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**Office of Detention Oversight
Special Review
2023-003-141**

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

**Cobb County Jail
Marietta, Georgia**

June 6-8, 2023

**SPECIAL REVIEW
of the
COBB COUNTY JAIL
Marietta, Georgia**

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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 special review of the Cobb County Jail (CCJ) in Marietta, Georgia, from June 6 to 8, 2023.¹ The facility opened in 1984 and is owned by Cobb County and operated by the Cobb County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 2008 under the oversight of ERO’s Field Office Director in Atlanta (ERO Atlanta). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A jail commander handles daily facility operations and manages [REDACTED] support personnel. Summit Food Services provides food services, WellPath provides medical care, and Oasis Management Systems provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in March 2022 and the Medical Association of Georgia in December 2022. In December 2021, CCJ was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

| Capacity and Population Statistics | Quantity |
|--|------------|
| ICE Bed Capacity ² | [REDACTED] |
| Average ICE Population ³ | [REDACTED] |
| Adult Male Population (as of June 6, 2023) | [REDACTED] |
| Adult Female Population (as of June 6, 2023) | [REDACTED] |

This was ODO’s first compliance inspection of the Cobb County Jail.

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 June 5, 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 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.⁴

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 may 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.

Upon completion of each special review or unannounced inspection, 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 | 7 |
| Sub-Total | 7 |
| Part 2 - Security | |
| Use of Force and Restraints | 0 |
| Special Management Units | 0 |
| Sexual Abuse and Assault Prevention and Intervention | 9 |
| Sub-Total | 9 |
| Part 4 - Care | |
| Food Service | 9 |
| Hunger Strikes | 1 |
| Medical Care | 4 |
| Significant Self-Harm and Suicide Prevention and Intervention | 1 |
| Sub-Total | 15 |
| Part 5 - Activities | |
| Recreation | 1 |
| Sub-Total | 1 |
| Part 6 - Justice | |
| Detainee Handbook | 4 |
| Sub-Total | 4 |
| Total Deficiencies | 36 |

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

ODO did not conduct any detainee interviews since the facility detainee population remained at zero throughout the inspection. Despite a zero-detainee population count, the facility maintains an active contract to house ICE detainees and had an FY 2022 ADP⁷ of one ICE detainee, meeting the ODO requirement for special reviews.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS program and written policies, interviewed facility staff, and found the written hazardous communication program did not outline training for employees (**Deficiency EHS-1⁸**). **This is a priority component.**

ODO interviewed facility staff, reviewed the facility's EHS program and policies, inspected the chemical storage areas in the food service department and facility main warehouse, and found:

- No system for storing, issuing, and maintaining inventories nor accountability for hazardous materials. Specifically, the facility did not inventory and account for 25 out of 25 hazardous chemicals, to include Lime Away and Oasis Quat Sanitizer (**Deficiency EHS-2⁹**);
- No perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in the area (**Deficiency EHS-3¹⁰**);
- No keeping of inventory records for each substance (**Deficiency EHS-4¹¹**); and
- No inventory records for hazardous substances documenting current before, during, and after use (**Deficiency EHS-16¹²**).

ODO interviewed a facility captain, reviewed EHS documentation, and found the facility did not comply with standards and regulations issued by the National Fire Protection Association. Specifically, the facility did not conduct fire drills during the inspection period (**Deficiency EHS-**

⁷ Data Source: ERO Facility List as of September 14, 2022.

⁸ "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).

⁹ "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).

¹⁰ "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).

¹¹ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹² "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).

33¹³). This is a priority component.

ODO interviewed the director of nursing, reviewed the EHS program, and found no documentation of daily visual inspections of the medical areas to note the condition of floors, walls, windows, horizontal surfaces, equipment, and furnishings (**Deficiency EHS-67¹⁴**).

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility UOFR policy, interviewed a facility captain, and found the facility did not require staff who witness a UOFR incident to document by memorandum due to the staff's use of body cameras. The facility did not have any UOFR incidents involving detainees during this inspection period, but ODO identified the discrepancy between facility policy and procedures and the NDS 2019 requirement. ODO noted this as an **Area of Concern**.

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed the facility's SMU policy, interviewed a facility sergeant, and found the facility's procedures required staff to observe detainees in the SMU hourly, but NDS 2019 requires staff to observe and log observations at least every 30 minutes on an irregular schedule. Since the facility did not place any detainees in the SMU during this inspection period, ODO the discrepancy between facility policy and procedures and the NDS 2019 requirement as an **Area of Concern**.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's written SAAPI policy and procedures, interviewed a facility major, and found:

- No procedures for notifying ERO Atlanta of a sexual abuse allegation (**Deficiency SAAPI-5¹⁵**);

¹³ "The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and OSHA, national, state, and local fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters' Laboratories or Factory Mutual Engineering Corporation." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

¹⁴ "The HSA or equivalent, or designee, will make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, equipment, and furnishings." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

¹⁵ "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:

- a. Procedures for immediate reporting of sexual abuse and assault allegations through the facility's chain of command, from the reporting official to the highest facility official, including also procedures for notifying ICE/ERO (this notification must be sent directly to the FOD) and a method by which staff can report outside the chain of command;"

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

- No procedures for the investigation and discipline of assailants by coordinating with ERO to ensure completion of investigations for all allegations of sexual abuse and assault (**Deficiency SA-API-9¹⁶**);
- No procedures for coordination of internal administrative investigations with ICE OPR (**Deficiency SA-API-11¹⁷**);
- No inclusion of the facility’s requirement to cooperate with all ICE/ERO audits (**Deficiency SA-API-13¹⁸**);
- ERO Atlanta did not review nor approve the facility’s SA-API policy and procedures (**Deficiency SA-API-14¹⁹**); and
- The SA-API policy did not fully comply with NDS 2019 within 90-days of the facility’s adoption of the standard (**Deficiency SA-API-15²⁰**).

ODO reviewed the facility’s orientation program, interviewed facility staff, observed housing unit postings, and found the facility did not provide instructions to detainees on methods for reporting sexual abuse and assault to the ICE Detention and Reporting Information Line nor ICE OPR (**Deficiency SA-API-43²¹**).

ODO toured the facility housing units, interviewed facility staff, and found ERO Atlanta did not provide the facility with a SA-API awareness notice nor pamphlet for distribution, and therefore,

¹⁶ “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:
 - 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).

¹⁷ “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).

¹⁸ “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).

¹⁹ “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).

²⁰ “The facility administrator shall ensure that, within 90 days of the adoption of this detention standard, written policy and procedures are in place and that the facility is in full compliance with its requirements and guidelines.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

²¹ “Following the intake process, the facility shall provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum): ...

4. Explanation of methods for reporting sexual abuse and assault, including one or more staff members other than an immediate point-of-contact line officer, the ICE Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General and the ICE Office of Professional Responsibility;”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(4).

the facility did not post the notice on housing-unit bulletin boards. Additionally, the facility did not post the name of the prevention of sexual assault compliance manager nor mailing address of the local organization assisting detainee victims of sexual abuse and assault (**Deficiency SA-API-52**²²).

ODO reviewed the facility's 2022 PREA Investigation spreadsheet, interviewed facility staff, and found the facility did not provide the review findings to ERO Atlanta (**Deficiency SA-API-162**²³).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's FS program, interviewed the facility food service director (FSD) and chaplain, reviewed the common-fare menu, and found:

- No special menus for the 10 Federal holidays (**Deficiency FS-60**²⁴);
- No ceremonial-meal schedule for the subsequent calendar year nor forwarding this schedule to the facility administrator (**Deficiency FS-68**²⁵); and
- No ceremonial-meal schedule with the date, religious group, estimated number of participants, nor special foods required (**Deficiency FS-69**²⁶).

ODO reviewed the facility's FS program, interviewed the FSD, and found no cleaning schedule for:

- The routine cleaning of equipment (**Deficiency FS-94**²⁷);
- Each food service area and posted for easy reference (**Deficiency FS-96**²⁸); and

²² "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).

²³ "The results and findings of the annual review shall be provided to the facility administrator and ICE/ERO for transmission to the ICE PSA Coordinator (this notification must be sent directly to the FOD)." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

²⁴ "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).

²⁵ "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).

²⁶ "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).

²⁷ "The FSA shall develop a schedule for the routine cleaning of equipment." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(6).

²⁸ "The FSA shall develop a cleaning schedule for each food service area and post it for easy reference. 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,

- Identification of all areas (walls, windows, vent hoods, etc.) and equipment (chairs, tables, fryers, ovens, etc.) grouped by frequency of cleaning (**Deficiency FS-97²⁹**).

ODO reviewed the facility’s FS program, interviewed facility staff, and found the facility did not account for toxic, flammable, or caustic materials daily. Specifically, ODO found no inventories during the inspection period for 12 caustic materials, to include Lime Away and Oasis Quat Sanitizer, stored in the FS department (**Deficiency FS-105³⁰**).

ODO reviewed the facility’s FS policy, interviewed the FSD, and found the facility did not implement written procedures nor maintain documentation for weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas (**Deficiency FS-116³¹**).

ODO interviewed the FSD, reviewed the facility’s FS policy and equipment temperature logs, and found the facility did not conduct nor document daily temperature checks of the dishwasher nor three-compartment sink (**Deficiency FS-118³²**).

HUNGER STRIKES (HS)

ODO reviewed ■ non-medical and ■ medical staff training records and found in ■ out of ■ training records, no documented hunger strike training at orientation and annually thereafter nor any training curriculum for hunger strikes (**Deficiency HS-1³³**).

MEDICAL CARE (MC)

ODO reviewed ■ detainee medical records and found in ■ out of ■ records, the facility did not process new detainees for tuberculosis in accordance with the most current Centers for Disease

Food Service, Section (II)(I)(6)(a).

²⁹ “The FSA shall develop a cleaning schedule for each food service area and post it for easy reference. 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).

³⁰ “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).

³¹ “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).

³² “Daily checks of equipment temperatures shall follow this schedule:

- 1) Dishwashers: every meal;
- 2) Pot and pan-washers: daily, if water in the third compartment of a three-compartment sink is used for sanitation, the required minimum temperature shall be maintained in accordance with the applicable local food code;”

See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(b)(1)(2).

³³ “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike.” *See* ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

Control and Prevention guidelines prior to placement in general population. Specifically, one detainee transitioned from CCJ inmate custody to ICE custody with a positive purified protein derivative (PPD) skin test and did not receive a chest X-ray prior to his placement in general population nor release from ICE custody. Additionally, a second detainee received a PPD skin test upon arrival to the facility, but the facility released the detainee after approximately 74 hours without checking the PPD skin test within 72 hours (**Deficiency MC-18**³⁴). **This is a priority component.**

ODO reviewed █ non-dental clinician training records and found in █ out of █ records, no documentation for training of non-dental clinicians by a dentist on how to conduct an initial dental screening exam (**Deficiency MC-45**³⁵).

ODO interviewed the health services administrator, reviewed the Health Insurance Portability and Accountability Act training curriculum, and found staff training did not emphasize the need for confidentiality regarding a detainee's HIV status (**Deficiency MC-78**³⁶).

ODO reviewed the facility's detainee handbook and found no reference for detainees or their representatives to request and receive copies of their medical records (**Deficiency MC-102**³⁷).

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

ODO reviewed █ non-medical and █ medical staff training records and found in █ out of █ records, no documented comprehensive suicide prevention training at orientation nor at least annually thereafter. Specifically, █ out of █ medical staff did not train during orientation nor refresher training at least annually, and all █ non-medical staff did not have documented annual refresher training (**Deficiency SSHSPI-2**³⁸). **This is a priority component.**

³⁴ "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).

³⁵ "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

³⁶ "Staff training shall emphasize the need for confidentiality, and procedures shall be established to limit access to health records to only authorized individuals and only when necessary." See ICE NDS 2019, Standard, Medical Care, Section (II)(N)(2).

³⁷ "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).

³⁸ "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).

ACTIVITIES

RECREATION (R)

ODO observed the indoor recreation areas, interviewed a facility captain, and found the facility offered no fixed nor movable exercise equipment for detainees (**Deficiency R-8**³⁹).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO reviewed the facility handbook and found no references to available services for disability accommodations nor the SA-API program (**Deficiency DH-2**⁴⁰). **This is a priority component.**

ODO reviewed [REDACTED] staff training records and found in [REDACTED] out of [REDACTED] records, no documented facility handbook training (**Deficiency DH-7**⁴¹).

ODO interviewed a facility captain, reviewed the facility handbook, and found the facility last reviewed the handbook in March 2021 (**Deficiency DH-8**⁴²).

ODO interviewed a facility captain and an ERO Atlanta DO and found the facility did not have a procedure to document a detainee's receipt of the ICE National Detainee Handbook nor facility handbook (**Deficiency DH-9**⁴³). **This is a priority component.**

CONCLUSION

During this special review, 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 36 deficiencies in the remaining 8 standards. ODO found mainly administrative deficiencies due to CCJ staff not updating facility written policy to include ICE/ERO reporting requirements, and inconsistent record-keeping practices for staff training. Six of the deficiencies were priority component deficiencies. This was ODO's first inspection of CCJ, and therefore ODO performed no trend analysis of this facility. ODO recommends ERO Atlanta work with the facility to resolve any

³⁹ "Exercise areas shall offer a variety of fixed and movable equipment." See ICE NDS 2019, Standard, Recreation, Section (II)(C)(1).

⁴⁰ "The facility handbook will specify in detail the rules, regulations, policies, and procedures with which every detainee must comply and include information about available services such as: ...sexual abuse and assault prevention and intervention program, disability accommodations ..." See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(B).

⁴¹ "These staff members will also receive training focused on its contents." See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(D).

⁴² "The facility will review the handbook annually." See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(E).

⁴³ "The facility will document and maintain a detainee acknowledgement of receipt of the ICE National Detainee Handbook and facility handbook." See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(F).

deficiencies that remain outstanding in accordance with contractual obligations.

| 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 | 36 |
| Priority Component Deficiencies | N/A | 6 |
| Repeat Deficiencies | N/A | N/A |
| Areas Of Concern | N/A | 2 |
| Corrective Actions | N/A | 0 |
| Facility Rating | N/A | Failure |