



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

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

April 26-29, 2021

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

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Buffalo Service Processing Center (BSPC) in Batavia, New York, from April 26 to 29, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of BSPC from October 19 to 23, 2020. The facility opened in March 1998 and is owned and operated by the ICE Office of Enforcement and Removal Operations (ERO). ICE ERO began housing detainees at BSPC in 1998 under the oversight of ERO’s Field Office Director in Buffalo (ERO Buffalo). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers (DOs) and a detention service manager to the facility. An officer in charge handles daily facility operations and manages by ██████ personnel. Akima Global Services provides food services, ICE Health Service Corps provides medical care, and Trinity Services Group provides commissary services at the facility. The facility was accredited by the American Correctional Association in 2017 and the National Commission on Correctional Health Care in 2018. In July 2017, BSPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA Certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	650
Average ICE Detainee Population ³	████
Male Detainee Population (as of April 26, 2021)	████
Female Detainee Population (as of April 26, 2021)	████

During its last inspection, in Fiscal Year (FY) 2021, ODO found 22 deficiencies in the following areas: Custody Classification System (2); Facility Security and Control (3); Special Management Units (1); Use of Force and Restraints (1); Food Service (3); Hunger Strikes (1); Medical Care (9); Significant Self-harm and Suicide Prevention and Intervention (1); and Telephone Access (1).

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

² Data Source: ERO Facility List Report as of April 26, 2021.

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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

PBNDS 2011 (Revised 2016) Standards Inspected⁴	Deficiencies
Part 1 – Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	2
Funds and Personal Property	3
Special Management Units	2
Use of Force and Restraints	0
Sub-Total	8
Part 4 – Care	
Food Service	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	9

⁴ For greater detail on ODO’s findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted the detainee interviews via video teleconference.

Admission and Release: Five detainees stated they were strip-searched at intake or before admission to the special housing unit.

- Action Taken: ODO interviewed a DO, reviewed the Record of Search (Form G-1025) for each detainee who the facility strip-searched, and found the strip-searches were appropriate due to detainee criminal history and reasonable suspicion.

Admission and Release: Three detainees stated they did not receive the ICE National Detainee Handbook during intake.

- Action Taken: ODO interviewed a DO, who confirmed the facility provided each detainee a handbook during intake. During the inspection week, the DO provided each detainee a new handbook.

Use of Force and Restraints: Two detainees stated an officer assaulted them in their housing units.

- Action Taken: ODO interviewed facility staff and confirmed no record of either detainee filing a complaint of abuse and there was no facility documentation on use of force pertaining to the detainees. During the inspection, ODO asked the staff to review the housing unit video surveillance to see if video captured the incident and to interview the detainees. The facility stated the video was unavailable for the time of the incident and the facility interviewed the detainees. A supervisory detention and deportation officer informed ODO that the facility completed an investigation and determined to the allegation to be unsubstantiated.

Medical Care: A detainee stated he had chronic depression in the past and stopped taking his medication and going to the doctor.

- Action Taken: ODO immediately notified ERO Buffalo and facility staff. The facility escorted the detainee to medical. Medical staff determined the detainee was fit to return to his housing unit and scheduled him for a mental health evaluation. On April 30, 2021, a mental health provider evaluated the detainee and found he was in a good mental state because he heard good news regarding his case. The mental health provider determined the detainee did not have suicidal or homicidal ideations and informed him how to access medical services for routine or emergent needs.

Medical Care: A detainee stated he submitted multiple medical requests, but he has not received a response.

- Action Taken: ODO interviewed a DO, who stated the HSA informed him there were no outstanding medical requests from the detainee and medical staff received and triaged

all prior medical requests within 24 hours. The DO informed the detainee of the sick call process and the detainee did not state he needed medical attention to the DO.

Religious Practices: A detainee stated he requested a religious book, but he has not received it.

- Action Taken: ODO interviewed facility staff and found the religious coordinator is attempting to get a copy of the religious book uploaded on the facility's tablets. During the inspection week, facility staff provided the detainee a hard copy of the religious book until the facility could upload a copy of the book to the tablets.

Grievance System: A detainee stated he submitted multiple grievances and has not received a response.

- Action Taken: ODO interviewed facility staff, reviewed 37 grievances, and found the facility responded to all grievances submitted. ODO also informed the DO to speak with the detainee and asked if there are any outstanding detainee grievances. The facility interviewed the detainee and determined he did not have any additional grievances.

Law Libraries and Legal Material: Three detainees stated they could not call their attorneys in their housing units.

- Action Taken: ODO interviewed a DO and determined all detainees have access to unlimited free legal calls. The DO informed the detainees how to call their attorneys.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed four released detainees' detention files and found none of the files contained Orders to Release (Form I-203) (**Deficiency AR-80⁵**).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the visitor logbook and found the facility does not record the name and migrant number of the detainee being visited (**Deficiency FSC-25⁶**). **This is a repeat deficiency.**

Corrective Action: Prior to the completion of the inspection, the facility updated the visitor logbook to include the name and migrant number of the detainee being visited and the

⁵ "A detainee's out-processing begins when release processing staff receive the Form I-203, Order to Detain or Release," signed by an authorizing official." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(1).

⁶ "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, and the address and relationship to the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

facility informed officers to complete the logbook in its entirety (C-1).

ODO reviewed the visitor logbook and found the facility does not require the visitor to print and sign his/her name (Deficiency FSC-26⁷).

Corrective Action: Prior to the completion of the inspection, the facility updated the visitor logbook to include the visitor's printed name and signature and the facility informed officers to ensure visitors complete the logbook in its entirety (C-2).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed BSPC's FPP policy and found no procedures for the prompt reimbursement for all validated property losses caused by negligence (Deficiency FPP-157⁸).

ODO found no procedures stipulating the facility may not arbitrarily impose a ceiling on the amount they will reimburse for a validated claim (Deficiency FPP-158⁹).

ODO found no procedures stipulating the senior contract officer is to immediately notify the designated ICE/ERO officer of all claims and outcomes (Deficiency FPP-159¹⁰).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed BSPC's SMU policy, interviewed the detention lieutenant, and found the facility does not refrain from using restraints on a detainee while in the SMU nor during movement around the facility. Specifically, the facility routinely restrains detainees with handcuffs prior to exiting their cells in the SMU (Deficiency SMU-108¹¹). **This is a repeat deficiency.**

ODO found the facility does not use restraints as only a necessary precaution against escape during transfer, medical reasons, or prevention of self-injury, injury to others, or serious property damage. Specifically, the facility routinely restrains detainees in disciplinary segregation with handcuffs prior to exiting their cells in the SMU (Deficiency SMU-109¹²).

⁷ "The post officer shall require the visitor to print and sign his/her name in the visitor logbook." See ICE PBND 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

⁸ "All facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows:
e. The facility shall promptly reimburse detainees for all validated property losses caused by facility negligence." See ICE PBND 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(L)(3)(e).

⁹ "All facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows:
f. The facility may not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim." See ICE PBND 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(L)(3)(f).

¹⁰ "All facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows:
g. The senior contract officer shall immediately notify the designated ICE/ERO officer of all claims and outcomes." See ICE PBND 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(L)(3)(g).

¹¹ "Placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility." See ICE PBND 2011 (Revised 2016), Standard, Special Management Units, Section (V)(E).

¹² "Consistent with Standard 2.15, restraints should only be used if necessary, as a precaution against escape during transfer, for medical reasons (when directed by the medical officer), or to prevent self-injury, injury to others, or serious property damage." See ICE PBND 2011 (Revised 2016), Standard, Special Management Units, Section (V)(E).

CARE

MEDICAL CARE (MC)

ODO reviewed the credentials for all health care staff and found the facility does not maintain all credentials on site, nor are they readily available for review (**Deficiency MC-102¹³**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 14 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 9 of those standards. ODO found nine deficiencies in the remaining five standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO Buffalo work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	First FY 2021 (PBNDS 2011) (Revised 2016)	Second FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	19	14
Deficient Standards	9	5
Overall Number of Deficiencies	22	9
Repeat Deficiencies	0	3
Areas of Concern	0	0
Corrective Actions	0	2

¹³ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).