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

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

**Clinton County Jail
Plattsburgh, New York**

October 25-27, 2022

COMPLIANCE INSPECTION
of the
CLINTON COUNTY JAIL
Plattsburgh, 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 Clinton County Jail (CCJ) in Plattsburgh, New York, from October 25 to 27, 2022.¹ The facility opened in 1987 and is owned and operated by Clinton County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 2006 under the oversight of ERO’s Field Office Director (FOD) in Buffalo (ERO Buffalo). The facility operates under the National Detention Standards (NDS) 2000.

ERO has no staff assigned to the facility. A CCJ captain handles daily facility operations and manages █ support personnel. Clinton County provides food services and medical care, and Trinity Services provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█
Average ICE Population ³	█
Adult Male Population (as of October 25, 2022)	█
Adult Female Population (as of October 25, 2022)	█

During its last inspection, in Fiscal Year (FY) 2017, ODO found 30 deficiencies in the following areas: Access to Legal Material (1); Admission and Release (2); Detainee Classification System (2); Detainee Grievance Procedures (2); Detainee Handbook (1); Environmental Health and Safety (5); Food Service (3); Funds and Personal Property (1); Medical Care (4); Special Management Unit (Disciplinary Segregation) (2); Staff-Detainee Communication (4); Telephone Access (2); and Use of Force (1).

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

² Data Source: ERO Facility List as of October 17, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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.

Beginning fiscal year (FY) 2022, ODO will conduct focused 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 1-9 detainees. Additionally, ODO will conduct 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. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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 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 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Detainee Services	
Admission and Release ⁷	2
Correspondence and Other Mail	2
Food Service	0
Sub-Total	4
Part 2 - Security and Control	
Contraband	0
Environmental Health and Safety	6
Hold Rooms in Detention Facilities	4
Use of Force	18
Sub-Total	28
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	2
Suicide Prevention and Intervention	1
Sub-Total	3
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	35

⁵ For greater detail on ODO's findings, see the *Compliance Inspection 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 inspections.

⁷ ODO identified and cited the deficiencies under the Admission and Release (AR) standard during the inspection; ODO did not review the AR standard in its entirety.

DETAINEE RELATIONS

ODO interviewed one out of two detainees, who voluntarily agreed to participate. One detainee declined ODO's request for an interview. The detainee did not make any allegations of discrimination, mistreatment, or abuse. The detainee reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO interviewed a CCJ lieutenant and found CCJ did not provide ICE detainees an orientation to the facility (**Deficiency AR-53⁸**).

ODO interviewed a CCJ lieutenant and found ERO Buffalo did not approve the facility's orientation procedures (**Deficiency AR-54⁹**).

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility's detainee handbook and found it did not include the following: instructions on the proper labeling for special correspondence; a notification clearly stating it is the detainee's responsibility to inform senders of special mail of the labeling requirements; nor how to obtain writing implements, paper, and envelopes (**Deficiency COM-5¹⁰**).

ODO reviewed the facility's COM policy and found CCJ did not permit indigent detainees to mail a reasonable amount of mail each week, including at least five pieces of special correspondence and three pieces of general correspondence. Specifically, the facility limited indigent detainees to a total of two pieces of mail each week (**Deficiency COM-36¹¹**).

⁸ "All facilities shall have a medium to provide INS detainees an orientation to the facility." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

⁹ "In IGSA's the INS office of jurisdiction shall approve all orientation procedures." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

¹⁰ "The facility shall notify detainees of its policy on correspondence and other mail through the detainee handbook or equivalent provided to each detainee upon admittance. At a minimum, the notification shall specify: ...

5. The definition of special correspondence, including instructions on the proper labeling for special correspondence, without which it will not be treated as special mail. The notification shall clearly state that it is the detainee's responsibility to inform senders of special mail of the labeling requirement; ... and

8. How to obtain writing implements, paper, and envelopes."

See ICE NDS 2000, Standard, Correspondence and Other Mail, Section (III)(B)(5) and (8).

¹¹ "Indigent detainees will be permitted to mail a reasonable amount of mail each week, including at least five pieces of special correspondence and three pieces of general correspondence." *See* ICE NDS 2000, Standard, Correspondence and Other Mail, Section (III)(I).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's fire safety program, interviewed a CCJ lieutenant, and found the following deficiencies:

- The facility did not conduct nor document monthly fire drills (**Deficiency EHS-65¹²**);
- CCJ did not time fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours so employees on each shift participated in an annual drill (**Deficiency EHS-66¹³**);
- CCJ did not evacuate detainees during fire drills (**Deficiency EHS-67¹⁴**);
- CCJ did not conduct staff-simulated drills in areas where they did not evacuate detainees (**Deficiency EHS-68¹⁵**);
- CCJ did not include nor time emergency-key drills in each fire drill (**Deficiency EHS-69¹⁶**); and
- CCJ staff did not draw and use emergency keys to unlock one set of emergency exit doors not in daily use (**Deficiency EHS-70¹⁷**).

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed the facility's hold rooms, reviewed hold room documentation, and found the following deficiencies:

- CCJ did not maintain a detention log for every detainee placed in a hold cell (**Deficiency HRDF-38¹⁸**);
- The facility's detention log did not record custodial information about new arrivals; detainees awaiting legal visitation; nor detainees awaiting interviews with supervisory staff or other officials (**Deficiency HRDF-39¹⁹**);

¹² "Monthly fire drills will be conducted and documented separately in each department." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

¹³ "Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours will be timed so that employees on each shift participate in an annual drill." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(a).

¹⁴ "Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

¹⁵ "Staff-simulated drills will take place instead in the areas where detainees are not evacuated." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

¹⁶ "Emergency-key drills will be included in each fire drill, and timed." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹⁷ "Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹⁸ "Each facility shall maintain a detention log (manually or electronically) for every detainee placed in a hold cell." See ICE NDS 2000, Standard, Hold Rooms in Detention Facilities, Section (III)(C)(2).

¹⁹ "The log records custodial information about new arrivals (e.g., a "voluntary return" waiting for a scheduled transportation run); detainees awaiting legal visitation; and detainees awaiting interviews with supervisory staff or other officials." See ICE NDS 2000, Standard, Hold Rooms in Detention Facilities, Section (III)(C)(2).

- The designated hold-room officer did not enter specified information into the detention log immediately upon a detainee’s placement in a hold room (**Deficiency HRDF-40²⁰**); and
- Officers did not supervise the detention hold rooms through direct supervision, which involves “irregular” visual monitoring every 15 minutes, each time recording the time and officer's star number in the detention log (**Deficiency HRDF-48²¹**).

ODO observed the facility's hold rooms and found CCJ did not set a maximum room capacity for hold rooms. Specifically, the booking officer stated they rarely hold more than five detainees in a hold room; however, ODO observed the hold room only had sufficient seating for approximately three detainees. ODO noted this as an **Area of Concern**.

USE OF FORCE (UOF)

ODO interviewed a CCJ lieutenant and found the facility did not videotape calculated uses of force (**Deficiency UOF-4²²**).

ODO reviewed the facility's UOF training and found CCJ did not train staff in the UOF team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility. Specifically, ODO found the following deficiencies:

- CCJ did not provide UOF team technique training (**Deficiency UOF-11²³**);
- CCJ did not provide UOF team technique training for all staff members (**Deficiency UOF-12²⁴**); and
- The facility did not have UOF team technique training to include the technique and its application, confrontation avoidance, professionalism, debriefing, the use of protective clothing, and handling of spilled blood and body fluids (**Deficiency UOF-13²⁵**). **This is a priority component.**

²⁰ “The designated hold-room officer will enter specified information into the log immediately upon the detainees' placement in a hold room.” See ICE NDS 2000, Standard, Hold Rooms in Detention Facilities, Section (III)(C)(2).

²¹ “Officers shall closely supervise the detention hold rooms through direct supervision, which involves “irregular” visual monitoring every 15 minutes (each time recording the time and officer's star number in the detention log).” See ICE NDS 2000, Standard, Hold Rooms in Detention Facilities, Section (III)(C)(4).

²² “The videotaping of all calculated used [*sic*] of force is required.” See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(2)(b).

²³ “Staff shall be trained in the use-of-force team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility.” See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(b).

²⁴ “To use human resources most effectively, the OIC will provide use-of-force team technique training for all staff members.” See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(b).

²⁵ “The use-of-force team technique training will include the technique and its application, confrontation-avoidance, professionalism, and debriefing. It will also cover the use of protective clothing and handling of spilled blood and body fluids.” See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(c). **This is a Priority Component.**

ODO reviewed the facility's UOF program, interviewed a CCJ lieutenant, and found the following deficiencies:

- The facility did not maintain video equipment for recording UOF incidents, nor did they designate responsibly for maintaining the video camera(s) and other video equipment (**Deficiency UOF-29**²⁶);
- Maintenance of video equipment did not include regularly scheduled testing to ensure all parts, including batteries, were in working order nor keeping backup supplies on hand (**Deficiency UOF-30**²⁷); and
- CCJ did not incorporate responsibility for maintenance of video equipment into one or more post orders (**Deficiency UOF-31**²⁸).

ODO interviewed a CCJ lieutenant, observed the facility's restraint equipment, and found the facility did not have soft restraints and only used hard restraints (**Deficiency UOF-41**²⁹).

ODO observed the facility's restraint equipment, interviewed ERO Buffalo staff, and found the facility maintained a restraint chair, which ERO Buffalo had not approved (**Deficiency UOF-43**³⁰).

ODO interviewed a CCJ lieutenant and found staff did not have soft restraints (**Deficiency UOF-56**³¹).

ODO reviewed the facility's UOF forms, interviewed ERO Buffalo staff, and found ERO Buffalo did not approve the facility's UOF forms (**Deficiency UOF-85**³²).

ODO reviewed the facility's UOF procedures and found CCJ did not designate an individual to

²⁶ "The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I).

²⁷ "This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.)." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I).

²⁸ "This responsibility shall be incorporated into one or more post orders." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I).

²⁹ "Hard restraints (e.g., steel handcuffs and leg irons) will be used only after soft restraints prove (or have previously proven) ineffective with this detainee." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(B)(7).

³⁰ "Deviations from the following list of restraint equipment are prohibited: ...

9. Any other INS-approved restraint device."

See ICE NDS 2000, Standard, Use of Force, Section (III)(C)(9).

³¹ "Staff shall follow the specified four-point-restraint procedures:

1. Use soft restraints (e.g., vinyl), unless:
 - a. Previously ineffective with this detainee, or
 - b. Proving ineffective in the current instance."

See ICE NDS 2000, Standard, Use of Force, Section (III)(F)(1)(a-b).

³² "All facilities shall have a form to document all uses of force. INS shall approve of all use of force forms." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(J)(1).

maintain all UOF documentation (**Deficiency UOF-99**³³).

ODO reviewed the facility's after-action review (AAR) procedures, interviewed ERO Buffalo staff, and found ERO Buffalo did not approve the AAR procedures (**Deficiency UOF-103**³⁴).

ODO reviewed the facility's UOF training and found the following deficiencies:

- CCJ did not train detention personnel in approved methods of self-defense, confrontation avoidance techniques, the UOF to control detainees, nor prohibited UOF acts and techniques (**Deficiency UOF-117**³⁵);
- CCJ did not provide staff annual training in confrontation avoidance procedures nor forced cell-move techniques (**Deficiency UOF-119**³⁶);
- Training did not cover UOF in special situations (**Deficiency UOF-121**³⁷);
- CCJ did not maintain certifications for each officer certified to use certain non-lethal equipment. Specifically, ODO found the facility did not maintain certifications for all eight officers assigned oleoresin capsicum spray (**Deficiency UOF-122**³⁸); and
- Training did not include: communication techniques, cultural diversity, dealing with the mentally ill, confrontation avoidance procedures, application of restraints (progressive and hard), nor reporting procedures (**Deficiency UOF-123**³⁹).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed nine health care staff credential files and found all health care staff did not have a valid professional licensures nor certifications. Specifically, three out of nine files (contract medical doctor, contract nurse practitioner, and contract physician's assistant) lacked Drug

³³ "All facilities shall have a designated individual to maintain all uses of force documentation." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(J)(4).

³⁴ "INS shall review and approve all After Action Review procedures." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(K).

³⁵ "All detention personnel shall also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees. Staff will be made aware of prohibited use-of-force acts and techniques." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(O).

³⁶ "Staff members will receive annual training in confrontation-avoidance procedures and forced cell-move techniques." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(O).

³⁷ "Training should also cover use of force in special situations." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(O).

³⁸ "Each officer must have [sic] be specifically certified to use a given device." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(O).

³⁹ "Among other things, training shall include:

1. Communication techniques;
2. Cultural diversity;
3. Dealing with the mentally ill;
4. Confrontation-avoidance procedures;
5. Application of restraints (progressive and hard); and
6. Reporting procedures."

See ICE NDS 2000, Standard, Use of Force, Section (III)(O)(1-6).

Enforcement Administration licenses, and one out of nine files (x-ray technician) lacked a license and primary source verification (**Deficiency MC-18⁴⁰**). **This is a priority component.**

ODO reviewed 9 health care staff credential files and 25 non-health care staff training records, interviewed the training coordinator, and found CCJ did not have documentation showing five out of nine health care staff completed cardiopulmonary resuscitation training (**Deficiency MC-72⁴¹**).

ODO reviewed the facility's MC policies, interviewed the health services administrator, and found CCJ did not implement ERO's COVID-19 Pandemic Response Requirements, which required a 10-day isolation period for all new detainees after the intake process. ODO noted this as an **Area of Concern**.

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed 9 health care staff credential files and 25 non-health care staff training records, interviewed the training coordinator, and found CCJ did not provide training to all staff in: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt. Specifically, CCJ was unable provide ODO with training records for nine out of nine health care staff (**Deficiency SPI-1⁴²**). **This is a priority component.**

OTHER STANDARDS REVIEWED

NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI program and noted the following observations as **Areas of Concern**:

- The facility's written policy on sexual misconduct did not include procedures for training all employees, contractors, and volunteers on the agency's and facility's zero tolerance policies nor their responsibilities under those policies;
- The facility's written policy on sexual misconduct did not include procedures for directly notifying the ERO Buffalo FOD of sexual abuse and assault allegations;
- The facility's written policy on sexual misconduct did not include procedures for making information available to the public regarding how to report sexual abuse and

⁴⁰ "The health care staff will have a valid professional licensure and or certification." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(C).

⁴¹ "Detention staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following: ...

2. The administration of first aid and cardiopulmonary resuscitation." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(H)(2).

⁴² "All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt." *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).

- assault on behalf of a detainee;
- The facility's written policy on sexual misconduct did not include procedures for coordination of internal administrative investigations with the assigned criminal investigative entity nor with the ICE Office of Professional Responsibility;
 - The facility's written policy on sexual misconduct did not include procedures for data collection and reporting;
 - The facility's written policy on sexual misconduct did not include the requirement to cooperate with all ICE audits and monitoring of facility compliance with sexual abuse and assault policies and standards;
 - ERO Buffalo did not review nor approve the facility's written policy and procedures;
 - CCJ did not post its protocols on its website nor otherwise make the protocols available to the public;
 - The facility administrator did not designate a prevention of sexual assault (PSA) compliance manager to serve as the facility point of contact for the ICE PSA coordinator and oversee facility efforts to comply with SAAPI policies and procedures;
 - CCJ was unable to access their training records, so ODO was unable to verify if CCJ included training on the facility's sexual misconduct policy during initial training for all employees nor if CCJ included it in biennial refresher training;
 - CCJ was unable to provide their sexual misconduct training curriculum to ODO for review, so ODO was unable to verify if employee training ensured staff were able to fulfill their responsibilities under this standard;
 - CCJ did not train all volunteers and other contractors who have contact with detainees on their responsibilities under the facility's sexual misconduct policies and procedures;
 - CCJ did not provide training for volunteers nor contractors with the level and type of training based on the services they provide and their level of contact with detainees;
 - CCJ did not notify all volunteers and contractors who have contact with detainees of the facility's zero-tolerance policy nor inform them how to report such incidents;
 - CCJ was unable to provide ODO written documentation verifying employee, volunteer, nor contractor training;
 - CCJ did not provide specialized training on sexual abuse and assault and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse and assault;
 - The facility administrator did not ensure the orientation program notified and informed detainees about the agency's and the facility's zero tolerance policies for all forms of sexual abuse and assault;
 - CCJ did not provide instruction to detainees on the facility's sexual misconduct policy following the intake process;
 - CCJ did not provide detainees with the name of the program coordinator or designated staff member nor information on how to contact him or her;
 - CCJ did not post the ERO-provided sexual abuse and assault awareness notice on all housing-unit bulletin boards;
 - CCJ did not post the name of the facility PSA compliance manager nor information about local or national organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers;
 - The facility administrator did not establish procedures to make available, to the full

- extent possible, outside victim services following incidents of sexual abuse and assault;
- CCJ did not attempt to make victim services available for detainees identified as having experienced sexual victimization prior to entering DHS custody;
- The facility administrator did not maintain nor attempt to enter into memoranda of understanding or other agreements with community service providers nor national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime;
- CCJ did not consider the age of a detainee nor whether a detainee self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming when assessing detainees for risk of sexual victimization;
- The facility’s written procedures on transporting detainees did not require particular attention to detainees who may need closer observation for their own safety;
- CCJ did not make information on how to report sexual abuse and assault on behalf of a detainee available to the public;
- CCJ did not develop written procedures for administrative investigations nor procedures which govern the coordination and sequencing of administrative and criminal investigations;
- CCJ did not prepare a negative report after having no reports of sexual abuse and assault during the annual reporting period; and
- CCJ did not provide the results and findings of the annual review to the facility administrator nor the ERO Buffalo FOD.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 10 standards under NDS 2000, 1 standard under NDS 2019, and found the facility in compliance with 4 of those standards. ODO found 35 deficiencies in the remaining 7 standards. ODO recommends ERO Buffalo work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO’s last inspection of CCJ in November 2016.

Compliance Inspection Results Compared	FY 2017 (NDS 2000)	FY 2022 (NDS 2000)/ (NDS 2019)
Standards Reviewed	15	11
Deficient Standards	13	7
Overall Number of Deficiencies	30	35
Priority Component Deficiencies	N/A	3
Repeat Deficiencies	N/A	N/A
Areas Of Concern	0	32
Corrective Actions	7	0
Facility Rating	N/A	Acceptable