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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO New York Field Office

Hudson County Correctional Center
Kearny, New Jersey

August 3-6, 2020

**COMPLIANCE INSPECTION
of the
HUDSON COUNTY CORRECTIONAL CENTER
Kearny, New Jersey**

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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 Hudson County Correctional Center (HCCC) in Kearny, New Jersey, from August 3 to 6, 2020.¹ The facility opened in 1990 and is owned by Hudson County and operated by the Hudson County Department of Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HCCC in 1996 under the oversight of ERO's Field Office Director (FOD) in New York (ERO New York). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned deportation officers and a detention services manager to the facility. An HCCC director handles daily facility operations and is supported by ██████ personnel. GD Correctional Services provides food services, Wellpath provides medical care, and Keefe Commissary provides commissary services at the facility. The facility is accredited by the American Correctional Association and National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	476
Average ICE Detainee Population ³	219
Male Detainee Population (as of 8/3/2020)	68
Female Detainee Population (as of 8/3/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2017, ODO found 22 deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (2); Classification System (1); Funds and Personal Property (1); Special Management Units (3); Use of Force and Restraints (4); Medical Care (2); Recreation (1); Telephone Access (1); Detainee Handbook (2); Grievance System (2); and Law Libraries and Legal Materials (2).

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 July 27, 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 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Classification System	0
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	5
Part 4 – Care	
Food Service	0
Medical Care	2
Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	1
Sub-Total	1
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	9

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 attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Food Service: Ten detainees complained the food at the facility was bad. Specifically, the packaged foods in sealed packages, including milk, muffins, cakes, and sandwiches, were frequently served three to 30-days past the expiration dates. Since April 2020, fresh fruits were rarely served and/or rotten. A food menu was not posted, and detainees did not know the type of food being served. Hot foods were cold when delivered in the housing units, and lunch and dinner meals consisted of pasta, potatoes, or rice. Fresh meats were rarely served, except for a breaded meat patty of some kind, and only canned vegetables were served.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following:

“The sealed or individually wrapped items to which detainees were referring were part of an enhanced evening (PM) snack that the facility provided to the entire population when the facility went into lockdown on March 23, 2020. These snacks were a courtesy to the population and were of no additional charge to them. All PM enhanced snack products were ‘name-brand’ and with good expiration/use by/best by dates. The snack products included: Otis Spunkmeyer, Lender’s Bagels, Sargento Smart Balance Protein Snacks, Kellogg’s pre-packaged breakfast kits, Keebler Club crackers, and etc. All milk served with the PM enhanced snacks had excellent dates (most had expiration dates 7 days out). Fresh fruit was served not only with the PM enhanced snack, but also on the population menu at breakfast, a minimum of twice per week. Any fresh produce the facility received from our vendor, that was not up to our standards was returned. Since the facility was in-between seasons in April, the apples were replaced with oranges, bananas (with no spots or over ripened), peaches and plums.

Hot and cold food temperatures were taken during cooking, holding, and serving. The trays were ran down the line, placed in an insulated food cart, and immediately left the kitchen to the housing units. It was the responsibility of the officer assigned to the housing unit to distribute the meals in a timely fashion, which was difficult during our current lock down status.

Each meal consisted of a starch, i.e. rice, potatoes, pasta. We served a variety of fresh meats over the 6-week cycle, for example, roasted butterball turkey breast, hamburgers, chicken franks, ground chicken, meatloaf, turkey ham, turkey bologna, turkey salami, chicken quarter legs, meatballs, chili, salisbury steak, turkey salad, roast beef, and etc.

Canned vegetables provided the nutrients and vitamins required. In addition to the canned vegetables, the detainees also received fresh tossed salad or freshly made coleslaw, pasta salad and potato salad.

The facility was not required to post the 6-week cycle menu.”

Telephone Access: Eight detainees stated they were entitled to 500 free minutes of telephone use to speak with their families but had not received the free telephone usage. The detainees wanted permission to use their free minutes for making phone calls.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following:

“On July 27, 2020, Global Tel Link notified the facility that the 520 free minutes was added to the detainees accounts. A memo explaining how to dial to use the free minutes was created, laminated, and posted in the housing units where detainees are housed.”

ODO interviewed the Assistant Field Office Director of New York, who confirmed he sent ERO staff to speak with the detainees about using the free minutes and the detainees received the free minutes.

Environmental Health and Safety: Seven detainees complained the facility did not properly sanitize the housing units; Windex is used to wipe tables and doors for sanitization.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following:

“Our facility used all Occupational Safety and Health Administration approved products. Facility used Aseptic Plus to disinfect and sanitize our entire facility including housing units and showers. This product was dispersed through an electric sprayer, 3x per day, once per shift. Each housing unit was given sanitizing products for detainees to use to clean their respective areas. Detainees were given glass cleaner, disinfecting powder, Pine-Sol, toilet bowl and shower cleaner. All of these products were secured with the officer and if a refill was required, it was resupplied.”

Medical Care: One detainee stated for the past one and a half months, he had swelling and cramping in his feet. He saw the doctor about seven times and was prescribed Motrin, which did not help his condition. The detainee did not feel he received the proper medical treatment.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following:

“On June 5, 2020, the detainee was evaluated and treated for intermittent right foot pain. He received Motrin for pain as needed. He was instructed to exercise daily, increase intake of fluids, and maintain proper weight. On June 23, 2020, he was re-evaluated and given compression socks. The detainee had additional follow-up visits on June 24, 2020, and July 1, 2020. On July 13, 2020, he refused sick call treatment. The refusal was signed by the detainee.”

Medical Care: One detainee stated he had been in the facility for the past seven and a half months, and needed treatment for two decaying teeth and a dental cleaning. He requested to see the dentist but was told he could not get his teeth cleaned unless he was in the facility for six months. He wanted his dental issues addressed.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following:

“The detainee received his initial dental screening on December 19, 2019, at which time the dentist noted that no immediate treatment was needed. On June 19, 2020, he was evaluated by the dentist regarding his sick call request. The detainee received Motrin and was referred to the oral surgeon for a tooth extraction. On July 8, 2020, he was told during the dental visit that due to the current COVID-19 health crisis, dental cleaning services were suspended.”

Medical Care: One detainee stated his skin was broken out with boils and he had frequent nose bleeds. He was seen by medical staff and did not feel that he was given the proper medical treatment.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following:

“The detainee was treated for a single boil in April 2020. During his most recent visit to medical on May 8, 2020, no nasal or skin issues were identified. No sick call slips were submitted for these issues since that time.”

Medical Care: One detainee stated he tested positive for the COVID-19 and was hospitalized for two weeks. The detainee stated he was prescribed Vitamins B, C, and D daily. The facility recently advised him medical would no longer provide him with multivitamins. He would like to have the vitamins supplement restored.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following:

“The detainee tested positive for COVID-19; however, he was not hospitalized during his illness. The detainee was initially prescribed a multivitamin, by the physician, at the time he was diagnosed with COVID-19 due to his self-reported poor diet on April 23, 2020. At a follow-up visit with the same physician on July 24, 2020, it was explained that the vitamins were not re-ordered as he had no vitamin deficiencies. His last COVID-19 test on June 22, 2020, was negative.”

Medical Care: One detainee stated he had a heart problem, irregular breathing, and high blood pressure. He felt he did not receive the proper medical treatment for his conditions.

- Action Taken: ERO and the facility staff responded to ODO verbally and/or written with the following:

“The detainee was assessed by a cardiologist on June 2, 2020, at which time a nuclear stress test and echocardiogram were ordered. On July 15, 2020, the stress test was completed, and the echocardiogram was completed on July 23, 2020. He attended his cardiology follow-up visit on July 28, 2020. The recommendation for a cardiac catheterization was then made and was being scheduled at the hospital preferred by this specialist. The detainee was scheduled for a 2-month follow-up appointment with cardiology.”

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's orientation procedures and found detainees were not provided a question-and-answer session following their review of the orientation video (**Deficiency AR-1**⁶).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating their "Intake Questionnaire Form," in which a section was added to the form documenting the question-and-answer session was conducted with the detainee. The form will be signed by staff and the detainees. ODO was provided a copy of the updated form (**C-1**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the storage procedures and found the facility staff did not provide detainees with securable containers for storing personal property in each housing area (**Deficiency F&PP-1**⁷).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed two out of 12 detention files for detainees housed in the SMU during the year preceding the inspection and found two out of 12 detainees were housed for protective custody. Both detainees requested protective custody; however, neither of the segregation orders documented whether the detainee requested a hearing concerning the segregation (**Deficiency SMU-1**⁸).

Corrective action: Prior to completion of the inspection, facility staff provided ODO an updated revised Protective Custody Consent form to specifically ask detainees if they are requesting a hearing (**C-2**).

ODO reviewed the facility's policies and procedures and found no evidence of an established policy to control and secure SMU entrances (**Deficiency SMU-2**⁹). ODO noted the facility staff revised the facility's policy to include the procedures required by the SMU standard but the approval was not completed prior to completion of the inspection.

⁶ "Following the video, staff shall conduct a question-and-answer session. Staff shall respond to the best of their ability." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

⁷ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E).

⁸ "...h. If the segregation is ordered for protective custody purposes, the order shall state whether the detainee requested the segregation, and whether the detainee requests a hearing concerning the segregation." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(2)(h).

⁹ "...1. 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).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO inspected the facility's UOF&R and restraint equipment, inventories, and documentation, and found the facility did not obtain approval for the use of restraint chairs from ICE/ERO (**Deficiency UOF&R-1**¹⁰).

Corrective action: Prior to completion of the inspection, the facility obtained approval for the use of restraint chairs from the Assistant Field Office Director of the New York Field Office. ODO was provided a copy of the memorandum approving use of restraint chairs (C-3).

CARE

MEDICAL CARE (MC)

ODO reviewed three out of 15 medical records and found three out of 15 detainees who received a tuberculosis (TB) symptom screening within 12-hours, did not receive a chest radiography within 12 hours (**Deficiency MC-1**¹¹). Chest radiographies are the primary method of TB screening and the three detainees were tested between three to six days late.

ODO reviewed [REDACTED] health care staff credential files and found [REDACTED] subcontractors (an oral surgeon and a physical therapist) did not have primary source verifications completed (**Deficiency MC-2**¹²).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed both the facility's suicide prevention and intervention program policies and procedures and found the following: none of the policies were reviewed nor approved by the clinical health authority, none of the policies were approved nor signed by the administrative health

¹⁰ "The following restraint equipment is authorized:

- [REDACTED]
- [REDACTED] must meet National Institute of Justice standard;
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED] Disposable; and
- Any other ICE/DRO-approved restraint device.

Deviations from this list of restraint equipment are strictly prohibited." See PBND 2008, Standard, Use of Force and Restraints, Section (V) (L).

¹¹ "All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities [symptom screening plus at least one of the following: tuberculin skin test (TST), chest radiography, or QuantiFERON-TB Gold or In-tube test (QFT)]; for CDC guidelines on prevention and control of TB in correctional and detention settings, see https://www.cdc.gov/tb//pubs/mmwr/Maj_guide/Correctional.htm/." See ICE PBND 2008, Standard, Medical Care, Section (V)(C)(2).

¹² "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBND 2008, Standard, Medical Care, Section (V)(H).

authority nor facility administrator, and none of the policies were reviewed annually (**Deficiency SPI-1¹³**).

ACTIVITIES

VISITATION (V)

The facility’s visitor logbook did not contain the following requirements: the visitor’s name and address, the visitor’s immigration status, and the visitor’s relationship to the detainee (**Deficiency V-1¹⁴**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2008 and found the facility in compliance with 11 of those standards. ODO found nine deficiencies in the remaining seven standards. ODO commends facility staff for their responsiveness during this inspection and notes there were three instances where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2017 (PBNDS 2008)	FY 2020 (PBNDS 2008)
Standards Reviewed	18	18
Deficient Standards	12	7
Overall Number of Deficiencies	22	9
Repeat Deficiencies	7	0
Corrective Actions	1	3

¹³ “Each detention facility shall have a written suicide prevention and intervention program (the “Program”) that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority/and facility administrator and reviewed annually.” See ICE PBNDS 2008, Standard, Suicide Prevention and Intervention, Section (V).

¹⁴ “Each facility shall maintain a log of all general visitors, and a separate log of legal visitors, as described below.

In SPCs and CDFs, staff shall record in the general visitors’ log:

- *The name and alien-registration number (A-number) of the detainee visited;*
- *The visitor’s name and address;*
- *The visitor’s immigration status;*
- *The visitor’s relationship to the detainee; and*
- *The date, time in and time out.”*

See ICE PBNDS 2008, Standard, Visitation, Section (V)(D).