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Office of Professional Responsibility
Inspections and Detention Oversight
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
New York Field Office
Orange County Jail
Goshen, New York

June 11 – 13, 2013

COMPLIANCE INSPECTION
ORANGE COUNTY JAIL
NEW YORK FIELD OFFICE

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INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

Prior to an inspection, ODO reviews information from various sources, including but not limited to, the Joint Intake Center, Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replace the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Management & Program Analyst (Team Leader)	ODO, Headquarters
	Management and Program Analyst	ODO, Headquarters
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a Compliance Inspection (CI) of the Orange County Jail (OCJ) in Goshen, New York, from June 11 to 13, 2013. Established in 2001, OCJ is owned and operated by the Orange County Sheriff's Office. In 2008, ICE signed an intergovernmental service agreement with Orange County to house ICE male and female detainees of all security classification levels (Level I – lowest threat; Level II – medium threat; Level III – highest threat) for periods in excess of 72 hours. At the time of the CI, OCJ was contracted to comply with the 2000 NDS.

Capacity and Population Statistics	Quantity
Total Bed Capacity	152
Average Daily Population	115
Average Length of Stay (Days)	22
Male Population Count (as of June 11, 2013)	91
Female Population Count (as of June 11, 2013)	17

The ERO Field Office Director (FOD), in New York City, New York (ERO New York), is responsible for ensuring facility compliance with ICE policies and the NDS. No ICE staff is permanently stationed at OCJ. An ERO Detention Service Manager conducts weekly inspections and annual reviews of the facility.

The Jail Administrator is the highest-ranking official at OCJ and is responsible for oversight of daily operations. However, at the time of the CI, the Jail Administrator's position was vacant and the Undersheriff was acting in that position. OCJ received accreditations from the American Correctional Association for the period of May 2013 to May 2016, and the National Commission on Correctional Health Care for the period of November 2011 to November 2014.

In August 2011, ODO conducted a CI of OCJ and reviewed a total of 25 standards. Among the 25 standards, 12 were in full compliance with the NDS. ODO cited 35 deficiencies in the remaining 13 standards: Access to Legal Material (3 deficiencies); Admission and Release (5); Detainee Classification System (2); Detention Files (3); Environmental Health and Safety (1); Food Service (1); Funds and Personal Property (4); Hold Rooms in Detention Facilities (2) Medical Care (2); Recreation (1); Terminal Illness, Advanced Directives, and Death (1); Tool Control (1); and Visitation (9).

During this CI, ODO reviewed 20 standards, 11 of which were fully compliant. Fourteen deficiencies were identified in the following nine standards: Access to Legal Material (1 deficiency); Admission and Release (1); Detainee Classification System (2); Detention Files (1); Detainee Grievance Procedures (1); Food Service (3); Medical Care (2); Staff-Detainee Communication (1); and Visitation (2).

This report details all deficiencies and refers to the specific, relevant sections of the 2000 NDS. OPR will provide ERO a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. These deficiencies were discussed with ERO and OCJ staff during the on-site inspection and subsequent closeout briefing conducted on June 13, 2013.

The admission/intake process at OCJ includes recording detainees' personal information, criminal history checks, photographs and fingerprints, medical and mental health screenings, and inventories of personal property. All detainees are searched and afforded the opportunity to

shower before their assignment to a housing unit. The facility does not perform strip searches on newly arriving detainees unless reasonable suspicion has been established.

ODO reviewed 15 active detention files, and found classification and disciplinary documentation was not placed in each detainee's file, but kept in the classification unit or in the grievance coordinator's office. Additionally, OCJ does not give identity documents found with detainees during intake to ICE. As required by the NDS, any identity documents found with detainees during intake must be inventoried and turned over to an ICE officer to be placed in the A-file.

OCJ houses ICE male and female detainees of all classification levels. ICE classifies all detainees prior to their arrival at OCJ. Detainees are placed in housing units with other detainees having comparable records. A color-coded identification tag is used for each classification level. A review of 15 randomly selected detention files revealed initial classification and reclassification worksheets are not maintained in the detention files. This is a repeat deficiency from ODO's August 2011 inspection. OCJ's handbook informs detainees of the classification levels and conditions, and restrictions applicable to each, as well as procedures for appealing the assigned classification level.

OCJ has a comprehensive policy addressing detainee grievance procedures. Detainees are provided with information on informal and formal grievance procedures by way of the detainee handbook. OCJ's designated grievance coordinator maintains a grievance log to track formal grievances filed at the facility. A copy of each grievance is maintained in a master grievance file; however, a copy is not maintained in the detainee's detention file.

Grievance Topics	Quantity
Food service	5
Staff concerns	3
Disciplinary action	1
Access to legal materials	1
Total Grievances	**10**

The grievance log documented ten formal grievances filed in the past six months. Six of the grievances were resolved informally upon discussion with the grievance coordinator. Among the four not resolved informally, one was determined to be unsubstantiated, while the other three were pending investigation. ODO confirmed timely review of grievances, and verified copies were forwarded to ICE, including the three pending investigation.

OCJ provides detainees with a copy of the ICE National Detainee Handbook and a site-specific detainee handbook upon admission. OCJ's handbook is available in English and Spanish. The OCJ handbook was last updated in November 2012. ODO's review of ten detention files revealed each file included signed and dated acknowledgements of receipt for detainee handbooks.

Detention files are maintained in a secured area. The NDS requires all documents generated during admission and the detainee's stay, except medical and mental health files, be maintained in a single detention file. Copies of some documents were missing in files reviewed by ODO; OCJ personnel indicated they would work to correct this.

The facility's disciplinary policy requires reports be prepared by the staff member who observed the incident. An intermediate review of the incident report is conducted by the zone sergeant,

who may instantly adjudicate low- and moderate-level infractions. Incidents that are not resolved are investigated within 24 hours by a supervisor who was not involved with the incident. The facility's three-member disciplinary panel is appointed by the corrections administrator and chaired by a lieutenant or captain. Only the disciplinary panel may adjudicate Level I infractions and impose disciplinary segregation as a sanction. Fifty-one disciplinary hearings were conducted in the past six months, and documentation confirmed the process and sanctions imposed were in accordance with facility policy. An area of concern is noted regarding OCJ's policy levying a $25 surcharge against detainees for all disciplinary hearings, regardless of outcome.

The facility has a system for storing, issuing, and maintaining inventories of hazardous materials, which are stored outside of the secure perimeter. ODO reviewed Material Safety Data Sheets and a master index of chemicals, and found them to be complete. Reports for water quality, generator testing and maintenance, and pest control were current. Documentation reflects fire drills are conducted monthly, and exit diagrams in English and Spanish are posted throughout the facility. The facility passed the local Fire Marshal inspection in December 2012. The sanitation of the facility was observed to be very good, and all of the detainee housing units and shower areas were well maintained and very clean. ODO notes detainees who are not indigent are assessed a $7.00 charge for receiving a haircut.

OCJ has a satellite feeding operation. The food service operation is managed by contractor Aramark and is staffed by a food service director (b)(7)e ssistant directors, and (b)(7)e front-line associates. ODO verified all menus were certified by a registered dietitian, and religious and medically-prescribed meals were provided and properly documented. The food service department is inspected annually by the New York State Department of Health. The last inspection was completed on May 31, 2013. ODO verified a contract is in place for routine pest eradication and control services, and found no signs of any vermin or pest concerns. ODO determined the sanitation of the kitchen needs improvement. Specific observations are cited in this report.

Two detainees were on hunger strike in the past 12 months. ODO's review of the detainees' medical records confirmed hunger strikes were managed in accordance with facility policy and the NDS, including notification to ICE. ODO reviewed the hunger strike training records for (b)(7)e randomly selected correctional officers and all medical staff, and found all to be trained.

OCJ was accredited by the National Commission on Correctional Health Care in November 2011, and the American Correctional Association in May 2013. OCJ's medical clinic is managed by Correctional Medical Care, and is staffed for 24-hour nursing coverage. The Health Services Administrator has served in this position for eight years, having begun her career at the facility as a registered nurse. The Clinical Director, a licensed medical doctor, is on-site Tuesdays and Thursdays, and provides telephone consultation 24 hours a day, seven days a week. A (b)(7)e physician is on-site every Monday and every other Friday, and additional clinical support is provided by (b)(7)e part-time physician assistants and (b)(7)e full-time nurse practitioner.

ODO's review of 26 medical records found consistent completion of medical and mental health screenings within 24 hours of arrival. Blanket consent forms for treatment signed during intake were present in all records reviewed. Tuberculosis screening is conducted during intake.

OCJ does not accept detainees with serious or terminal illnesses. In the event of a serious illness or injury, transfer to Orange Regional Medical Center pending placement in an alternative facility by ICE would be arranged. Although OCJ does not accept detainees with serious or terminal illnesses, the facility has policies addressing living wills, advance directives, do not resuscitate orders, organ donation, and detainee death. ODO verified the policies address the requirements of the NDS.

One of the facility's captains is designated as the Sexual Abuse and Assault Prevention and Intervention (SAAPI) coordinator. ODO interviewed the captain and verified she is very knowledgeable about the Prison Rape Elimination Act (PREA) and her duties as SAAPI coordinator. She informed ODO there were no reported incidents of sexual abuse or assault involving an ICE detainee in the last year, and she could not recall any prior incidents. This information was supported by ERO New York, and through a query of the OPR Joint Integrity Case Management System. According to ERO, at the time of ODO's CI, OCJ was contractually obligated to comply with the 2011 PBNDS on SAAPI, although it is an NDS facility.

OCJ has a comprehensive policy addressing SAAPI. The facility has a Sexual Assault Response Team consisting of the SAAPI coordinator, medical and mental health practitioners, the Orange Regional Medical Center Sexual Assault Nurse Examiner, the protective custody/disciplinary sergeant, and an investigator from the Orange County Sheriff's Office Investigations Unit. The detainee handbook provides information on PREA, and indicates OCJ has a zero tolerance policy with respect to sexual abuse or assault by detainees and staff. In addition, the handbook provides information on reporting incidents, confidentiality, and the toll-free hotline available in each housing unit. OCJ policy includes the screening of detainees for victimization or predatory history or risk. PREA postings and information on the DHS Office of Inspector General information hotline were observed in the detainee housing area in both English and Spanish. Employees, contractors, volunteers, and vendors having contact with detainees are required to complete initial and annual PREA training. ODO's review of b)(7) employee training records confirmed completion of training required in those areas.

A review of facility procedures and discussions with supervisory staff confirmed administrative segregation at OCJ is a non-punitive form of separation from the general population when the presence of the detainee in general population poses a threat to self, other detainees, staff, property, or the security and orderly operation of the facility. There were no detainees housed on administrative segregation status during the inspection. ODO's review of documentation for the six months preceding the CI found 17 detainees had been assigned to administrative segregation pending disciplinary hearings, and one detainee had been in protective custody. Segregation orders were issued and status reviews were completed in accordance with the NDS. Confinement logs documented daily rounds by medical staff, and confirmed recreation, telephone, visitation, law library, and correspondence privileges were provided as required by the NDS. ODO's inspection confirmed all areas used for segregation were well ventilated with appropriate climate control, adequately lit, and maintained in a sanitary condition.

OCJ's segregation policy addresses all requirements of the NDS, including issuance of disciplinary segregation orders. All segregation cases are reviewed weekly by a Segregation Review Team to determine the appropriateness of continuation in segregation. ODO verified detainees in disciplinary segregation are provided the same meals served to the general population, and are afforded daily outdoor recreation. Barbering and law library services are available by request. There is a telephone available for both males and females. Medical staff makes rounds once per shift, seven days a week, and a shift supervisor makes an observation at least once a shift.

There were three male and no female detainees on disciplinary segregation during the review. ODO verified segregation orders were issued by the Disciplinary Hearing Panel, and also verified special management unit housing record logs documented requirements for privileges, services, and medical rounds. Based on a review of disciplinary hearing records, ODO determined detainees were sanctioned with disciplinary segregation on 14 occasions in the past six months. ODO reviewed records and verified the sanctions were in accordance with policy and the NDS in all cases.

ERO personnel conduct and document regular unannounced visits. A Deportation Officer is permanently assigned to the facility to monitor NDS issues. Additional ERO staff also conducts scheduled visits on Mondays, Wednesdays, Thursdays, and Fridays. Schedules for these visits are conspicuously posted in English and Spanish in each housing unit and in the segregation units. Scheduled visits are documented on the Facility Liaison Visit Checklist, as required by the Model Protocol, and maintained at the ERO New York field office.

Detainees have the opportunity to submit written questions, requests, or concerns to both ICE and OCJ staff. ODO reviewed 229 ICE detainee request forms submitted from November 2012 to June 2013. ICE responded to all these requests within 72 hours. ODO verified the detainee request log maintained by ERO identifies the ERO officer logging the request; however, ODO's review of ten detention files found detainee requests forms, with responses, are maintained in the ICE office at OCJ rather than in each detainee's detention file.

The New York State Office of Mental Health, State Commission of Correction, and the Ulster County Department of Mental Health provide the training plan for suicide prevention and intervention. Examination of ten training records for custody staff and all training records for medical staff showed required information is provided both at orientation and in annual refresher training. Staff reported that six detainees have been placed on suicide watch since tracking of suicide watch placements began in January 2013. ODO reviewed the medical files of the detainees and confirmed suicide watch management complied with facility policy and the NDS. The detainees were removed from suicide watch following assessments and upon the directive of a mental health professional.

ODO determined detainees have reasonable and equitable access to telephones at OCJ. Serviceability checks verified all telephones in the detainee housing areas and the special management units were in good working order. Review of telephone serviceability worksheets confirmed weekly completion by the ICE Deportation Officer, as required. Notifications that telephone calls are subject to monitoring are posted on each telephone in English and Spanish, and access rules for use of telephones were observed at each telephone location. This

information is also included in the detainee handbook. ODO verified speed-dial listings for the DHS Office of Inspector General, consulates, embassies, and pro-bono services were also available in each housing unit. According to staff, the telephone system is programmed to not record calls to telephone numbers of pro-bono services and legal service providers, as well as numbers associated with speed-dial codes. ICE detainees may submit a request to the ICE Deportation Officer to make unmonitored calls to other numbers. If approved, the Deportation Officer allows the detainee to place the call from his office.

OCJ has a comprehensive written policy governing the use of force, which addresses all requirements of the NDS. Review of training files of (b)(7)e randomly selected staff confirmed completion of pre-service and annual training in use of force principles and techniques. Trained teams are available to respond to any incident requiring immediate or calculated use of force. ODO's inspection confirmed necessary and appropriate protective gear is available. All use of force incidents are reviewed by facility administrators. The Supervisory Detention and Deportation Officer informed ODO, ICE is notified within an hour of any incident involving force, and documentation is forwarded as soon as completed by facility staff. There have been six use of force incidents at the facility since March 2012: three immediate and three calculated. Review of written and video documentation confirmed full compliance with the policy and the NDS, including medical examinations of the detainees involved, after-action reviews, and notifications to ICE.

Visiting procedures and hours of visitation are posted in the lobby main entrance area. Detainees have general visiting privileges five days a week for two hours. Visitation is not allowed on holidays. This deficiency was also cited during ODO's August 2011 inspection. Detainees are notified of visitation rules and hours by way of the detainee handbook and postings in the housing units. Visitors are required to sign the visitors log and present photo identification at the main entrance desk. After verification of identity and registry on the visitor's log, visitors pass through a metal detector before proceeding to the visiting area. The facility offers both contact and non-contact visitation. If a detainee chooses to receive a contact visit, he or she is required to sign a waiver giving consent to a strip search following the visit. This deficiency was cited during ODO's August 2011 inspection. Detainees may opt for non-contact visitation if they do not wish to undergo a strip search.

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the Undersheriff, OCJ compliance captain, and correctional officers, as well as the ERO Assistant Field Office Director and Deportation Officers. During the interviews, all personnel from the facility and ERO stated the working relationship between OCJ and ERO is excellent. OCJ correctional officers stated they have consistently observed ERO officers visiting the housing units multiple times each week, and communicating with ICE detainees to address their issues or concerns. The Undersheriff stated OCJ is adequately staffed to manage the current detainee population at OCJ. All vacancies will be filled by a class of recruits beginning training in July 2013.

The Undersheriff stated the facility has a policy allowing ICE detainees to get married in the facility; however, detainees who file a request to be married are transferred out by ERO to another facility to complete the marriage process. The Undersheriff would like to have those detainees complete the process at OCJ. He would also like ERO to keep the housing units filled to capacity with ICE detainees.

The Assistant Field Office Director stated ERO is adequately staffed at OCJ. (b)(7)e Deportation Officer is assigned staff-detainee communication activities on Wednesdays, Thursdays, and Fridays; and (b)(7)e Deportation Officers are assigned scheduled docket management on Mondays.

DETAINEE RELATIONS

ODO randomly selected 28 male ICE detainees (six Level I; 14 Level II; eight Level III) and 11 female ICE detainees (five Level I; six Level II) to assess the overall living and detention conditions at OCJ.

All detainees interviewed had identification cards, and stated they received a facility handbook in a language of their choice, received personal hygiene items upon their arrival at OCJ, and have had those items replenished when necessary. Detainees stated they are permitted to visit with family members, and have access to outdoor recreation and the law library. All have access to grievance forms; however, none had filed a grievance. All detainees knew the names of their Deportation Officers; however, detainees stated they did not want to talk with the Deportation Officers, because all the officers want to do is deport them from the United States.

Of the detainees interviewed, ten male and eight female detainees stated they had been strip searched after having visitation with family members, and also after returning from court visits. All of these detainees stated they had signed a facility form agreeing to be strip searched prior to having physical contact with visiting family members and attending court visits.

There were no complaints about food service. All detainees indicated they were generally satisfied with response times and treatment continuum of medical care; however, two female detainees stated they had each submitted a medical slip in May 2013, stating the deodorant issued to them was irritating their underarms. During ODO's inspection, the detainees were seen by the medical unit and given medication to alleviate the itching.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 19 NDS and one 2011 PBNDS, and found OCJ fully compliant with the following 11 standards:

1. Detainee Handbook[1]
2. Disciplinary Policy
3. Environmental Health and Safety
4. Hunger Strikes
5. Sexual Abuse and Assault Prevention and Intervention (2011 PBNDS)
6. Special Management Unit – Administrative Segregation
7. Special Management Unit – Disciplinary Segregation
8. Suicide Prevention and Intervention
9. Telephone Access
10. Terminal Illness, Advance Directives, and Death
11. Use of Force

As the standards above were compliant at the time of the review, a synopsis for these standards was not prepared for this report.

ODO found deficiencies in the following nine areas:

1. Access to Legal Material
2. Admission and Release
3. Detainee Classification System
4. Detainee Grievance Procedures
5. Detention Files
6. Food Service
7. Medical Care
8. Staff-Detainee Communication
9. Visitation

Findings for these standards are presented in the remainder of this report.

[1] Deficiencies relating to omissions from the detainee handbook are noted under the relevant NDS that requires the information. See Access to Legal Material (Deficiency ALM-1).

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at OCJ to determine if detainees have access to a law library, legal materials, courts, counsel, and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS. ODO interviewed detainees and staff, reviewed policies and the facility's local detainee handbook, and toured the facility's law library.

The law library, which is supervised by an OCJ staff member, is open Monday through Friday from 8:00 am until 4:00 pm. It is well lit and equipped with adequate furnishings, including three computers, one typewriter, one copier, and supplies to support legal research and case preparation by detainees. ODO verified the computer contained current versions of Lexis Nexis and word processing software. Detainees are afforded a minimum of five hours of law library time per week, and have access to paper, writing utensils, and envelopes. Legal documents can be printed with the assistance of a staff member. Detainees assigned to the special management unit are afforded the same law library privileges as detainees in the general population. The law library custodian also provides notary services and certified mail for detainees to pursue legal matters.

ODO was informed by facility staff, illiterate and non-English speaking detainees who indicate difficulty with the legal materials, and who wish to pursue a legal claim related to their immigration proceedings or detention, are provided assistance by bilingual staff. Detainees with the appropriate language, reading, and writing abilities for drafting legal documents may also provide assistance to other detainees.

The facility's detainee handbook did not include procedures for requesting additional time in the law library, beyond the five hours per week minimum, or for notifying a designated employee that library material is missing or damaged. In addition, the rules and procedures governing access to legal materials are not posted in the law library **(Deficiency ALM-1 (III)(Q)(4)(6))**. This is a repeat deficiency from the August 2011 ODO inspection. Having the procedures listed in the detainee handbook and in the law library facilitates and promotes efficient use of the law library and its resources.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(Q)(4)(6), the FOD must ensure "the detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

4. The procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
6. The procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedures shall also be posted in the law library along with a list of the law library's holdings."

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at OCJ to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO interviewed officers and detainees concerning the intake and out-processing procedures at the facility, and reviewed detention files.

The admissions process includes recording personal information, criminal history checks, photographs and fingerprints, medical and mental health screenings, and inventories of personal property. Medical staff performs detailed medical screenings of newly arrived detainees. All detainees are searched and afforded the opportunity to shower before their assignment to a housing unit. The facility does not perform strip searches on newly arriving detainees unless reasonable suspicion has been established.

Newly-arrived detainees are shown an orientation video after they are assigned to their housing units, and issued the ICE national and facility detainee handbooks. Detainees sign receipts for the handbooks. The orientation video and handbooks inform detainees about OCJ's rules, regulations, program offerings, and services. Detainees are also issued gender-appropriate personal hygiene items and temperature-appropriate clothing.

Intake processing officers use the information from the admission documentation, including the Order to Detain or Release (Form I-203 or I-203a), with appropriate signature and classification forms, which accompany each new arrival, for classification and identification. Intake officers also prepare additional documents for each new arrival to facilitate timely processing, classification, medical screening, accounting of personal effects, and reporting of statistical data.

ODO reviewed 15 active detention files, and found some documents generated during admission were missing from the detention files **(Deficiency AR-1 (III)(A))**. For example, classification worksheets are maintained in a separate file in the classification unit. Housing assignment cards are maintained in a pod folder, and personal property records are maintained in a separate file in the movement control department. The 15 active detention files reviewed all contained either Form I-203 or I-203a, with official signatures, authorizing OCJ to detain and release ICE detainees. However, classification and disciplinary information were not present in the detention files, but were found in other folders in the classification unit and grievance coordinator's office. It is important to maintain originals or copies of all documents generated during admission and the detainee's stay in the detainee's detention file, excluding medical files, to allow for easy location of all documents, as well as all actions taken toward the detainee.

OCJ staff inventories and documents all property that accompanies a detainee upon admission, and places it in the detainee's property bag for storage and safekeeping. Identity documents found with detainees during intake processing are inventoried and maintained in detainee property bags **(Deficiency AR-2 (III)(E))**. The NDS states identity documents must be inventoried and turned over to an ICE officer to be placed in the alien file.

All complaints from detainees regarding missing property are promptly investigated, and the information is reported to ERO. Before any detainee's release, removal, or transfer from the

facility, procedures include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing and property.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1
In accordance with the ICE NDS, Admission and Release, section (III)(A), the FOD must ensure "the staff will open a detainee detention file as part of the admissions process. This file will contain all paperwork generated by the detainee's stay at the facility."

DEFICIENCY AR-2
In accordance with the ICE NDS, Admission and Release, section (III)(E), the FOD must ensure "identity documents, such as passports, birth certificates, etc., will be inventoried, then given to a deportation officer/ICE for placement in the detainee's A-file."

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System standard at OCJ to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO reviewed facility policies, detention files, and the detainee handbook, and interviewed staff.

OCJ houses ICE male and female detainees of all classification levels. ICE classifies all detainees prior to their arrival at OCJ, and the facility usually concurs with the classification levels when assigning detainees to their housing units. OCJ staff stated ERO consistently provides the necessary accompanying documentation, including an Order to Detain or Release, Form I-203, and the classification form, for newly arriving detainees. Additionally, OCJ staff performs a criminal background check on each detainee using the National Crime Information Center to ensure appropriate classifications of detainees.

Detainees are placed in housing units with other detainees having comparable records. A color-coded identification tag is used for each classification level. A review of 15 randomly selected detention files revealed initial classification and reclassification worksheets are not maintained in the detention files **(Deficiency DCS-1 (III)(B))**. This is a repeat deficiency from ODO's August 2011 inspection.

OCJ reclassifies detainees based upon the detainee's length of stay, between 45 and 60 days after the date of the primary assessment. Detainees are also reclassified based upon classification appeals, disciplinary issues, and other factors. A review of detention files revealed OCJ's supervisors do not review and sign off on the intake/processing officer's classification worksheet and files, to ensure accuracy and completeness **(Deficiency DCS-2 (III)(A)(3))**. This is also a repeat deficiency from ODO's August 2011 inspection.

OCJ's handbook provides information to detainees about the classification levels and conditions, and restrictions applicable to each, as well as procedures for appealing their classifications.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1
In accordance with the ICE NDS, Detainee Classification System, section (III)(B), the FOD must ensure "officers place all original paperwork relating to the detainee's assessment and classification in his/her A-file (right side), with a copy placed in the detention file."

DEFICIENCY DCS-2
In accordance with the ICE NDS, Detainee Classification System, section (III)(A)(3), the FOD must ensure "the first line supervisor review and approve each detainee's classification."

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedures standard at OCJ to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE NDS. ODO interviewed staff and detainees, and reviewed facility policy, the detainee handbook, and grievance documentation.

The detainee handbook includes information on informal and formal grievance procedures. OCJ has a designated grievance coordinator. ODO observed the grievance coordinator pro-actively and personally interacting with detainees to informally resolve issues where possible. The grievance coordinator maintains a grievance log to track formal grievances filed at the facility. Copies of grievances are maintained in the master grievance file; however, copies are not maintained in detainees' detention files **(Deficiency DGP-1 (III)(E))**.

The grievance log documented ten formal grievances filed in the past six months. Six of the grievances were resolved informally upon discussion with the grievance coordinator. Of these six, four pertained to meals, one pertained to a disciplinary action, and one pertained to an officer who did not allow a detainee to enter the law library because he was not in proper uniform. Of the four not resolved informally, one pertained to a medical diet and was determined unsubstantiated when it was confirmed the proper diet was being provided. The remaining three were filed the week preceding the inspection and were pending disposition at the time of the review. These three grievances alleged a staff member spoke in a rude manner to the detainees. ODO confirmed timely reviews of resolved grievances, and verified documentation of those as well as information regarding the three pending investigation were forwarded to ICE.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(E), the FOD must ensure "a copy of the grievance remains in the detainee's detention file for at least three years. The facility will maintain that record for a minimum of three years and subsequently, until the detainee leaves ICE custody."

DETENTION FILES (DF)

ODO reviewed the Detention Files standard at OCJ to determine if files are created containing all significant information on detainees housed at the facility for over 24 hours, in accordance with the ICE NDS. ODO reviewed detention files, policies, and procedures; toured the admissions and release area and the file room; and interviewed staff.

As part of the intake process, OCJ staff creates a detention file when a detainee arrives and is admitted to the facility, for detainees whose stays exceed 24 hours. The ICE NDS requires each file to contain either originals or copies of forms and other documents created during the admissions process and during the detainee's time in the facility. Detention files are maintained in a secured area.

A review of 15 randomly selected detention files revealed copies of personal property receipts, classification worksheets, handbook acknowledgement forms, and baggage checks are not maintained in the detention files **(Deficiency DF-1 (III)(1)(b)(c)(f))**. Further, documents generated during the detainee's stay at OCJ are maintained in separate files, such as a housing folder, grievance folder, classification folder, and legal record. The ICE NDS requires all documents generated during admission and the detainee's stay, except medical and mental health files, to be maintained in a single detention file. OCJ management expressed a willingness to make copies of the necessary forms and insert them into the detention file to correct this deficiency.

Archived files are maintained in storage boxes in a secured area and appropriately dated. Upon a detainee's release from OCJ, final documents are added to the file before closing and archiving it. During the inspection, each file contained notations indicating it was complete and ready for archiving. Facility staff stated a closed detention file is not transferred to another facility with the detainee. A review of 15 randomly selected files revealed archived files are closed and stored per NDS requirements.

Facility staff needing access to detainee detention files for disciplinary hearings or other proceedings must complete a Reference Request, Form OCRM-3. OCJ uses the Reference Request form in lieu of a logbook. ODO found the form complied with the standard's requirements for logging movement of files.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DF-I

In accordance with the ICE NDS, Detention Files, section (III)(B)(1)(b)(c)(f), the FOD must ensure "the detainee detention file contains either originals or copies of forms and other documents generated during the admissions process. If necessary, the detention file may include copies of material contained in the detainee's A-File. The file will, at a minimum, contain the following: b. Classification Work Sheet; c. Personal Property Inventory Sheet, and f. I-77, Baggage Checks."

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at OCJ to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO reviewed documentation, interviewed staff, inspected the food service area, and observed meal preparation and service.

The food service operation is managed by contractor Aramark and is staffed by a food service director (b)(7)e assistant directors, and (b)(7)e front-line associates. No ICE detainees are assigned to work in the food service area. A correctional officer is also assigned to the kitchen area. In addition to normal security duties, the officer controls issuance of knives and other kitchen tools and utensils. Employees and county inmates assigned to the kitchen have been cleared by medical staff to work in the food service operation. Staff inspects inmate kitchen workers for any signs of illness or personal hygiene concerns prior to working their shift in the kitchen.

The facility has a satellite feeding operation. Meal items are placed in insulated trays, loaded on heated carts, and delivered to housing units by an inmate worker under the supervision of a correctional officer. Each detainee's name is checked off on a meal roster to document issuance of regular and special diet meals. ODO verified all menus were certified by a registered dietitian, and religious and medically-prescribed meals were provided and properly documented. During the inspection, 20 detainees were receiving special diets for religious or medical reasons.

ODO taste tested the Thursday noon meal. All items served were on the approved menu and in the portion size prescribed by the menu. ODO observed the front line associate using a digital thermometer to check temperatures as the trays were loaded at the main serving line. ODO also inspected and taste-tested the sack meal provided to detainees during transport. The sack meal contained all required items.

ODO verified a contract is in place for routine pest eradication and control services, and found no signs of any vermin or pest concerns. The food service department is inspected annually by the New York State Department of Health, the last inspection having been completed on May 31, 2013. The kitchen scored a 98 of 100, with two issues noted: hand towels were not present at a sink (corrected during the inspection), and the floor in the steam kettle area was in the process of being replaced. No follow-up inspection was required. ODO observed the new floor in place and four new steam kettles being installed by an outside contractor.

The sanitation of the kitchen needs improvement. On consecutive days during the inspection, ODO observed trash and food items on the floor in the main kitchen area, and in the freezer, walk-in cooler, and produce cooler **(Deficiency FS-1 (III)((H)(5)(a)(c))**. It is critical that the food service area be maintained in a sanitary condition at all times to ensure food safety. The three-compartment sink used for washing and sanitizing large pots and pans was not labeled to identify which compartment was to be used for each step in the cleaning process **(Deficiency FS-2 (III)(H)(7)(f)(1))**. Labeling sink compartments supports proper washing, rinsing, and sanitizing of cooking utensils and equipment. Inmate and employee restrooms were inspected and found to be sanitary and in good repair. Soap, hand towels, trash receptacles, and hot and cold running water were available; however, the women's employee restroom did not

display signs reminding personnel to wash hands after using the toilet **(Deficiency FS-3 (III)(H)(9)(a))**.

ODO noted frozen ice on the pipes and coolant lines connecting to the freezer condenser units, and frozen condensation on the floor of the freezer. The food service director informed ODO that facility maintenance staff had checked the unit, and inspection and repair by an outside contractor were scheduled within the next few days. The food service director also advised new rubber gaskets for the freezer unit doors had been ordered and were expected to arrive the following week.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1
In accordance with the ICE NDS, Food Service, section (III)(H)(5)(a)(c), the FOD must ensure "all facilities shall meet the following environmental standards: a. Clean, well-lit, and orderly work and storage areas; c. Routinely cleaned walls, floors, and ceilings in all areas."

DEFICIENCY FS-2
In accordance with the ICE NDS, Food Service, section (III)(H)(7)(f)(1), the FOD must ensure "a sink with at least three labeled compartments is required for manually washing, rinsing, and sanitizing utensils and equipment. Each compartment shall have the capacity to accommodate the items to be cleaned. Each shall be supplied with hot and cold water."

DEFICIENCY FS-3
In accordance with the ICE NDS, Food Service, section (III)(H)(9)(a), the FOD must ensure "adequate and conveniently located toilet facilities are provided for all food service staff and detainee workers. Toilet fixtures shall be of sanitary design and readily cleanable. Toilet facilities, including rooms and fixtures, shall be kept clean and in good repair. Signs shall be prominently displayed directing all personnel to wash hands after using the toilet."

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at OCJ to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO toured all areas where medical services are provided, reviewed the department's policies and procedures, and examined 26 detainee medical files, 18 of which were chronic care cases. ODO interviewed the Health Services Administrator, the director of nursing, the director of mental health, custody staff, and medical support staff.

OCJ's medical department earned accreditations through the National Commission on Correctional Health Care in November 2011, and the American Correctional Association in May 2013. The clinic is managed by Correctional Medical Care, and is staffed for 24-hour nursing coverage. The Health Services Administrator has served in this position for eight years, having begun her career at the facility as a registered nurse. The physician who serves as the clinical director is on-site Tuesdays and Thursdays, and provides telephone consultation 24 hours a day, seven days a week. A (b)(7)e physician is on-site every Monday and every other Friday, and additional clinical support is provided by two part-time physician assistants and one full-time nurse practitioner. The director of nursing has worked for OCJ for eight years. She supervises (b)(7)e registered nurses and (b)(7)e licensed practical nurses, most of whom are part-time or as-needed employees. A dentist and a dental hygienist are available two days a week. A review of the credential files confirmed active licenses and certifications for all healthcare providers were present and verified at the primary source. There were no vacant positions at the time of the review. ODO determined the staffing complement to be adequate to meet the healthcare needs of the detainees.

The exceptionally well-designed medical clinic contains three examination rooms, a laboratory draw room, a medication room, a two-chair dental operatory, a radiology room, a nurses' station, a medical records office, and several administrative offices. The waiting room contains 12 chairs, and includes a restroom and drinking fountain. A correctional officer is stationed in the waiting area to provide supervision. The facility also has two medical observation units used for such purposes as post-surgical and wound care. One of the observation units has 22 beds; the other unit has five beds. A total of five cells, four in the 22-bed unit and one in the five-bed unit, are equipped with negative pressure for communicable disease isolation. Correctional officers are centrally posted and conduct rounds every 15 minutes. ODO found the clinic spacious, clean, and well organized.

A large psychology department, independent of the health services department, is staffed by Orange County, and includes a full-time mental health director, (b)(7)e psychiatrists, (b)(7)e mental health counselors with social work degrees, a psychiatric nurse practitioner, and additional clerical and support staff. In addition, a psychiatrist is on-call 24 hours a day, seven days a week. The psychology department manages 14 mental health observation cells and two suicide observation cells. Daily meetings are conducted with the Health Services Administrator, director of nursing, and a member of the mental health staff.

The psychology department maintains separate files independent of the medical record, and uses color-coded file folders for ICE detainees. Psychotropic medication orders are written only by the mental health providers, with specific consent obtained and maintained in the mental health

file, as verified by review of five detainee mental health records. Copies of physicians' orders are forwarded to the medical department for filing in the detainees' medical records; however, copies of the specific consent form for psychotropic medications are not forwarded with the orders. In addition, the master problem list in the medical record does not include the psychiatric diagnosis. ODO recommends copies of signed consent forms accompany the physician orders for inclusion in the medical record, and the psychiatric diagnoses be included on the master problem list to support continuity of care.

ODO's review of 26 medical records found consistent completion of medical and mental health screenings within 24 hours of arrival. Screenings include observations and interview questions to obtain medical histories and conditions, suicide risk, mental disabilities, substance abuse, and potential for drug withdrawal. Blanket consent forms for treatment signed during intake were present in all records reviewed. Tuberculosis screening is conducted during intake by way of purified protein derivative skin tests or chest X-rays, when indicated. ODO's review confirmed all 26 records documented purified protein derivative tests or chest X-rays. Tuberculosis screening dates and results were recorded on the master problem list in the medical record.

Health appraisals and hands-on physical examinations are conducted by mid-level providers and physicians. In two of the 26 files reviewed, the detainees did not receive physical examinations within 14 days of arrival, as required by the NDS, with one being ten days late and one being 13 days late. Because both detainees were transferred from other jails, it was presumed physical examinations were completed within the past 90 days; however, documentation of a prior examination was not located **(Deficiency MC-1 (III)(D))**. Physical examinations are performed as part of the initial chronic care assessment for detainees identified with chronic conditions at intake. The chronic care assessment is performed within 14 days, and the form used adequately documents the hands-on physical examination, including review of body systems; however, it does not include dental screening examinations **(Deficiency MC-2 (III)(E))**. ODO confirmed dental examinations are performed during the 14-day health appraisal on detainees who are not chronic care patients. ODO recommends adding an oral examination section to the chronic care assessment form to ensure all detainees receive required dental screenings.

Detainees access medical services through the use of English and Spanish sick call request forms, available in each of the housing units. The requests are deposited in designated, clearly labeled drop boxes, and are retrieved and triaged by the night shift nurses. According to the Health Services Administrator, and verified by (b)(7)e housing unit officers, only nurses have keyed access to the sick call deposit boxes Detainees in the special management unit access sick call using the same procedures, and daily rounds are made by nursing staff. Eighteen of the 26 detainees whose files ODO reviewed had submitted sick call requests. Their medical records indicated all 18 were evaluated the following day, and the records included full documentation of subjective and objective findings, assessments, and treatment plans.

Nursing protocols, reviewed and signed annually by the clinical director, are available for the administration of over-the-counter medications. According to the Health Services Administrator, medical and mental health encounters with detainees with limited English language proficiency are facilitated by use of the Language Line interpretation service, with the contact number posted at telephone locations.

At the time of the inspection, there were 18 detainees being monitored in chronic care clinics, most of whom were diagnosed with stable hypertension. There were no HIV cases. A physician, nurse practitioner, or physician assistant conducts chronic care clinics.

A comprehensive policy is in place for emergency medical care. Emergency services are provided by Orange Regional Medical Center, located just two miles from the jail, and emergency contact numbers are posted at the nurses' station. Two emergency bags are maintained in the clinic, with inventories conducted monthly by nursing staff, as verified by ODO. Ten automated external defibrillators and ten first aid kits are available throughout the facility, and are checked daily by the day shift custody supervisor. A review of training records for all medical and b)(7) randomly selected correctional staff confirmed current certification in first aid, four-minute response, cardiopulmonary resuscitation, and automated external defibrillator.

Diamond Pharmaceutical Company is contracted to fill prescription orders, using patient-labeled blister packs. Nurses are responsible for delivering and administering medications to the units using a mobile medication cart. A pharmacist from the contract company conducts quarterly medication audits at the facility and provides findings and recommended corrective actions to the Health Services Administrator. Medication administration records documented proper distribution medications on pill line, as well as delivery of keep-on-person medications.

Medical records are maintained in a separate, secure area within the medical unit. Detainees may request copies of their medical records by submitting written requests to the medical department. ODO's review of logs and records found excellent monitoring of released records and notifications to ICE. The file clerk receives one day's notice for detainee transfers, sufficient time for preparing the medical record and transfer summary. Medical files are placed in an envelope, with a stamped alert noting the confidential medical content.

The Health Services Administrator reported a close working relationship with the ICE Health Service Corps Field Medical Coordinator, and presented to ODO multiple examples of written reports concerning medical cases, utilization review dialogue, and discussion of detainees with chronic care conditions. Additionally, a Special Watch form is distributed to administrative personnel, the sergeant, the housing unit, and the pod file, which alerts staff to be watchful for behavior changes or signs of illness.

The director of nursing oversees quality improvement activities, to include monthly audit assignments covering medical records and various scopes of clinical practice. The Health Services Administrator and director of nursing conduct staff meetings at one- to three-month intervals, with the minutes available to those who did not attend. Medical Accreditation Committee meetings are also held monthly to provide quality assurance oversight and communication with other department heads. According to the Health Services Administrator, communication and working relationships with ICE are excellent.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1
In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure "a health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required."

DEFICIENCY MC-2
In accordance with the ICE NDS, Medical Care, section (III)(E), the FOD must ensure "an initial dental screening exam be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, or nurse practitioner."

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at OCJ to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility personnel; and if ICE detainees are able to submit written requests to ICE personnel and receive timely responses, in accordance with the ICE NDS. ODO interviewed personnel and detainees, and reviewed ERO logbooks and the Facility Liaison Visit Checklists.

ERO New York has a local policy and procedure in place to ensure visitation to the facility by supervisory and non-supervisory ERO personnel. ODO verified regular unannounced visits are conducted and documented. (b)(7)e Deportation Officer is permanently assigned to the facility to monitor NDS issues and address detainee concerns. ERO visitation schedules are conspicuously posted in English and Spanish languages in each housing unit, including the special management units. ODO visited two housing units and the special management units, and confirmed each had a logbook to document ICE visits.

Scheduled visits by ERO occur on Mondays, Wednesdays, Thursdays, and Fridays. These visits are documented on Facility Liaison Visit Checklists maintained at ERO New York. Detainee request forms are available upon request in each housing unit. The facility has lockboxes for detainee requests in each of the detainee housing units. Requests relating to the facility are placed in a lockbox labeled "OCJ;" facility staff ensures these are logged and filed into individual detention files. If detainees wish to communicate directly with ICE, they may submit requests via the lockbox labeled "ICE." This box is only accessible to ERO staff, who stated requests are retrieved daily, and responses are provided within 72 hours of receipt. ERO logs detainee requests electronically, and the log entries include all information required by the standard.

ODO reviewed 229 ICE detainee request forms submitted from November 2012 to June 2013. ICE responded to all 229 requests within 72 hours. ODO verified the detainee request log maintained by ERO identifies the ERO officer logging the request; however, ODO's review of ten detention files found completed detainee requests forms are maintained in the ICE office at OCJ, rather than in each detainee's detention file **(Deficiency SDC-1 (III)(B)(2))**.

OCJ has DHS Office of Inspector General Hotline posters displayed in the housing units and the library. ICE is responsible for the distribution of DHS Office of Inspector General Hotline posters at all facilities that house detainees, and must ensure they are posted in appropriate common areas so detainees know how to contact the DHS Office of Inspector General.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1
In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure "all completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years."

VISITATION (V)

ODO reviewed the Visitation standard at OCJ to determine if authorized persons, including legal and media representatives, are able to visit detainees within security and operational constraints, in accordance with the ICE NDS. ODO reviewed the local policy and detainee handbook, inspected the visiting area, and interviewed staff and detainees.

Visiting procedures and hours of visitation are posted in the lobby main entrance area. Detainees are notified of visitation rules and hours by way of the detainee handbook and postings in the housing units. Visitors are required to sign the visitors log and present photo identification at the main entrance desk. After verification of identity and registry on the visitor's log, visitors pass through a metal detector before proceeding to the visiting area.

The facility offers both contact and non-contact visitation. If a detainee chooses to receive a contact visit, he or she is required to sign a waiver giving consent to be strip searched following the visit **(Deficiency V-1 (Change Notice))**. This deficiency was cited during ODO's August 2011 inspection. Detainees may opt for non-contact visitation if they do not wish to undergo strip searches.

Detainees have general visitation privileges five days a week for two hours. Visitation is not allowed on holidays **(Deficiency V-2 (III)(H)(1))**. This deficiency was also cited during ODO's August 2011 inspection. Legal visits are permitted seven days per week, and take place in either the contact or non-contact booths, based on the request of the legal visitor. ODO confirmed a separate log is maintained for legal visits. Notice of Appearance forms, Forms G-28, are available in the front entrance lobby area.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY V-1
In accordance with the Change Notice: Admission and Release - National Detention Standard Strip Search Policy, dated October 15, 2007, the FOD must ensure "facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitored showering, and other required exposure of the private parts of a detainee's body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-rays, and metal detectors."

DEFICIENCY V-2
In accordance with the ICE NDS, Visitation, section (III)(H)(1), the FOD must ensure "the facility establishes a visiting schedule based on the detainee population and the demand for visits. Visits shall be permitted during set hours on Saturdays, Sundays, and holidays. To the extent practicable, the facility shall accommodate the scheduling needs of visitors for whom weekends and holidays pose a hardship. The facility may, for example, authorize special visits for family visitors unable to visit during regular hours. Where staff resources permit, the facility may establish evening visiting hours."