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**Office of Detention Oversight
Special Review
2023-003-206**

**Enforcement and Removal Operations
ERO New Orleans Field Office**

**Baldwin County Correctional Center
Bay Minette, Alabama**

September 26-28, 2023

**SPECIAL REVIEW
of the
BALDWIN COUNTY CORRECTIONAL CENTER
Bay Minette, Alabama**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
SPECIAL REVIEW PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
SPECIAL REVIEW FINDINGS	7
SAFETY	7
ENVIRONMENTAL HEALTH AND SAFETY	7
SECURITY	9
SPECIAL MANAGEMENT UNIT	9
SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION	10
CARE	12
FOOD SERVICE	12
MEDICAL CARE	15
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	16
TERMINAL ILLNESS AND DEATH	16
ACTIVITIES	17
RECREATION	17
CONCLUSION	17

SPECIAL REVIEW TEAM MEMBERS



Team Lead
Inspections and Compliance Specialist
Contractor
Contractor

ODO
ODO
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 special review of the Baldwin County Correctional Center (BCCC) in Bay Minette, Alabama, from September 26 to 28, 2023.¹ The facility opened in 2011 and is owned by Baldwin County and operated by the Baldwin County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCCC in 2011 under the oversight of ERO's Field Office Director in New Orleans (ERO New Orleans). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of September 26, 2023. BCCC was inspected against NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.

[REDACTED] A major handles daily facility operations and manages [REDACTED] support personnel. Summit Food Services provides food services, Quality Corrections Health Care provides medical care, and Turnkey provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 26, 2023)	[REDACTED]
Adult Female Population (as of September 26, 2023)	[REDACTED]

This was ODO's first compliance inspection of the BCCC.

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

² Data Source: ERO Facility List as of September 26, 2023.

³ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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.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 *Special Review Findings* section of this report.

Beginning fiscal year (FY) 2022, ODO will conduct special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each review, 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 its decision-making to better allocate resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	17
Sub-Total	17
Part 2 - Security	
Use of Force and Restraints	0
Special Management Unit	4
Sexual Abuse and Assault Prevention and Intervention	14
Sub-Total	18
Part 4 - Care	
Food Service	17
Medical Care	5
Significant Self-Harm and Suicide Prevention and Intervention	3
Terminal Illness and Death	1
Sub-Total	26
Part 5 - Activities	
Recreation	3
Sub-Total	3
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	64

⁵ For greater detail on ODO's findings, see the *Special Review Findings* section of this report.

⁶ 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

The facility's ICE detainee population count was zero during the entire inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2022 ADP of 1, meeting the ODO requirement for special reviews.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the safety manager, reviewed the facility's EHS policies and procedures, and found the facility did not create a written hazardous communication program, outlining proper chemical labeling, providing Safety Data Sheets (SDSs), and training for employees (**Deficiency EHS-1⁷**). **This is a priority component.**

ODO reviewed the facility EHS program and policies, interviewed facility staff, inspected the facility's chemical storage areas, and found the following deficiencies:

- The facility did not establish a system for storing, issuing, and maintaining inventories and accountability for hazardous materials (**Deficiency EHS-2⁸**);
- No perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored at the facility (**Deficiency EHS-3⁹**);
- No inventory records for each substance used in the laundry and food service chemical storage areas (**Deficiency EHS-4¹⁰**); and
- No file of corresponding SDSs in every area using hazardous chemicals (**Deficiency EHS-5¹¹**).

⁷ "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ "The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for hazardous materials." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹⁰ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹¹ "In accordance with OSHA requirements, every area using hazardous chemicals will maintain a file of the corresponding Safety Data Sheets (SDSs)." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

The lack of SDS files, chemical inventories, and a hazardous chemical master index resulted in the following related deficiencies:

- Facility staff did not have ready and continuous access to SDSs for the hazardous substances in current use (**Deficiency EHS-6¹²**);
- The facility did not maintain SDS files for the maintenance supervisor’s review (**Deficiency EHS-7¹³**);
- The facility did not compile a master index of all hazardous substances in the facility, to include their locations and a master index of SDSs (**Deficiency EHS-8¹⁴**);
- No SDS master file or documentation of reviews (**Deficiency EHS-9¹⁵**); and
- No comprehensive and up-to-date list of emergency phone numbers (**Deficiency EHS-10¹⁶**).

ODO interviewed the safety manager, reviewed 25 staff training records, and found in 25 out of 25 records, no training for prescribed precautions, wearing of personal protective equipment, and reporting hazards or spills to the designated authority. ODO also found no available SDS for each hazardous substance for staff to follow prescribed precautions (**Deficiency EHS-11¹⁷**).

ODO interviewed the safety manager, observed the laundry and food service chemical storage areas, and found no inventory records for hazardous substances before, during, and after each use (**Deficiency EHS-16¹⁸**).

ODO interviewed the safety manager, observed the laundry and food service chemical storage areas, and found unsecured toxic and caustic materials in their original containers with the manufacturer’s label intact on each container (**Deficiency EHS-20¹⁹**).

ODO interviewed the safety manager, reviewed 25 staff training records, and found in 25 out of 25 records, no documented training for classification code and safe handling procedures of

¹² “The SDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹³ “Staff must review SDS files, and the Maintenance Supervisor will review the records as necessary.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹⁴ “The Maintenance Supervisor or facility designee will compile a master index of all hazardous substances in the facility, including their locations, along with a master file of SDSs.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁵ “Documentation of reviews will be maintained in the SDS master file.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁶ “The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁷ “Every individual using a hazardous substance in the facility must be familiar with and follow all prescribed precautions, wear personal protective equipment (PPE) when necessary, and report hazards or spills to the designated authority.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(3).

¹⁸ “Inventory records for a hazardous substance must be kept current before, during, and after each use.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹⁹ “All toxic and caustic materials must be stored in secure areas, in their original containers, with the manufacturer’s label intact on each container.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(5)(a).

hazardous materials (**Deficiency EHS-23**²⁰).

ODO interviewed the safety manager, observed barber operations in seven housing units, and found the following deficiencies:

- Facility staff did not ensure one-time use of towels. Specifically, staff did not provide towels nor ensure no reuse of towels provided by detainees (**Deficiency EHS-44**²¹);
- No containers for waste, disinfectants, disposable headrest covers, laundered towels, and haircloths for barber operations (**Deficiency EHS-47**²²); and
- Barbers did not clean nor disinfect prior to use, hair care products that contact detainees (**Deficiency EHS-48**²³).

SECURITY

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed the facility's SMU policies and procedures, interviewed facility leadership staff, and found no requirement for the signature of the facility administrator or assistant facility administrator to authorize the detainee's continued placement in administrative segregation (**Deficiency SMU-25**²⁴).

ODO interviewed the security supervisor, reviewed facility SMU policies and procedures, and found the following deficiencies:

- No implemented procedures for the regular review of all disciplinary segregation cases (**Deficiency SMU-44**²⁵);
- No written procedures for the regular review of all disciplinary segregation cases every 7 days (**Deficiency SMU-45**²⁶); and
- No written procedures requiring reviews by supervisory personnel of detainees in

²⁰ "Staff and detainees who work with hazardous materials will have appropriate training, including the classification code and safe handling procedures for each material." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6)(b).

²¹ "Sanitation of barber operations is of the utmost concern due to the possible transfer of diseases through direct contact or by the tools, implements, and supplies including the towels, combs, and clippers. Towels must not be reused after use on one person." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1).

²² "Barber operations will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care, including containers for waste, disinfectants, disposable headrest covers, laundered towels, and haircloths." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(c).

²³ "All hair care tools which come in contact with detainees will be cleaned and disinfected prior to each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(d).

²⁴ "(3) If the detainee has been segregated for his or her own protection, but not at the detainee's request, the signature of the facility administrator or assistant facility administrator is required to authorize the detainee's continued placement in administrative segregation." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(a)(3).

²⁵ "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3).

²⁶ "a. A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

disciplinary segregation every 7 days and involving an interview with the detainee (**Deficiency SMU-46**²⁷).

ODO interviewed facility leadership, reviewed special management unit policies, and since the facility did not house ICE detainees in the SMU during the review period, ODO noted the following observations as **Areas of Concern**:

- If the facility housed detainees in disciplinary segregation, they would not typically retain visiting privileges;
- Disciplinary segregation detainees would not be permitted to use the visiting room during normal visiting hours;
- No concurrence of the facility administrator and a health care professional for denial of recreation privileges for more than 7 days;
- Facility staff does not notify ERO New Orleans when a detainee is denied recreation privileges more than 7 days;
- Detainees in administrative or disciplinary segregation do not have the same law library privileges as the general population;
- No requirement to justify for a detainee restricted from access to a phone for security reasons;
- No requirement for a mental health care provider to conduct a face-to-face psychological evaluation of a detainee every 30 days;
- No requirement for a health care professional to evaluate a detainee prior to placement into segregation;
- No routine visits of detainees in segregation by medical staff; and
- No policies or procedures for notification of ERO New Orleans.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility sexual assault policy, interviewed facility leadership, and found the following deficiencies:

- No written policy covering a method to receive third party reports (**Deficiency SAAPI-5**²⁸);
- No written policy covering coordination with ERO New Orleans to ensure investigation of all allegations of abuse and/or assault (**Deficiency SAAPI-9**²⁹);

²⁷ “A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

²⁸ “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: ...

5. Procedures for immediate reporting of sexual abuse and assault allegations, including: ...

e. A method to receive third-party reports of sexual abuse and assault in its facility, with information made available to the public regarding how to report sexual abuse and assault on behalf of a detainee.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(2)(e).

²⁹ “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: ...

- No written policy covering coordination with ICE OPR (**Deficiency SAAPI-11**³⁰); and
- No written policy covering the cooperation with ERO New Orleans audits (**Deficiency SAAPI-13**³¹).

ODO interviewed a facility lieutenant and found ERO New Orleans did not review and approve the facility’s written policy (**Deficiency SAAPI-14**³²).

ODO reviewed the facility website, interviewed facility leadership, and found no SAAPI protocols listed on the website (**Deficiency SAAPI-16**³³).

ODO observed facility postings, reviewed facility staff training, interviewed facility leadership, and found the following deficiencies:

- No designated prevention of sexual assault (PSA) compliance manager (**Deficiency SAAPI-17**³⁴). **This is a priority component;**
- No review and approval of facility medical staff training by ERO New Orleans (**Deficiency SAAPI-39**³⁵); and
- No instruction for detainees on the facility SAAPI program (**Deficiency SAAPI-41**³⁶).

5. Procedures for investigation and discipline of assailants, including:

- a. Coordinating with ICE/ERO and other appropriate investigative agencies to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and assault.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(a).

³⁰ “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: ...

5. Procedures for investigation and discipline of assailants, including: ...

- c. Procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with the ICE Office of Professional Responsibility.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(c).

³¹ “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).

³² “The facility’s written policy and procedures must be reviewed and approved by ICE/ERO.” *See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).*

³³ “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).*

³⁴ “The facility administrator shall designate a Prevention of Sexual Assault (PSA) Compliance Manager who shall serve as the facility point of contact for the ICE/ERO PSA Coordinator and who has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse and assault prevention and intervention policies and procedures.” *See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(C).*

³⁵ “Facility medical staff shall be trained in procedures for examining and treating victims of sexual abuse in facilities where medical staff may be assigned these activities. This training shall be subject to the review and approval of ICE/ERO.” *See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).*

³⁶ “Following the intake process, the facility shall provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program.” *See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention*

ODO reviewed the facility sexual assault policy, interviewed facility leadership, and found the facility did not inform detainees they can report any incident or situation to the DHS joint intake center (**Deficiency SAAPI-49**³⁷).

ODO toured the facility housing units and did not observe any of the required postings nor the contact information for the PSA compliance manager or local resources (**Deficiency SAAPI-52**³⁸).

ODO reviewed the facility sexual assault policy, interviewed the facility leadership, and found the facility did not have a sexual abuse and assault response team (**Deficiency SAAPI-92**³⁹).

ODO reviewed the facility sexual assault policy, interviewed facility leadership, and found no written policy to assess the credibility of any detainee alleging sexual abuse and assault without requiring them to submit to a polygraph (**Deficiency SAAPI-137**⁴⁰).

ODO reviewed the written facility sexual assault policy and found no reference to retention of record for 5 years after an alleged abuser is detained or leaves employment (**Deficiency SAAPI-138**⁴¹).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager (FSM) and found the facility meal scheduled the evening meal for 3:30 p.m. and breakfast for 6:30 a.m. resulting in a 15-hour gap between the

and Intervention, Section (II)(F).

³⁷ “Detainees will also be informed that they can report any incident or situation regarding sexual abuse and assault, or intimidation, to any staff member (as outlined above), the DHS Office of Inspector General, and the DHS Joint Intake Center.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).

³⁸ “ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a “Sexual Assault Awareness Information” pamphlet to be distributed. The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available).” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

³⁹ “Facilities should use a coordinated, multidisciplinary team approach to responding to sexual abuse and assault, such as a sexual abuse and assault response team (SART), which, in accordance with community practices, includes a medical practitioner, a mental health practitioner, a security staff member and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(J).

⁴⁰ “The facility shall develop written procedures for administrative investigations, including provisions requiring: ...
d. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual’s status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(d).

⁴¹ “The facility shall develop written procedures for administrative investigations, including provisions requiring: ...
g. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(g).

evening meal and breakfast (**Deficiency FS-15**⁴²).

ODO interviewed the FSM, reviewed policies, procedures, and the current master menu, and found no documentation that a registered dietitian ever conducted a complete nutritional analysis of every master-cycle menu planned by the food service administrator (**Deficiency FS-32**⁴³). **This is a priority component.**

ODO interviewed the FSM, reviewed policies, procedures, and menus, and found no documented common-fare or holiday menu (**Deficiency FS-60**⁴⁴).

ODO interviewed the FSM, inspected the FS kitchen and storage areas, and found the facility did not provide a common-fare menu nor have available equipment for common-fare meal preparation (**Deficiency FS-66**⁴⁵).

ODO interviewed the FSM and found the chaplain did not have a documented ceremonial meal schedule for the inspection period or subsequent calendar year (**Deficiency FS-68**⁴⁶).

ODO interviewed the FSM and found the facility did not have a ceremonial meal schedule that included the date, religious group, estimated number of participants, and special foods required (**Deficiency FS-69**⁴⁷).

ODO interviewed the FSM, reviewed the personnel files for five FS staff, and found five out of five FS staff did not have a documented preemployment medical examination (**Deficiency FS-86**⁴⁸).

ODO interviewed the FSM, toured the FS areas of the facility, and found exhaust grease and dirt build-up in vents and filters, food debris on the exterior of a large mixer, dust accumulation in overhead vent, excessive food debris on the interior walls of three ovens, and nine inoperative light

⁴² “The dining room schedule must allow no more than 14 hours between the evening meal and breakfast.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(C)(1).

⁴³ “A registered dietitian shall conduct an annual complete nutritional analysis of every master-cycle menu planned by the FSA.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(D)(2).

⁴⁴ “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).

⁴⁵ “Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare common-fare foods and shall be identified accordingly.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

⁴⁶ “The chaplain, in consultation with local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the subsequent calendar year, providing it to the facility administrator.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

⁴⁷ “This schedule shall include the date, religious group, estimated number of participants, and special foods required.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

⁴⁸ “All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

fixtures (**Deficiency FS-91**⁴⁹).

ODO reviewed FS documentation, interviewed the FSM, and found the FSM did not develop a schedule for the routine cleaning of equipment (**Deficiency FS-94**⁵⁰).

ODO interviewed the FSM, observed all areas of FS operations, and found no cleaning schedule for each FS area and no posted cleaning schedules in FS areas for easy reference (**Deficiency FS-96**⁵¹).

Additionally, since the facility did not have a cleaning schedule in each FS area, they did not maintain a cleaning schedule with all areas and equipment grouped by frequency of cleaning (**Deficiency FS-97**⁵²).

ODO interviewed the FSM, reviewed FS documentation, toured the FS area, and found no inventories for hazardous chemicals stored in the FS department, to control and account for toxic, flammable, or caustic materials FS staff used (**Deficiency FS-105**⁵³).

ODO toured FS areas and found the facility stored Sysco Germicidal Ultra Bleach, Suma D1.5 General Purpose Pot and Pan Detergent, Ecolab Grease Strip Plus, and Diversity Hard Water Powder Detergent in the same storage room with food products, to include 50-pound bags of dry biscuit mix and kidney beans, 1-gallon containers of barbecue sauce, 60-gallon drums with plain sugar, dry cheese sauce, flour and salt. Additionally, the storage room was not locked or labeled for toxic, flammable, and caustic materials (**Deficiency FS-107**⁵⁴).

ODO interviewed the FSM, reviewed policies and procedures, toured the FS department, and found staff did not clean hood systems after each use to prevent grease build-ups. Specifically, the FS hood system had grease build-up on the hood and ventilation filters and the FSM confirmed no cleaning schedule for the hood system (**Deficiency FS-114**⁵⁵).

⁴⁹ “All facilities shall meet the following environmental standards:

- a. Clean, well-lit, and orderly work and storage areas.
- d. Ventilation hoods, to prevent grease buildup and wall/ceiling condensation that can drip into food or onto food-contact surfaces. Filters or other grease-extracting equipment shall be readily removable for cleaning and replacement.”

See ICE NDS 2019, Standard, Food Service, Section (II)(I)(5)(a and d).

⁵⁰ “The FSA shall develop a schedule for the routine cleaning of equipment.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(6).

⁵¹ “The FSA shall develop a cleaning schedule for each food service area and post it for easy reference.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(6)(a).

⁵² “The FSA shall develop a cleaning schedule ... All areas (walls, windows, vent hoods, etc.) and equipment (chairs, tables, fryers, ovens, etc.) will be grouped by frequency of cleaning, e.g., After Every Use, Daily, Weekly, Monthly, Semi-annually, or Annually.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(6)(a).

⁵³ “All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted for daily.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).

⁵⁴ “All toxic, flammable, and caustic materials shall be segregated from food products and stored in a locked and labeled cabinet or room.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(d).

⁵⁵ “Hood systems shall be cleaned after each use to prevent grease build-ups, which constitute fire risks.” See ICE

ODO interviewed the FSM and reviewed an Alabama Department of Public Health Annual Inspection Report, dated June 29, 2023, and found the facility implemented an annual independent inspection but had no written procedures for weekly inspections of all FS areas nor any documentation of weekly inspections of all FS areas during the inspection period (**Deficiency FS-116**⁵⁶).

ODO interviewed the FSM, reviewed policies and procedures, and found staff did not check refrigerator and water temperatures daily and record the results (**Deficiency FS-117**⁵⁷).

ODO interviewed the FSM, reviewed FS temperature logs, and found no temperature-check documentation for two out of two refrigerators and two out of two freezers (**Deficiency FS-119**⁵⁸).

MEDICAL CARE (MC)

ODO reviewed the initial medical, dental, and mental health screenings of █ detainees as well as the training records of 25 detention officers, and found in █ out of █ initial screenings, no documentation of an initial screening and in 12 out of 25 initial screenings, the detention officer who conducted the screenings did not have documented specialty training to conduct screenings (**Deficiency MC-12**⁵⁹). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility did not complete a tuberculosis (TB) screening of the detainee prior to placing the detainee in general population (**Deficiency MC-18**⁶⁰). **This is a priority component.**

ODO reviewed █ medical staff and █ correctional officer training records, interviewed the health services administrator (HSA) and the training sergeant, and found in █ out of █ records, no documented training to respond to health-related emergencies within a 4-minute response time (**Deficiency MC-57**⁶¹). **This is a priority component.**

NDS 2019, Standard, Food Service, Section (II)(I)(10)(d).

⁵⁶ “The facility shall implement written procedures for the administrative or food service, personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas and an annual independent inspection ensuring that all governmental health and safety codes are being met.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

⁵⁷ “Staff shall check refrigerator and water temperatures daily, recording the results.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

⁵⁸ “All temperature-check documentation shall be filed and accessible.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(b).

⁵⁹ “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

⁶⁰ “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).

⁶¹ “Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time.” See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

ODO reviewed █ detainee medical records, interviewed the HSA, and found in █ out of █ records, the facility health care practitioner conducted COVID testing during intake without signed and dated consent forms (**Deficiency MC-92**⁶²). **This is a priority component.**

ODO interviewed the HSA, reviewed the facility handbook, and found no reference to detainees requesting and receiving their medical records (**Deficiency MC-102**⁶³).

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

ODO reviewed █ medical staff and █ correctional officer training records, interviewed the HSA and the training sergeant, and found in █ out of █ records, no annual suicide prevention training, and in █ out of █ records, no documented annual comprehensive suicide prevention training (**Deficiency SSHSPI-2**⁶⁴). **This is a priority component.**

ODO interviewed the HSA and the facility training sergeant, reviewed the suicide prevention training curriculum, and found comprehensive suicide prevention training did not include standard first aid training, cardiopulmonary resuscitation training, nor training for the demographic, cultural, and precipitating factors of suicidal behavior (**Deficiency SSHSPI-3**⁶⁵).

ODO reviewed the initial medical, dental and mental health screenings of █ detainees and the training records of █ detention officers and found in █ out of █ screenings, a health care practitioner nor a specially trained detention officer conducted an initial screening of a detainee within 12 hours of the detainee’s arrival (**Deficiency SSHSPI-5**⁶⁶). **This is a priority component.**

TERMINAL ILLNESS AND DEATH (TID)

ODO interviewed the HSA, reviewed facility TID policies and procedures, and found written procedures did not provide for the facility’s direct coordination with ERO New Orleans in

⁶² “The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances.” See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

⁶³ “Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook.” See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

⁶⁴ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

⁶⁵ “All of the following topics shall be covered: ...

2. Standard first aid training, cardiopulmonary resuscitation (CPR) training, and training in the use of emergency equipment (that may be located in each housing area of the detention facility),
5. Demographic, cultural, and precipitating factors of suicidal behavior.”

See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B)(2 and 5).

⁶⁶ “All detainees shall receive an initial mental health screening within 12 hours of admission by a health care practitioner or a specially trained detention officer.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

communicating news of the serious illness or death of a detainee (**Deficiency TID-9**⁶⁷).

ACTIVITIES

RECREATION (R)

ODO interviewed facility staff, reviewed facility policies and procedures, and found the facility generally affords detainees 1-hour of recreation, 2 days per week (**Deficiency R-3**⁶⁸). **This is a priority component.**

ODO interviewed the facility recreation staff, observed the outdoor recreation area, and found no exercise equipment located in the outdoor recreation area (**Deficiency R-8**⁶⁹).

ODO interviewed the facility recreation staff, reviewed the facility recreation policies and procedures, and found denial of recreation privileges for more than 15 days does not require the concurrence of the facility administrator and a health care professional (**Deficiency R-19**⁷⁰).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 2 of those standards. ODO found 64 deficiencies in the remaining 8 standards. ODO found both administrative and operational deficiencies. The administrative deficiencies were mostly due to no updated facility policies to reflect NDS 2019 requirements, lack of all required staff training, and lack of current inventory for hazardous substances used at the facility. Ten of the deficiencies were priority component deficiencies. This was ODO's first inspection of BCCC; therefore, ODO performed no trend analysis of this facility. Prior to this special review, the facility's last known oversight inspection was an ERO Operational Review Self-Assessment (ORSA), which occurred on January 9, 2023.⁷¹ Per ERO's ORSA policy guidelines, FODs are responsible for developing effective oversight relationships with facilities eligible to participate in the ORSA process. Given the number of deficient standards, total number of deficiencies, and the number of priority component deficiencies ODO identified during this special review, ODO recommends ERO New Orleans increase oversight to improve compliance and work with the facility to resolve deficiencies in accordance with contractual obligations.

⁶⁷ "Written procedures will provide for the facility's direct coordination with ICE/ERO in communicating news of the serious illness or death of a detainee." See ICE NDS 2019, Standard, Terminal Illness and Death, Section (II)(B)(1).

⁶⁸ "Weather permitting, each detainee shall have access for at least one hour per day, five days per week; or, six or more hours per week, at least four days per week." See ICE NDS 2019, Standard, Recreation, Section (II)(A)(1).

⁶⁹ "Exercise areas shall offer a variety of fixed and movable equipment." See ICE NDS 2019, Standard, Recreation, Section (II)(C)(1).

⁷⁰ "Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and a health care professional." See ICE NDS 2019, Standard, Recreation, Section (II)(D)(3).

⁷¹ Data Source: ERO Facility List as of September 26, 2023.

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2023 Special Review (NDS 2019)
Standards Reviewed	N/A	10
Deficient Standards	N/A	8
Overall Number of Deficiencies	N/A	64
Priority Component Deficiencies	N/A	10
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	10
Corrective Actions	N/A	0
Facility Rating	N/A	Failure