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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Chicago Field Office

Clay County Justice Center
Brazil, Indiana

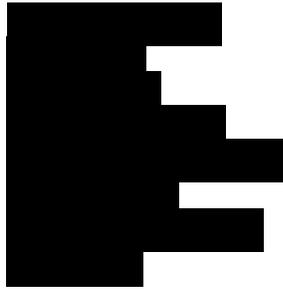
March 10-12, 2020

**COMPLIANCE INSPECTION
of the
CLAY COUNTY JUSTICE CENTER
Brazil, Indiana**

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COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

Inspections and Compliance Specialist

Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

Contractor

ODO

ODO

ODO

Creative Corrections

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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 Clay County Justice Center (CCJC) in Brazil, Indiana, from March 10 to 12, 2020¹. The facility opened in 2006 and is owned by Clay County and operated by the Clay County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJC in 2014 under the oversight of ERO's Field Office Director (FOD) in Chicago, Illinois (ERO Chicago). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned Deportation Officers and a Supervisory Detention and Deportation Officer to the facility. The CCJC jail commander handles daily facility operations and is supported by █ personnel. Clay County provides food services, Quality Correctional Care provides medical care, and Tiger Commissary Services provides commissary services at the facility. The facility is not accredited by any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	88
Average ICE Detainee Population ³	49
Male Detainee Population (as of 3/10/2020)	42
Female Detainee Population (as of 3/10/2020)	2

During its last inspection, in Fiscal Year (FY) 2015, ODO found 50 deficiencies in the following areas: Admission and Release (2); Classification System (2); Detainee Handbook (2); Disciplinary System (7); Environmental Health and Safety (7); Food Service (2); Funds and Personal Property (1); Grievance System (1); Medical Care (5); Religious Practices (1); Sexual Abuse and Assault Prevention and Intervention (1); Special Management Units (9); Staff-Detainee Communication (1); Staff Training (2); Telephone Access (5); and Use of Force (2).

¹ This facility holds both 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 March 3, 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.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. 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.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDS 2008 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	3
Sub-Total	3
Part 2 – Security	
Admission and Release	6
Classification System	2
Funds and Personal Property	5
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	8
Staff-Detainee Communication	1
Use of Force and Restraints	10
Sub-Total	32
Part 4 – Care	
Food Service	2
Medical Care	1
Personal Hygiene	1
Suicide Prevention and Intervention	0
Sub-Total	4
Part 5 – Activities	
Recreation	2
Religious Practices	3
Telephone Access	5
Visitation	8
Sub-Total	18
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	1
Sub-Total	1
Total Deficiencies	58

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

DETAINEE RELATIONS

ODO interviewed 14 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:

Medical Care: One detainee stated he wanted to make a medical appointment but was unaware of how to submit a medical request form.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee was scheduled to be seen by medical for a physical exam later that week. ODO contacted medical staff, who stated they would instruct the detainee on how to access and submit a medical request form for future needs.

Medical Care: One detainee stated he has chronic shoulder and back pain and has only received Ibuprofen to treat the pain.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee received a physical exam and was prescribed Ibuprofen for 10 days to address the pain. The detainee was scheduled to be re-evaluated by the physician on March 12, 2020.

Medical Care: One detainee stated he has an ear infection and has not received medication to treat the pain.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee was prescribed an antibiotic for a left ear mass infection and scheduled to be re-evaluated by the physician on March 12, 2020.

Law Libraries and Legal Material: One detainee stated he was unaware of how to contact an attorney.

- Action Taken: ODO discussed the issue with facility staff and was assured the detainee would be provided an unmonitored call to an attorney.

Law Libraries and Legal Material: One detainee stated he requested an envelope to mail a letter and still had not received one. The detainee also stated he was unaware of how to contact the Mexican Consulate.

- Action Taken: ODO discussed the issues with facility staff and was assured the detainee would be provided an envelope and instructed on how to contact the Mexican Consulate via telephone.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the housing units and observed trash debris on the floor, graffiti on the walls, and soap scum and mildew on the shower walls and floor (**Deficiency EH&S-1⁶**).

ODO observed unlabeled spray bottles containing hazardous chemicals in the kitchen, laundry area, and housing units (**Deficiency EH&S-2⁷**).

ODO inspected the barbering operations and found electric clippers were not properly cleaned and disinfected prior to storage (**Deficiency EH&S-3⁸**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO observed the admission process and found that newly admitted detainees were not fingerprinted (**Deficiency A&R-1⁹**).

ODO also found detainees were not screened with a metal detector upon admission or permitted to shower before entering their assigned housing units (**Deficiency A&R-2¹⁰**).

ODO reviewed 25 detainee detention files and found that none contained a housing identification card or equivalent (**Deficiency A&R-3¹¹**).

⁶ “All horizontal surfaces shall be damp-dusted daily with an approved germicidal solution used according to the manufacturer’s directions.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (V)(C)(1).

⁷ “The facility administrator shall individually assign the following responsibilities associated with the labeling procedure: ...Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material...” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VI)(K).

⁸ “Sanitation in barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels shall not be reused by other detainees until sanitized. Instruments such as combs and clippers shall not be used successively on detainees without proper cleaning and disinfecting.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (IX).

⁹ “Admission processes for a newly admitted detainee include, but are not limited to: ...Photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics...” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(1).

¹⁰ “All detainees shall be screened upon admission, ordinarily including: Screening with a metal detector....In SPCs and CDFs, to maintain standards of personal hygiene and to prevent the spread of communicable diseases and other unhealthy conditions within the housing units, every detainee must shower before entering his or her assigned unit.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(2). **This is a Repeat Deficiency.**

¹¹ “As part of the admission process, staff shall open a detainee detention file that shall contain all paperwork generated by the detainee’s stay at the facility. Reference is made to the Detention Standard on Detention Files.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(8).

ODO observed the facility's orientation video and found that the video did not include the "Know Your Rights" presentation (**Deficiency A&R-4¹²**).

ODO reviewed the facility's orientation procedures and found that they were not approved by the local ERO field office (**Deficiency A&R-5¹³**).

ODO reviewed the facility's release procedures and found that they were not approved by the local ERO field office (**Deficiency A&R-6¹⁴**).

CLASSIFICATION SYSTEM (CS)

ODO reviewed [REDACTED] classification staff training records and found that none of the classification officers were adequately trained in the facility's classification process (**Deficiency CS-1¹⁵**).

ODO interviewed classification staff and learned the facility does not complete a special reassessment before a detainee leaves disciplinary segregation (**Deficiency CS-2¹⁶**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found that it did not notify detainees of the procedure for claiming property upon release, transfer, or removal; filing a claim for lost or damaged property; or accessing personal funds to pay for legal services (**Deficiency F&PP-1¹⁷**).

ODO found the facility had not established procedures for obtaining a forwarding address from every detainee for use in the event personal property is lost or forgotten in the facility after the detainee's release, transfer, or removal (**Deficiency F&PP-2¹⁸**).

ODO found the facility administrator had not designated a storage area in each housing unit for

¹² "All facilities shall have a method to provide ICE/DRO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand." *See* ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

¹³ "Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction." *See* ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

¹⁴ "ICE/DRO shall approve IGSA release procedures." *See* ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H).

¹⁵ "Each facility administrator shall require that the facility's classification system ensures that: ...All facility staff assigned to classification duties shall be adequately trained in the facility's classification process." *See* ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

¹⁶ "A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation, and at any other time when additional, relevant information becomes known." *See* ICE PBNDS 2008, Standard, Classification System, Section (V)(B). **This is a Repeat Deficiency.**

¹⁷ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...The procedure for claiming property upon release, transfer, or removal; The procedures for filing a claim for lost or damaged property; Access to detainee personal funds to pay for legal services." *See* ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C).

¹⁸ "Standard operating procedure shall include obtaining a forwarding address from every detainee for use in the event that personal property is lost or forgotten in the facility after the detainee's release, transfer, or removal." *See* ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(D). **This is a Repeat Deficiency.**

storing detainee personal property (**Deficiency F&PP-3¹⁹**).

ODO observed the supervisory security officer during one shift and found that he did not remove the contents of the drop safe during his shift, nor did he initial the property receipt (G-589) accountability log (**Deficiency F&PP-4²⁰**).

ODO found the facility had not established a policy for the loss of or damage to properly receipted detainee property (**Deficiency F&PP-5²¹**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO found the facility's SMU policy allows for a detainee to be placed on disciplinary segregation (DS) for a facility rule violation, pending a hearing (**Deficiency SMU-1²²**).

ODO found the facility administrator had not established a policy or procedures to control and secure SMU entrances, contraband, tools, and food carts (**Deficiency SMU-2²³**).

ODO found the facility's SMU policy does not permit detainees in the SMU to shower at least three times weekly (**Deficiency SMU-3²⁴**).

ODO found the facility's SMU policy does not afford detainees in the SMU at least one hour of recreation per day (**Deficiency SMU-4²⁵**).

ODO reviewed the detention files of two detainees placed in the SMU on administrative segregation (AS) during the year preceding the inspection and found that the facility did not complete an AS order for either detainee (**Deficiency SMU-5²⁶**). Additionally, one detainee did

¹⁹ "For each housing area, the facility administrator shall designate a storage area for storing detainee personal property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E)(4).

²⁰ "The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(H).

²¹ "All CDFs and IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property...." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(L)(3). **This is a Priority Component.**

²² "A detainee may be placed in Disciplinary Segregation only after being found guilty, through a formal disciplinary process, of a facility rule violation." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(A). **This is a Repeat Deficiency.**

²³ "In accordance with procedures detailed in the Detention Standard on Facility Security and Control, each facility administrator is required to establish written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(1).

²⁴ "In accordance with the Detention Standard on Personal Hygiene, detainees in SMUs may shave and shower at least three times weekly and receive other basic services such as laundry, hair care, barbering, clothing, bedding, and linen equivalent to general population detainees and consistent with safety and security of the facility." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(11).

²⁵ "Nevertheless, detainees in the SMU shall be offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(19)(a).

²⁶ "A written order shall be completed and approved by a security supervisor before a detainee is placed in Administrative Segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(2).

not receive a supervisory review during the four days he was on AS status (**Deficiency SMU-6²⁷**).

ODO interviewed a facility captain and learned the facility did not maintain a permanent log in the SMU to record all activities concerning detainees in the unit (**Deficiency SMU-7²⁸**).

ODO interviewed a facility captain and learned the facility did not maintain a separate log in the SMU of all persons visiting the unit (**Deficiency SMU-8²⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO found the U.S. Department of Homeland Security (DHS), Office of Inspector General (OIG) hotline posters were not mounted in the appropriate common areas (**Deficiency SDC-1³⁰**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO found the facility had not established a UOF continuum to illustrate the levels of force staff may use to gain control of a detainee (**Deficiency UOF&R-1³¹**).

ODO reviewed the facility's UOF training and found that it did not inform staff of their responsibility to effectively handle situations involving aggressive detainees (**Deficiency UOF&R-2³²**).

ODO found the facility's UOF policy did not include procedures to consult medical staff in UOF situations involving pregnant detainees, detainees with wounds or cuts, and detainees with special medical or mental health needs (**Deficiency UOF&R-3³³**).

ODO found the facility did not maintain a written record of routine and emergency distributions

²⁷ "A security supervisor shall conduct a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(3)(a). **This is a Priority Component.**

²⁸ "A permanent log shall be maintained in the SMU to record all activities concerning the SMU detainees, such as the meals served, recreational time, and visitors." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(1). **This is a Repeat Deficiency.**

²⁹ "In SPCs and CDFs, a separate log shall be maintained in the SMU of all persons visiting the unit." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(2).

³⁰ "In each IGSA and CDF, the facility administrator shall ensure that posters are mounted in appropriate common areas (recreation areas, dining areas, processing areas, etc.)." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(D)(3).

³¹ [REDACTED] used to illustrate the levels of force staff may use to gain control of a detainee." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(C). **This is a Priority Component.**

³² "All new officers shall be sufficiently trained during their first year of employment. Through ongoing (at least annual) training, all detention facility staff must be made aware of their responsibilities to effectively handle situations involving aggressive detainees." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(D)(1). **This is a Priority Component.**

³³ "Situations in which consultation with medical staff is required include:

1. Pregnant Detainees
2. Detainees with Wounds or Cuts
3. Detainees with Special Medical or Mental Health Needs...."

See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(F). **This is a Priority Component.**

of security equipment and had not designated and incorporated, in one or more post orders, the responsibility for staff to inventory chemical agents and related security equipment at least [REDACTED] (Deficiency UOF&R-4³⁴).

ODO found the facility's UOF policy did not include procedures for staff to consult medical staff before [REDACTED] (Deficiency UOF&R-5³⁵).

ODO found the facility's UOF policy did not include procedures for staff to use confrontation avoidance before authorizing a calculated UOF; document and record calculated UOF incidents; or use the [REDACTED] to prevent or diminish injury to staff and detainees (Deficiency UOF&R-6³⁶).

ODO reviewed the facility's post orders and found that the facility administrator had not designated responsibility for maintaining cameras and other audiovisual equipment (Deficiency UOF&R-7³⁷).

ODO found the facility had [REDACTED] that had not been approved by the local ERO field office (Deficiency UOF&R-8³⁸).

ODO found the facility did not document uses of force on a form approved by the local ERO field office, nor record UOF incidents. Additionally, ODO found that the facility had not designated an individual to maintain UOF documentation (Deficiency UOF&R-9³⁹).

³⁴ "Each facility shall maintain a written record of routine and emergency distribution of security equipment and shall specifically designate and incorporate, in one or more post orders, responsibility for staff to inventory chemical agents and related security equipment at least [REDACTED] to determine their condition and expiration dates." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(G)(2). **This is a Repeat Deficiency.**

³⁵ "Staff shall consult medical staff before [REDACTED] or other [REDACTED] unless escalating tension makes such action unavoidable." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(G)(3). **This is a Priority Component.**

³⁶ "Calculated use of force affords staff time to strategize and resolve situations in the least confrontational manner and assist to de-escalate the situation....

1. Confrontation Avoidance
2. Documentation and Audiovisual Recording
3. [REDACTED]

See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I). **This is a Priority Component.**

³⁷ "Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for: Maintaining cameras and other audiovisual equipment; Regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and Keeping back-up supplies on hand (batteries, tapes or other recording media, lens cleaners, etc.)." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(K).

³⁸ "The following restraint equipment is authorized: [REDACTED]

[REDACTED] and Any other ICE/DRO-approved [REDACTED] See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(L).

³⁹ "Documentation of Use of Force and Application of Restraints

1. Report of Incident: All facilities shall have an ICE/DRO-approved form to document all uses of force.
2. Audiovisual Recording Use-of-Force Incidents: Staff shall immediately obtain an audiovisual camera to record any use-of-force incident, unless such a delay in bringing the situation under control would constitute

ODO found the facility had not established written procedures, approved by the local ERO field office, for the after-action review of UOF incidents. Additionally, ODO found the after-action review team does not review the audiovisual recording of UOF incidents, nor report their findings to the FOD (**Deficiency UOF&R-10⁴⁰**).

CARE

FOOD SERVICE (FS)

ODO found the facility did not use the standard 35-day menu cycle (**Deficiency FS-1⁴¹**).

ODO found the facility did not accommodate detainees whose religious dietary needs cannot be met on the mainline with a common fare menu instead (**Deficiency FS-2⁴²**).

MEDICAL CARE (MC)

ODO reviewed 25 health screening forms and found that the clinical medical authority did not review any of them within 24 hours or the next business day to assess the priority for treatment (**Deficiency MC-1⁴³**).

PERSONAL HYGIENE (PH)

ODO reviewed the facility's laundry schedule and found it did not allow for a daily change of socks and undergarments (**Deficiency PH-1⁴⁴**).

a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage.

3. Recordkeeping: All facilities shall assign a designated individual to maintain all use-of-force documentation."

See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(O). **This is a Priority Component.**

⁴⁰ "After-Action Review of Use of Force and Application of Restraints:

1. Written Procedures Required: All facilities shall have ICE/DRO-approved written procedures for After-Action Review of use-of-force incidents (immediate or calculated) and applications of restraints....
3. Review of Audiovisual Recording: The After-Action Review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard.
4. Report of Findings to Field Office Director: Within two working days of the After-Action Review Team's submission of its determination, the facility administrator shall report with the details and findings of appropriate or inappropriate use of force, by memorandum, to the Field Office Director and whether he or she concurs with the finding."

See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P). **This is a Priority Component and a Repeat Deficiency.**

⁴¹ "The FSA shall base menu selections on the best nutritional program the facility can afford meeting U.S. minimum daily allowances. The ICE/DRO standard menu cycle is 35 days." *See* ICE PBNDS 2008, Standard, Food Service, Section (V)(E)(1).

⁴² "Common Fare is intended to accommodate detainees whose religious dietary needs cannot be met on the mainline. The Common Fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." *See* ICE PBNDS 2008, Standard, Food Service, Section (V)(G)(2).

⁴³ "The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine)." *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(I)(1).

⁴⁴ "Detainees shall be provided with clean clothing, linen and towels on the following basis: A daily change of socks

ACTIVITIES

RECREATION (R)

ODO observed the facility's indoor exercise area and found that it did not provide a minimum of 500 square feet of unencumbered space (**Deficiency R-1⁴⁵**).

ODO found the dayrooms in general population housing units did not offer board games. Additionally, ODO learned the facility requires detainees to use the commissary to purchase board games (**Deficiency R-2⁴⁶**).

RELIGIOUS PRACTICES (RP)

ODO found the facility had not posted the current religious activities program schedule in all housing units (**Deficiency RP-1⁴⁷**).

ODO found the facility chaplain did not provide pastoral care in the SMU and medical unit at least weekly (**Deficiency RP-2⁴⁸**).

ODO found the facility's RP policy did not include procedures to facilitate the observance of important holy days (**Deficiency RP-3⁴⁹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating their RP policy to incorporate written procedures allowing detainees to observe important holy days (**C-1**).

TELEPHONE ACCESS (TA)

ODO found facility staff were unable to demonstrate whether detainees have the ability to make calls using the free call platform (**Deficiency TA-1⁵⁰**).

and undergarments." See ICE PBNDS 2008, Standard, Personal Hygiene, Section (V)(H). **This is a Priority Component.**

⁴⁵ "Each indoor exercise area must provide a minimum of 500 square feet of unencumbered space -- or 1,000 square feet of unencumbered space if 100 or more detainees are expected to use the space at the same time." See ICE PBNDS 2008, Standard, Recreation, Section (V)(A). **This is a Priority Component.**

⁴⁶ "Dayrooms in general population housing units shall offer board games, television, and other sedentary activities." See ICE PBNDS 2008, Standard, Recreation, Section (V)(D)(4). **This is a Priority Component.**

⁴⁷ "The chaplain shall schedule and direct the facility's religious activities, and current program schedules shall be posted on all unit and detainee bulletin boards in languages understood by the majority of the detainees." See ICE PBNDS 2008, Standard, Religious Practices, Section (V)(D).

⁴⁸ "In SPCs and CDFs, detainees in an SMU shall have regular access to the chaplain or other religious service providers. The chaplain shall provide pastoral care in SMUs and hospital units at least weekly." See ICE PBNDS 2008, Standard, Religious Practices, Section (V)(E).

⁴⁹ "Each facility shall have written policy and procedures to facilitate detainee observance of important holy days, consistent with maintaining safety, security and orderly operations, and the chaplain shall work with detainees to accommodate proper observances." See ICE PBNDS 2008, Standard, Religious Practices, Section (V)(I).

⁵⁰ "Ensuring there is a dial tone is only part of what is required: 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 2008, Standard, Telephone Access, Section (V)(A)(4)(a).

ODO found the facility had not placed a notice at each monitored detainee telephone stating the procedure for obtaining an unmonitored call to a court or legal representative, or for the purpose of obtaining legal representation (**Deficiency TA-2**⁵¹).

ODO found the facility had not posted current DHS OIG contact information in the housing units (**Deficiency TA-3**⁵²).

ODO found the facility's telephone policy limits the duration of calls placed to legal representatives to fewer than 20 minutes (**Deficiency TA-4**⁵³).

ODO found detainees using accessible or text telephones are not afforded the same privacy as detainees using regular telephones (**Deficiency TA-5**⁵⁴).

VISITATION (V)

ODO found the facility does not maintain a separate log for legal visitation (**Deficiency V-1**⁵⁵).

ODO found the facility's written procedures informing visitors they are or may be subject to search procedures were not publicly available (**Deficiency V-2**⁵⁶).

ODO found the facility had not developed procedures to allow legal representatives and assistants to telephone the facility, in advance of a visit, to determine whether an individual is detained there (**Deficiency V-3**⁵⁷).

ODO found that the facility's legal visitation policy did not provide for the exchange of documents

⁵¹ "Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall: ...At each monitored telephone, place a notice that states: That detainee calls are subject to monitoring; and the procedure for obtaining an unmonitored call to a court, a legal representative, or for the purposes of obtaining legal representation." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(B).

⁵² "Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals listed below. The FOD will ensure that all information is kept current and provided to each facility. Updated lists need to be posted in the detainee housing units....Office of the Inspector General of the U.S. Department of Homeland Security at (800) 323-8603...." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(E). **This is a Priority Component.**

⁵³ "A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call at the first available opportunity if desired." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(F)(1).

⁵⁴ "Consistent with the order and safety of the facility, the facility shall ensure that the privacy of telephone calls by detainees using Accessible Telephones or TTY is the same as other detainees using telephones." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(G). **This is a Repeat Deficiency.**

⁵⁵ "Each facility shall maintain a log of all general visitors, and a separate log of legal visitors...." See ICE PBNDS 2008, Standard, Visitation, Section (V)(D).

⁵⁶ "Written procedures shall be publicly available to inform visitors that they are subject to search procedures." See ICE PBNDS 2008, Standard, Visitation, Section (V)(I)(3).

⁵⁷ "Each facility shall establish a written procedure to allow legal representatives and assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained there." See ICE PBNDS 2008, Standard, Visitation, Section (V)(J)(6).

between a detainee and a legal representative or legal assistant (**Deficiency V-4⁵⁸**).

ODO found that the local ERO field office had not provided the facility with the official list of local free legal service providers (**Deficiency V-5⁵⁹**).

ODO found that the facility's legal visitation policy did not specify the procedures and standards related to telephone inquiries, dress code, legal assistants working under the supervision of an attorney, pre-representational meetings, Form G-28 requirements, materials provided to detainees by legal representatives, or confidential group legal meetings and detainee sign-up (**Deficiency V-6⁶⁰**).

ODO found that the facility had not developed procedures that liberally allow the opportunity for consultation visits (**Deficiency V-7⁶¹**).

ODO found that the facility had not established and disseminated a policy and implemented procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property (**Deficiency V-8⁶²**).

JUSTICE

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO found that the facility had not posted the policies and procedures governing access to legal materials in the law library (**Deficiency LL&LM-1⁶³**).

⁵⁸ "The facility's written legal visitation procedures must provide for the exchange of documents between a detainee and the legal representative or assistant, even when contact visitation rooms are unavailable." *See* ICE PBNDS 2008, Standard, Visitation, Section (V)(J)(10).

⁵⁹ "ICE/DRO shall provide each facility the official list of local free legal service providers updated quarterly by the local DOJ Executive Office for Immigration Review. The facility shall promptly and prominently post the current list in detainee housing units and other appropriate areas." *See* ICE PBNDS 2008, Standard, Visitation, Section (V)(J)(14).

⁶⁰ "The site-specific policy shall specify visitation hours, procedures and standards, including but not limited to, telephone inquiries, dress code, legal assistants working under the supervision of an attorney, pre-representational meetings, Form G-28 requirements, identification and search of legal representatives, identification of visitors, materials provided to detainees by legal representatives, confidential group legal meetings and detainee sign-up." *See* ICE PBNDS 2008, Standard, Visitation, Section (V)(J)(16).

⁶¹ "Because expedited removal procedures occur within short time frames, each facility shall develop procedures that liberally allow the opportunity for consultation visitation to ensure compliance with statutory and regulatory requirements and prevent delay in the expedited removal process." *See* ICE PBNDS 2008, Standard, Visitation, Section (V)(K)(2).

⁶² "Each facility shall establish and disseminate a policy and implementing procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property." *See* ICE PBNDS 2008, Standard, Visitation, Section (V)(O)(4).

⁶³ "The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials....These policies and procedures shall also be posted in the law library along with a list of the law library's holdings." *See* ICE PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(O).

CONCLUSION

During this inspection, ODO assessed CCJC's compliance with 18 standards under PBNDS 2008 and found the facility in compliance with 3 of those standards. ODO found 58 deficiencies in the remaining 15 standards. ODO notes the facility did not improve their compliance with PBNDS 2008, rather it increased its overall number of deficiencies from 50 in FY 2015 to 58 in FY 2020, including 8 repeat deficiencies. ODO also notes there was one instance in which staff initiated immediate corrective action.

ODO noted eight deficiencies in the *SMU* standard. Of concern, ODO found that a detainee may be placed on disciplinary segregation for a rule violation, pending a hearing. By enacting a punitive measure prior to a detainee being found culpable of a prohibited act, the facility forgoes a detainee's right to due process and does not consider alternative dispositions that may regulate a detainee's behavior.

ODO noted 10 deficiencies in the *UOF&R* standard. Of concern, ODO found that the facility does not document or audio-visually record UOF incidents. The absence of documentation does not provide the facility administrator and local ERO field office with the information required to thoroughly review UOF incidents or to consider whether proper procedures were followed, whether staff used appropriate force, and whether medical care was provided.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2015 (PBNDS 2008)	FY 2020 (PBNDS 2008)
Standards Reviewed	18	18
Deficient Standards	16	15
Overall Number of Deficiencies	50	58
Deficient Priority Components	9	13
Repeat Deficiencies	N/A	8
Corrective Actions	5	1