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**Office of Detention Oversight
Special Review
2023-003-068**

**Enforcement and Removal Operations
ERO Philadelphia Field Office**

**Beaver County Jail
Aliquippa, Pennsylvania**

May 23-25, 2023

**SPECIAL REVIEW
of the
BEAVER COUNTY JAIL
Aliquippa, Pennsylvania**

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) attempted to conduct a special review of the Beaver County Jail (BCJ) in Aliquippa, Pennsylvania, from May 23 to 25, 2023.^{1,2} The facility opened in 1998 and is owned and operated by Beaver County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCJ in 2017 under the oversight of ERO’s Field Office Director in Philadelphia (ERO Philadelphia). 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 May 30, 2023.

ERO has no staff assigned to the facility; however, ERO Philadelphia staff conducts scheduled and unscheduled visits to the facility when the facility houses ICE detainees. A facility warden handles daily operations and manages █ support personnel. Trinity Food Group provides food and commissary services, and Southern Health Partners provides medical care at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	█
Average ICE Population ⁴	█
Adult Male Population (as of May 23, 2023)	█
Adult Female Population (as of May 23, 2023)	█

This was ODO’s first compliance inspection of BCJ.

¹ This facility holds detainees with security classification levels for periods greater than 72 hours.

² ODO began the inspection on Tuesday, May 23, 2023, and shortly after the ODO team arrived at the facility on Wednesday, May 24, 2023, BCJ facility leadership requested ODO to leave the facility and refused to allow the inspection to continue.

³ Data Source: ERO Facility List as of May 30, 2023.

⁴ *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 over 72 hours, to assess compliance with ICE NDS. These inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and well-being.⁵

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO 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.

In fiscal year (FY) 2022, ODO began conducting 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 began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Facility List Report for facilities that are not contractually obligated to an ICE NDS, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms if the facility does not have an SMU, Use of Force and Restraints/Use of Physical Control Measures and Restraints, and Sexual Abuse and Assault Prevention and Intervention.

ODO was unable to complete this special review of the BCJ in its entirety because the facility requested ODO stop the inspection and leave the facility at the beginning of the second day of the inspection. This report contains the deficiencies ODO verified prior to leaving the facility. Standards that indicate zero deficiencies in the table on the next page documents that ODO found zero deficiencies in the line items reviewed prior to stopping the inspection and leaving the facility. ODO did not conduct a closeout briefing with facility and local ERO officials to discuss preliminary findings; however, ODO shared a summary of these findings with ERO management officials. This final report is provided to ICE leadership to: (i) assist ERO in developing and initiating a corrective action plan; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings are intended to inform ICE executive management in its decision-making to better allocate resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7,8}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	10
Sub-Total	10
Part 2 - Security	
Use of Force and Restraints	0
Special Management Units	3
Staff-Detainee Communication	2
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	5
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	16

⁶ For greater detail on ODO's findings, see the *Special Review Findings* section of this report.

⁷ 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.

⁸ ODO was scheduled to inspect these components in their entirety, but due to the facility's refusal on the second day of the inspection, ODO reviewed only portions of these components, resulting in the deficiencies noted in the table.

DETAINEE RELATIONS

ODO conducted no interviews due to a facility ICE detainee population count of zero during this inspection. 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 one, meeting the ODO requirement for special reviews.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured all areas of the facility, to include the housing units, and found staff and detainees did not have ready and continuous access to safety data sheets (SDS) for substances they used in the work area. Specifically, ODO found glass cleaner and sanitizer without corresponding SDS sheets in the common areas of housing units A, C, and D; the women's housing unit; the restricted housing unit (RHU); and the special needs unit (SNU) (**Deficiency EHS-1⁹**). **This is a priority component.**

ODO interviewed the deputy warden and maintenance supervisor and found no established system for storing, issuing, nor maintaining inventories of and accountability for hazardous materials (**Deficiency EHS-2¹⁰**).

ODO toured all areas of the facility, to include the housing units, and found every area using hazardous substances did not maintain a file of corresponding SDS. Specifically, ODO found glass cleaner and sanitizer stored for use in housing units A, C, and D; the women's housing unit; the RHU; and the SNU without corresponding SDS sheets (**Deficiency EHS-5¹¹**).

ODO toured all areas of the facility, to include the housing units, and found staff and detainees did not have ready and continuous access to SDS for the substances they used while in the work area. Specifically, ODO found glass cleaner and sanitizer without corresponding SDS sheets in the common areas of housing units A, C, and D; the women's housing unit; the RHU; and the SNU (**Deficiency EHS-6¹²**).

⁹ "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).

¹⁰ "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).

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

¹² "The SDSs provide vital information on individual hazardous substances, including instructions on safe handling,

ODO interviewed the facility maintenance supervisor and found no master index compiled by the maintenance supervisor for all hazardous substances used at the facility nor master file of all SDS (**Deficiency EHS-8**¹³).

ODO interviewed the facility maintenance supervisor and found no documentation of reviews in the SDS master index (**Deficiency EHS-9**¹⁴).

ODO interviewed the facility maintenance supervisor and found the master index did not include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.) (**Deficiency EHS-10**¹⁵).

ODO toured all areas of the facility, to include the housing units, and observed spray bottles of glass cleaner and sanitizer without labels in the common areas of housing units A, C, and D; the women's housing unit; and the administrative area bathroom (**Deficiency EHS-22**¹⁶).

ODO interviewed the facility maintenance supervisor and training lieutenant, reviewed 25 training records of staff who work with hazardous materials, and found in 25 out of 25 records, no appropriate training for classification codes and safe handling procedures (**Deficiency EHS-23**¹⁷).

ODO interviewed the deputy warden and found no annual staff review nor updates of the facility's emergency plan (**Deficiency EHS-27**¹⁸).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed BCJ SDC procedures, interviewed ERO Philadelphia and facility staff, and found no written procedures to route detainee requests to the appropriate ICE/ERO officials. Specifically, ODO found facility staff verbally routed requests to ERO Philadelphia (**Deficiency**

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

¹⁴ "Documentation of reviews will be maintained in the SDS master file." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁵ "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).

¹⁶ "a. The facility will require use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6)(a).

¹⁷ "b. 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).

¹⁸ "All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis" *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

SDC-11¹⁹). This is a priority component.

ODO reviewed BCJ SDC procedures, interviewed ERO Philadelphia and facility staff, and found the facility staff did not route detainee request forms to ERO Philadelphia without reading, altering, or delaying such requests (**Deficiency SDC-12²⁰**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy and procedures 1.12, 1.12B, 7.09B, and 7.09D, and the facility inmate handbook, and found the policies did not specifically mention ICE detainees, nor do they include information regarding notifying ERO Philadelphia in the event of sexual assault or abuse. ODO noted this as an **Area of Concern**.

SPECIAL MANAGEMENT UNIT (SMU)

ODO interviewed facility staff, reviewed policies RHU 4.05, and SNU 4.06, and found no implemented written procedures for the regular review of all disciplinary cases (**Deficiency SMU-44²¹**).

ODO interviewed facility staff, reviewed policies RHU 4.05 and SNU 4.06, and found no written procedures requiring a supervisor or equivalent to interview the detainee and review his or her status in disciplinary segregation every 7 days (**Deficiency SMU-45²²**).

ODO interviewed facility staff, reviewed ■ training files, and found in ■ out of ■ files, no specialized training for staff assigned to the SMU in the past 12 months (**Deficiency SMU-86²³**).

¹⁹ "The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s)." *See* ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

²⁰ "Detainee request forms shall be delivered to ICE/ERO staff without reading, altering, or delaying such requests." *See* ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

²¹ "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures:

- a. A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. The review will confirm the detainee is being provided showers, meals, recreation, and other basic necessities, as required by this detention standard."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3).

²² "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures:

- a. A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. The review will confirm the detainee is being provided showers, meals, recreation, and other basic necessities, as required by this detention standard."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

²³ "Security staff assigned to SMU shall receive training in relevant topics, such as:

1. Identifying signs of mental health decompensation;
2. Techniques for appropriate interactions with mentally ill detainees;
3. The impact of isolation; and
4. De-escalation techniques"

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(L) (1-4).

CARE

MEDICAL CARE (MC)

ODO reviewed the medical record of one detainee the facility's medical staff administered psychotropic medications to during the inspection period and found the medical staff did not obtain a separate documented informed consent with a description of the medication's side effects (**Deficiency MC-93²⁴**). **This is a priority component.**

CONCLUSION

ODO attempted to conduct an on-site special review of BCJ; however, on May 24, 2023, BCJ requested ODO stop the inspection and leave the facility, indicating they refused the rest of this ODO scheduled on-site special review. As a result of the facility refusing the special review, ODO will assign a facility rating of "Failure" to this special review. Prior to the refusal, ODO partially assessed the facility's compliance with 10 standards under NDS 2019 and found 16 deficiencies in 4 standards. ODO marked all uninspected line items as "Not Applicable," while retaining and noting all identified deficiencies in the *Special Review Findings* section of this report. This was ODO's first inspection of BCJ; therefore, no trend analysis for BCJ's compliance with the NDS 2019 is available. ODO recommends ERO discontinue its use of BCJ until the facility permits and passes a full compliance inspection.

Compliance Inspection Results Compared	FY 2022 Special Review NDS 2019	FY 2023 Special Review NDS 2019
Standards Reviewed	N/A	10
Deficient Standards	N/A	4
Overall Number of Deficiencies	N/A	16
Priority Component Deficiencies	N/A	3
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	1
Corrective Actions	N/A	0
Facility Rating	N/A	Failure

²⁴ "Prior to the administration of psychotropic medications, a separate documented informed consent, which includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).