



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

Office of Detention Oversight
Follow-Up Compliance Inspection

Enforcement and Removal Operations
ERO Newark Field Office

Elizabeth Contract Detention Facility
Elizabeth, New Jersey

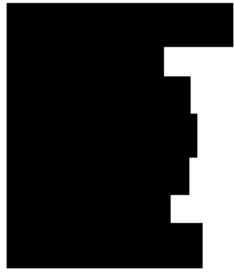
May 17-19, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
ELIZABETH CONTRACT DETENTION FACILITY
Elizabeth, New Jersey

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting 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 follow-up compliance inspection of the Elizabeth Contract Detention Facility (ECDF) in Elizabeth, New Jersey, from May 17 to 19, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of ECDF from November 1 to 5, 2021. The facility opened in 1996 and is owned by Port View Property and operated by CoreCivic. The ICE of Enforcement and Removal Operations (ERO) began housing detainees at ECDF in 1996 under the oversight of ERO’s Field Officer Director in Newark (ERO Newark). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned a supervisory detention and deportation officer, deportation officers (DOs), and a detention services manager to the facility. An ECDF Warden handles daily facility operations and manages █████ support personnel. Trinity Service Group provides food services, ICE Health Service Corps provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2019, National Commission on Correctional Health Care in February 2020, and DHS PREA in September 2021. Also, in October 2021, ECDF 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 Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of May 17, 2022)	█████
Adult Female Population (as of May 17, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found three deficiencies in the following areas: Detention Files (1) and Post Orders (2).

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

² Data Source: ERO Facility List as of May 16, 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	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 - Activities	
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Sub-Total	0
Total Deficiencies	3

⁴ For greater detail on ODO's findings, see the *Follow-up 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 standards.

DETAINEE RELATIONS

ODO interviewed 16 detainees, who each voluntarily agreed to participate. Due to COVID-19 concerns throughout multiple housing units and cohorts, ODO interviewed only 16 out of the 82 detainees. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with the facility services except for the concerns listed below.

Medical Care: One detainee stated she submitted a sick call request for ongoing drainage from her left breast and wisdom tooth pain and has yet to see a doctor and a dentist.

- Action Taken: ODO interviewed the health services administrator (HSA) and reviewed the detainee's medical record. ODO confirmed the detainee submitted a sick call request for wisdom tooth pain on April 19, 2022. The facility's medical staff evaluated the detainee on that same day, determined the tooth required removal, and scheduled an appointment with an outside dentist. On May 17, 2022, at an appointment the facility had previously scheduled for the detainee, an outside dentist removed the her tooth and alleviated her pain with no need for a follow-up appointment.

Regarding the detainee's breast issue, ODO confirmed the detainee submitted a sick call request for drainage from her left breast on May 17, 2022. On May 18, 2022, ECDF medical staff evaluated the detainee and scheduled preliminary lab work to determine the cause of the drainage. During a follow-up call on June 10, 2022, facility staff informed ODO the advanced practice practitioner (APP) examined the detainee, reviewed the lab results, and diagnosed her symptoms as hyperprolactinemia. The APP advised the detainee to stop expressing milk and prescribed no medication. Additionally, the APP scheduled the detainee for follow-up lab work to occur on July 6, 2022, and a review of those results for July 11, 2022. The APP informed the detainee the next step would be a brain scan by magnetic resonance imaging to look for a pituitary adenoma if the second set of results mirrored the first set of results. The HSA informed ODO the medical staff educated the detainee on her medical plan of action for the steps to recovery.

Personal Hygiene: One detainee stated he needed to shower after excessively sweating during recreation time, but the facility denied his request because the allotted shower times had passed.

- Action Taken: ODO interviewed the facility's quality assurance manager (QAM) and confirmed the facility maintains designated shower times for the morning and evening and approves detainee requests to shower after their recreation periods. ODO confirmed the ECDF site-specific facility handbook states detainees have an hour to complete their post recreation showers from the time the detainee returns to his/her dorm. ODO found no documentation indicating the facility had ever denied this detainee's request for a post-recreation period shower, and also confirmed the detainee was issued a ECDF site-specific facility handbook in the language he understood.

Staff-Detainee Communication: Two detainees stated they did not know how to contact their immigration officer to ask questions concerning their detention status because they could not read, and they did not understand the legal process.

- Action Taken: ODO interviewed the QAM, reviewed the detainees' detention files and the ECDF site-specific facility handbook, which detailed the procedures on how to contact an assigned immigration officer and DO. ODO observed both detainees signed the detainee handbook receipt form indicating the facility provided them both with the site-specific facility handbook in their preferred language upon their admission into ECDF. However, their inability to read prevented them from reading and understanding the contents of the handbook. On May 17, 2022, at the request of ODO, the facility's QAM spoke with both detainees and explained the process on how to contact a DO and immigration officer to address their cases and other concerns.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's sharps inventory for April and May 2022 and found the HSA did not inventory nor check weekly items that pose a security risk such as syringes, needles, scissors, and other sharp instruments. Specifically, the HSA only conducted sharps inventories on the weeks of April 12, 2022, and May 17, 2022, and did not document an epinephrine injector on the inventory for May 17, 2022 (**Deficiency EHS-141**⁶).

CARE

MEDICAL CARE (MC)

ODO reviewed the perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles, and found inaccurate needle and syringe counts. Specifically, the facility's medical staff had not inventoried a two-count box of epinephrine auto-injectors (0.3 mg) since April 15, 2022 (**Deficiency MC-92**⁷).

ODO reviewed 23 comprehensive health assessments and found in 1 out of 23 assessments, the clinical medical authority did not review the comprehensive health assessment to assess the

⁶ "Items that pose a security risk, such as sharp instruments, syringes, needles and scissors, shall be inventoried and checked weekly by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(D)(4).

⁷ "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: ...

5. Secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles."

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(G)(5).

priority for treatment (**Deficiency MC-140⁸**).

ODO inspected all automatic external defibrillators (AED) in the facility and found that a spare AED electrode pad for the AED located in medical processing room expired on March 28, 2021. The assistant HSA replaced the expired AED electrode pad during the week of ODO’s inspection. The PBNDS 2011 (Revised 2016) medical care standard requires only one AED in the facility, and the facility has four AEDs throughout the facility. However, in the case of an emergency in which staff used the expired AED, the staff would then have to locate another AED. This extra time to obtain a serviceable AED may be critical to the welfare of the detainee or staff member. ODO cites this as an **Area of Concern**.

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 16 of those standards. ODO found three deficiencies and one area of concern in the remaining two standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO 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 ECDF on November 5, 2021.

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	18
Deficient Standards	2	2
Overall Number of Deficiencies	3	3
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	2	0
Corrected Deficiencies	0	0
Facility Rating	Superior	N/A

⁸ “The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).