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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Buffalo Field Office

Buffalo (Batavia) Service Processing Center
Batavia, New York

October 19-23, 2020

COMPLIANCE INSPECTION
of the
BUFFALO (BATAVIA) 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 compliance inspection of the Buffalo (Batavia) Service Processing Center (BBSPC), from October 19 to October 23, 2020.¹ The facility opened in March 1998 and is owned by the Federal Government (ICE). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BBSPC in 1998 under the oversight of ERO’s Field Office Director in New York (ERO New York). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has deportation officers and a full-time detention services manager assigned to the facility. The BBSPC officer in charge handles daily facility operations and is supported by █ personnel. Akima provides food services, Trinity Service Group provides commissary services, and ICE Health Service Corp provides medical care. The facility was accredited by the American Correctional Association in August 2017 and the National Commission on Correctional Health Care in May 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	650
Average ICE Detainee Population ³	█
Male Detainee Population (as of 10/16/2020)	█
Female Detainee Population (as of 10/16/2020)	█

During its last inspection, in Fiscal Year (FY) 2020, ODO found 13 deficiencies in the following areas: Admission and Release (3), Custody and Classification System (1), Funds and Personal Property (4), Use of Force (1), Food Service (2), Medical Care (1), and Telephone Access (1).

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

² Data Source: ERO Facility List Report as of October 16, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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 *Compliance Inspection Findings* section of this report.

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

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.

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

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

PBNDs 2011 (Revised 2016) Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	2
Facility Security and Control	3
Funds and Personal Property	0
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	7
Part 3 – Care	
Food Service	3
Hunger Strikes	1
Medical Care	9
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	14
Part 4 – Activities	
Religious Practices	0
Telephone Access	1
Sub-Total	1
Part 5 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	22

⁵ For greater detail on ODO's findings, see the *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 detainee interviews via video teleconference.

Food Service: Three out of 12 detainees stated the food portions are small and inadequate, in which one detainee stated they never receive a hot meal for breakfast. The detainees also stated the food is repeated on the menu and leftovers are used throughout the week. One of the three detainees stated lunch consist of mostly carbohydrates, such as potatoes or rice, not an actual meal. The same detainee also considered some of the food served as “unidentifiable”.

- Action Taken: ODO interviewed the food service director (FSD) and reviewed menus with corresponding nutritional analysis. All menus have been certified as nutritionally adequate by a registered dietitian with the daily average calories listed as 3,015. Three meals, including two hot meals, are provided at regular times during each 24-hour period. Continental breakfast service meets the PBNDS 2011 (Revised 2016) standard. A review of BBSPC menus revealed a variety of foods are served for lunch. The FSD also confirmed the standard operating procedure in food service is leftovers are discarded and never reserved.

COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed housing unit rosters and classification documents and confirmed the comingling of ■ medium-low custody detainees housed in ■ with medium-high detainees with documented assault and/or violence charges and/or convictions (**Deficiency CCS-1⁶**).

ODO reviewed the BBSPC detainee handbook and found the explanation of the classification levels were inaccurate and obsolete. Specifically, the detainee handbook stated BBSPC had three levels of classification; ■. Additionally, the handbook did not explain the appropriate current levels of classification as low, medium-low, medium, and high with the conditions and restrictions applicable to each (**Deficiency CCS-2⁷**).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's Visitor's Log and found the post officer did not document the time (**Deficiency FSC-1⁸**).

ODO reviewed the facility's Visitor's Log and found entries for a person visiting a detainee does not include the detainees A-number, the relationship to the detainee, and does not require the visitor to sign his/her name in the visitor logbook (**Deficiency FSC-2⁹**).

ODO reviewed the facility's Visitor's Log and found when a visitor leaves his/her photo-identification card with the post officer until the end of the visit, the time-out entry is not marked in the logbook (**Deficiency FSC-3¹⁰**).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed policy 3.4.1, Special Housing Unit Operations, and interviewed the chief of security and found detainees on disciplinary segregation (DS) or pending DS status are restrained

⁶ "Medium custody detainees may not ordinarily be comingled with high or low custody detainees, except as specified below in the section on "G. Housing Detainees with Different Classification Levels." See ICE PBNDS 2011, Custody Classification System, Standard, Section (V)(F)(2).

⁷ "When it becomes necessary to house detainees of different classification levels in the same housing unit, the following guidelines shall apply: 5. Under no circumstance may a medium custody detainee with a history of assaultive or combative behavior be placed in a low custody housing unit." See ICE PBNDS 2011, Custody Classification System, Standard, Section (V)(G)(5).

⁸ "...Every entry in the logbook shall identify the person or department visited, date and time of the visitor's arrival, purpose of visit, unusual requests and time of departure." See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(b)(2).

⁹ "...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. The post officer shall require the visitor to print and sign his/her name in the visitor logbook." See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

¹⁰ "...The visitor must leave his/her photo-identification card with the post officer until the end of the visit, marked by the time-out entry in the logbook." See ICE PBNDS 2011, Standard, Facility Security and Control Standard, Section (V)(C)(1)(c).

with hand cuffs prior to exiting their cell (**Deficiency SMU-1¹¹**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed after-action documentation and videos for three out of three UOF incidents and found, while medical staff were present during each UOF incident, one of the three calculated UOF incidents (July 30, 2020) did not include a medical examination of the detainee. Additionally, ODO found no video recording of close-ups of the detainee's body focusing on the presence/absence of injuries (**Deficiency UOF-1¹²**).

CARE

FOOD SERVICE (FS)

ODO reviewed food service staff pre-employment medical examination documentation, compared it to BBSPC's current food service staff roster, and found four out of 13 food service personnel did not have pre-employment medical examination documentation on file (**Deficiency FS-1¹³**).

ODO interviewed the FSD and found quarterly cost documentation for the common fare program for edible and non-edible items were not recorded (**Deficiency FS-2¹⁴**).

ODO interviewed the food service director and reviewed the contract for Akima (food service contractor) and found actual cost documentation for the common fare program for edible and non-edible items were not recorded (**Deficiency FS-3¹⁵**).

¹¹ "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. 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 PBNDS 2011, Standard, Segregation Management Unit Standard, Section (V)(E).

¹² "Detainees subjected to use of force shall be seen by medical staff as soon as possible. If the use of force results in an injury or claim of injury, medical evaluation shall be obtained, and appropriate care provided." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(B)(7).

¹³ "The facility administrator shall document that food service personnel have received a pre-employment medical examination to identify communicable diseases that may contraindicate food service work." *See* ICE PBNDS 2011, Standard, Food Service Standard, Section (V)(J)(3).

¹⁴ "The FSA shall estimate quarterly costs for the common fare program and include this figure in the quarterly budget." *See* ICE PBNDS 2011, Standard, Food Service Standard, Section (V)(G)(14).

¹⁵ "The FSA shall maintain a record of the actual costs of both edible and non-edible items." *See* ICE PBNDS 2011, Standard, Food Service Standard, Section (V)(G)(14).

HUNGER STRIKES (HS)

ODO reviewed 25 detention officer training files and found nine out of the 25 detention officers did not have annual hunger strike training; three in February 2020, one in March 2020, one in April 2020, three in May 2020, and one in June 2020 (**Deficiency HS-1¹⁶**).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical staff credential files and found although all had current licenses, [REDACTED] of the [REDACTED] files had no primary source verification; the assistant health service administrator who is a registered nurse, two nurses, the contract optometrist, and one radiology technician (**Deficiency MC-1¹⁷**).

ODO reviewed [REDACTED] medical staff credential files and found required document copies for [REDACTED] contract optometrist, [REDACTED] radiology technicians, and [REDACTED] acting clinical medical authority was not maintained on site (**Deficiency MC-2¹⁸**).

ODO reviewed [REDACTED] peer reviews of the independently licensed medical staff and found [REDACTED] out of the [REDACTED] peer reviews were conducted late. Specifically, [REDACTED] nurses, [REDACTED] dentist, and [REDACTED] nurse practitioners were beyond the annual review requirement per the standard (**Deficiency MC-3¹⁹**).

ODO reviewed 15 medical charts (health assessment forms) and found one out of the 15 was not reviewed by the physician to access the priority for treatment (**Deficiency MC-4²⁰**).

ODO reviewed 15 medical charts (health assessment forms) and found one out of the 15 health assessment was not completed within 14 days of arrival. This assessment was conducted one day late (**Deficiency MC-5²¹**).

ODO reviewed four quality assurance meeting minutes and found meetings are not held quarterly per the standard. Specifically, ODO found the last meeting was held on March 11, 2020. Additionally, the HAS confirmed meetings had not been held since June 2020 (**Deficiency MC-**

¹⁶ “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 PBNDS 2011, Standard, Hunger Strikes Standard, Section (V)(A).

¹⁷ “All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.” *See* ICE PBNDS 2011, Standard, Medical Care Standard, Section (V)(I).

¹⁸ “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. A restricted license does not meet this requirement.” *See* ICE PBNDS 2011, Standard, Medical Care Standard, Section (V)(I).

¹⁹ “Reviews shall be conducted at least annually.” *See* ICE PBNDS 2011, Standard, Medical Care Standard, Section (V)(EE) (3).

²⁰ “The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.” *See* ICE PBNDS 2011, Standard, Medical Care Standard, Section (V)(M).

²¹ “Each facility’s health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition.” *See* ICE PBNDS 2011, Standard, Medical Care Standard, Section (V)(M).

6²²).

ODO reviewed 15 medical charts and found in one out of 15 charts a detainee's initial dental screening was not completed within 14 days of arrival. The dental screening was completed one day beyond the 14-day requirement (**Deficiency MC-7²³**).

ODO interviewed the health service administrator and confirmed they are a health care professional; however, ODO found no documentation which identifies the HSA to the detainees per the standard (**Deficiency MC-8²⁴**).

ODO reviewed three psychotropic medication informed consent forms and found one out of the three consents was not obtained prior to the administration of the psychotropic medication. Specifically, the consent was obtained four days after the administration of the medication (**Deficiency MC-9²⁵**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION

ODO reviewed ■ detention officer training files and interviewed the HAS and found ■ out of the ■ detention officers did not have annual suicide prevention training; ■ in February 2020, ■ in March 2020, ■ in April 2020, ■ in May 2020 and ■ in June 2020 (**Deficiency SSHSPI-1²⁶**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed the facility's daily telephone inspection logs and found BBSPC facility staff did not demonstrate an individual can make calls using the free call platform (**Deficiency TA-1²⁷**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 22 deficiencies in the remaining 9 standards. ODO commends facility staff for their

²² "The HSA shall convene a meeting quarterly at minimum and include other facility and medical staff as appropriate." See ICE PBNDS 2011, Standard, Medical Care Standard, Section (V)(EE) (1).

²³ "An initial dental screening shall be performed within 14 days of the detainee's arrival." See ICE PBNDS 2011, Standard, Medical Care Standard, Section (V)(R).

²⁴ "The HSA is a physician or health care professional and shall be identified to detainees." See ICE PBNDS 2011, Standard, Medical Care Standard, Section (V)(B).

²⁵ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011, Standard, Medical Care Standard, Section (V)(AA) (4).

²⁶ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention Standard, Section (V)(A).

²⁷ "...After ensuring that each phone has a dial tone, when testing equipment, the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform." See ICE PBNDS 2011, Standard, Telephone Access Standard, Section (V)(A)(4)(a).

responsiveness during this inspection. ODO recommends ERO work with facility personnel to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011) Revised 2016	FY 2021 (PBNDS 2011) Revised 2016
Standards Reviewed	18	19
Deficient Standards	7	9
Overall Number of Deficiencies	13	22
Repeat Deficiencies	0	0
Corrective Actions	7	0