁷ "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).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed one calculated use-of-force (UOF) audiovisual recording and found the team leader did not name the camera operator nor offer the detainee a last chance to cooperate before the team acted (**Deficiency UOFR-73**⁸).

ODO reviewed the detainee detention files of seven detainees involved in UOF incidents and found in seven out of seven files, no copies of UOF reports (**Deficiency UOFR-130**⁹).

ODO reviewed the A-files of seven detainees involved in UOFR incidents and found in seven out of seven files, no copies of UOFR reports (**Deficiency UOFR-135**¹⁰).

ODO reviewed seven UOF files and found in seven out of seven files, no after-action review team meeting on the workday after the incident. Specifically, the after-action review team convened between 2 and 30 workdays after the UOF incidents (**Deficiency UOFR-155**¹¹).

CARE

HUNGER STRIKES (HS)

ODO reviewed the medical files of seven detainees who went on a hunger strike and found a physician did not order the detainees' release from hunger strike treatment nor document the release orders in their medical records. Specifically, ODO found in three out of the seven files, a nurse practitioner ordered and documented the release from hunger strike treatment (**Deficiency HS-19**¹²).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical files of detainees who received psychotropic medications and found in [REDACTED] out of [REDACTED] files, no separate informed consent forms with descriptions of the medication's side effects prior to administering the medication (**Deficiency MC-241**¹³).

⁸ "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.
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."

See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2)(a) and (c).

⁹ "A copy of the report shall be placed in the detainee's detention file." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(O).

¹⁰ "Within two working days, copies of the report shall be placed in the detainee's A-File and sent to the Field Office Director." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(O)(2).

¹¹ "This four-member after-action review team shall convene on the workday after the incident." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

¹² "Only a physician may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record." *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(8).

¹³ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

PERSONAL HYGIENE (PH)

ODO observed the facility's compliance with the PH standard's requirement for staff members to announce their presence when entering housing units of the opposite gender and found staff did not always announce themselves. Specifically, ODO observed one female officer enter three male housing units without announcing her presence (**Deficiency PH-43**¹⁴).

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

ODO reviewed the observation logs of six detainees placed on continuous monitoring and found the facility did not document the monitoring every 15 minutes or more frequently if required. Specifically, ODO found in all eight logs, observation entries ranged from 16 to 21 minutes (**Deficiency SSHSPI-34**¹⁵).

ADMINISTRATION AND MANAGEMENT

DETAINEE TRANSFERS (DT)

ODO interviewed the intake and release officer, reviewed [REDACTED] detainee detention files, and found each file did not contain the detainee's written acknowledgement that they may place a domestic phone call at no expense to the detainee, upon admission to the receiving facility (**Deficiency DT-15**¹⁶).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 11 deficiencies in the remaining 8 standards. ODO commends facility staff members 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 February 25, 2022.

¹⁴ "Staff of the opposite gender shall announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E).

¹⁵ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹⁶ "The sending facility shall ensure that the detainee acknowledges, in writing, that:...

3) he or she may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility."

See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(C)(3).

Compliance Inspection Results Compared	First FY 2022 (PBNS 2011) (Revised 2016)	Second FY 2022 (PBNS 2011) (Revised 2016)
Standards Reviewed	24	18
Deficient Standards	4	8
Overall Number of Deficiencies	8	11
Repeat Deficiencies	2	1
Areas of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	N/A