



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
Boston Field Office  
Strafford County Department of Corrections  
Dover, New Hampshire**

**December 3 – 5, 2013**

**COMPLIANCE INSPECTION  
STRAFFORD COUNTY DEPARTMENT OF CORRECTIONS  
BOSTON 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 the Joint Intake Center (JIC), 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 replaced 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 Lead)	ODO, Headquarters
Inspections and Compliance Specialist	ODO, Headquarters
Inspections and Compliance Specialist	ODO, Headquarters
Inspections and Compliance Specialist	ODO, Headquarters
Inspections and Compliance Specialist	ODO, Headquarters

(b)(6), (b)(7)c

Inspections and Compliance Specialist  
Contract Inspector

ODO, Headquarters  
Creative Corrections

## EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Strafford County Department of Corrections (SCDC) in Dover, New Hampshire, from December 3 to 5, 2013. SCDC owns and operates the facility, which opened in August 2004. ICE began housing detainees at SCDC in 2008 under a United States Marshals Service (USMS) Intergovernmental Service Agreement (IGSA). Male and female detainees of all security classification levels (Level I – lowest threat, Level II - medium-low and medium-high threat, and Level III - highest threat ), are detained at SCDC for periods in excess of 72 hours. The CI evaluated SCDC’s compliance with the 2008 PBNDS and the 2011 Sexual Assault and Abuse Prevention and Intervention (SAAPI) standard.

Capacity and Population Statistics	Quantity
Total Bed Capacity	495
Detainee Bed Capacity	100
Average Daily ICE Population	22
Average Length of Stay (Days)	60
Male Population Count (as of December 3, 2013)	12
Female Population Count (as of December 3, 2013)	15

The ERO Manchester Sub-Office, under the direction of the ERO Field Office Director (FOD) in Boston, Massachusetts (ERO Boston), is responsible for ensuring facility compliance with the 2008 PBNDS, the 2011 SAAPI PBNDS, and ICE policies. An Assistant Field Office Director, a Supervisory Detention and Deportation Officer, and an Immigration Enforcement Agent oversee standards compliance. No Detention Service Manager is assigned to SCDC.

The Superintendent at SCDC is the highest-ranking official at SCDC and is responsible for oversight of daily operations. (b)(7)e staff members supported SCDC management at the time of the CI. Strafford County operates the food service and medical care departments at the facility. SCDC holds no accreditations.

This inspection represented ODO’s first visit to SCDC. During this CI, ODO reviewed 18 standards and found SCDC compliant with four. ODO found 39 deficiencies, 19 of which relate to priority components,<sup>1</sup> in the following 14 standards: Admission and Release (2 deficiencies), Classification System (1), Detainee Handbook (3), Disciplinary System (1), Environmental Health and Safety (2), Food Service (5), Funds and Personal Property (3), Grievance System (3), Law Libraries and Legal Material (1), Medical Care (5), 2011 SAAPI (5), Staff-Detainee Communication (5), Suicide Prevention and Intervention (2), and Telephone Access (1). ODO also made two recommendations relating to funds and personal property and the grievance system.

This report details all deficiencies and refers to the specific, relevant sections of the 2008 and 2011 SAAPI PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed these deficiencies with

<sup>1</sup> Deficient priority components were found in the following eight standards: Classification, Detainee Handbook, Funds and Personal Property, Grievance System, Medical Care, SAAPI, Staff-Detainee Communication, and Suicide Prevention and Intervention.

SCDC and ERO personnel during the inspection and at a closeout briefing conducted on December 5, 2013.

Detainees entering SCDC are initially processed through the Manchester Sub-Office. The admissions process at SCDC includes searching detainees, recording personal information, conducting basic criminal history checks, collecting photographs and fingerprints, performing medical and mental screenings, and taking inventory of detainee property. Pat searches are conducted on all detainees; strip searched are not performed.

SCDC's local handbook, last updated July 5, 2013, describes the facility rules, regulations, services and programs available to detainees. The local handbook is issued to detainees during intake. ERO staff stated the ICE National Detainee Handbooks are issued to detainees at the Manchester Sub-Office before they arrive at the SCDC.

Detainees at SCDC are classified as low, medium-low, medium-high, or high level based on information provided by ERO. SCDC uses colored uniforms to distinguish detainees in different classification levels. Detainees are placed in housing units with detainees having comparable criminal records and disciplinary histories. SCDC's admission and release procedures do not meet all the requirements of the standard. For example, some detention files created during admission contained no approved ICE forms or other acceptable criminal history forms as per the standard.

Detainee property is inventoried and stored at SCDC. Funds are secured in a lock box until they are deposited into the detainee's commissary account. A review of an audit log confirmed that SCDC staff conducts quarterly audits of detainee property and valuables. SCDC's policy covered the procedures for lost or damaged property, but does not contain all the required information. Detainees are informed of property procedures through the local detainee handbook; however, the handbook failed to address several requirements of the standard.

SCDC's grievance policies are addressed in the local detainee handbook, including formal and informal grievance processes, emergency grievances, appeals, and retaliation. SCDC's procedures allow for appeal of grievance decisions and ensure that detainees receive written decisions about their appeals. SCDC does not have a policy for establishing reasonable time limits for processing and investigating and responding to medical grievances. The local detainee handbook does not provide notice of the right to file medical grievances and the opportunity to file a complaint directly to DHS OIG. SCDC's grievance log was current, but does not include the grievance resolution dates.

SCDC had no disciplinary actions involving ICE detainees for the 12 preceding months. ODO reviewed two disciplinary files and hearing documentation from 2012 and found sanctions were appropriate as per standards in both cases. SCDC's disciplinary policy does not include all the language required by the standard.

ODO reviewed SCDC's environmental health and safety policies and practices and found SCDC practices high standards of cleanliness and sanitation. During interviews, detainees commented positively on the cleanliness of the facility. ODO found deficiencies pertaining to maintaining a

list of updated emergency telephone numbers in the master index and maintaining an alphabetized list of chemicals on inventory.

Strafford County provides food service operations at SCDC. The operation is managed by a food service director and (b)(7)e cook supervisors. (b)(7)e female county inmates worked in the kitchen at the time of the CI; no ICE detainees are permitted to work in food service. SCDC has a satellite feeding operation. Meal items are placed in insulated trays, loaded onto carts, and delivered to the housing unit by a correctional officer. Each detainee is checked off on a meal roster to confirm receipt of meals. ODO verified all menus were certified by a registered dietitian and religious and medically prescribed meals were provided and properly documented.

SCDC's local hunger strike policy addressed all requirements of the 2008 PBNDS. The HSA informed ODO that no hunger strikes have occurred at the facility since the start of housing detainees. Review of training records for (b)(7)e correctional officers and all medical staff confirmed completion of training in recognizing the signs of a hunger strike, procedures for referral for medical assistance, and procedures for managing a detainee on a hunger strike.

SCDC has designated law libraries for detainees to conduct legal research and prepare legal documents. Each housing unit contains one computer terminal with the most recent version of LexisNexis. The local handbook provides guidance on use of the law library, hours, and procedures for requesting additional time. Law library hours are posted in the libraries and in each detainee housing unit. Detainees in special housing units are provided an opportunity to use the law libraries based on a flexible schedule, with similar time allowances as the general population. The handbook does not contain the procedure for notifying a designated employee that library material is missing or damaged.

SCDC's medical department is staffed by Strafford County employees, who provide 24-hour coverage. Staff includes a full-time Health Service Administrator (HSA), (b)(7)e registered nurses (RN), (b)(7)e licensed practical nurses (LPN), and (b)(7)e medical assistants. Part-time positions include (b)(7)e RNs, (b)(7)e LPNs, and (b)(7)e medical assistants. Contract positions include a physician, a nurse practitioner, a dentist, a psychiatrist, and (b)(7)e mental health professionals.

A review of 27 medical records at SCDC confirmed nurses conducted medical and mental health intake screening within 12 hours of detainees' arrival at the facility. However, the clinical medical authority did not review the screening forms to assess the priority for treatment as required by the 2008 PBNDS. Health appraisals include dental screening and a hands-on physical examination completed by RNs. In one of 27 records reviewed, ODO found no health appraisal conducted and an additional 14 records had not been reviewed and co-signed by the physician within 14 days of the detainee's arrival.

Pharmacy services are provided under contract with Westwood Pharmacy Services and medications are distributed by nurses and medical assistants. ODO's review of 10 medication administration records confirmed entries were complete and legible. Correctional officers are not authorized to administer medication to detainees at SCDC.

SCDC signed a contract modification with ICE on September 13, 2012, agreeing to comply with the SAAPI standard. All staff and volunteers are required to attend initial and annual training on

the SAAPI program. ODO verified completion through review of staff training records. The training curriculum is comprehensive and inclusive of all required elements. Staff appeared knowledgeable of the facility's procedures to identify and report allegations of sexual abuse or assault. SCDC staff reported no allegations of sexual abuse or assault in the past year. No sexual abuse or assault allegations were found in the Joint Integrity Case Management System for the three preceding years. SCDC has comprehensive written policies providing for the prevention, reporting, and investigation of sexual assaults. However, the written policies are missing the requirement for allegations to be immediately reported to ERO and the requirement for coordination with ICE. Furthermore, ODO found the detainee handbook does not include prevention and intervention strategies, information about self-protection, or indicators of sexual abuse, and does not specify that reporting an assault will not negatively affect the detainee's immigration proceedings. SCDC initiated corrective action for all of these deficiencies during the inspection.

SCDC was found to be in compliance with the Special Management Units (SMU) PBNDS. ODO verified written procedures and post orders are in place to temporarily segregate detainees for disciplinary and administrative reasons. SCDC has four housing units dedicated as SMUs, containing eight cells per unit. (b)(7)e correctional officer per shift monitors all four units simultaneously. Cameras in each unit record 24 hours a day. ODO's inspection of the units found them well ventilated, adequately lit, appropriately climate controlled, and adequately clean. Cells in the SMUs are equipped with beds secured to the walls and floor (some cells have one bed and others have two), one stainless steel sink, and a toilet combination fixture and security mirror. Shower stalls are located on each unit. Recreation is provided one hour a day. A system of non-contact video visiting is provided for detainees. Telephones are present in the SMUs and use of the law library is permitted upon request. ODO verified detainee's segregation status is reviewed at least once every seven days. The review includes the reason for segregation, scheduled release date, description of present and previous disciplinary problems, and any pertinent information on mental health issues and care. Medical personnel document rounds at least once daily. SCDC staff stated no detainees had been placed in SMUs within the last two years. ODO was unable to quantify past placements in the SMU because log books did not differentiate ICE detainees from inmates.

ERO and SCDC have policies and procedures that enhance security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees. SCDC supervisory staff visits the detainee housing units daily. ERO staff visit SCDC weekly to address ICE detainee requests and concerns, and to pick up requests. Detainees submitted 67 requests to ICE between May and November 2013 and all were responded to within 72 hours. Deficiencies were identified with the frequency, notification, and documenting of ERO visits as well as the ability to file confidential requests.

SCDC staff receives suicide prevention and intervention training. ODO confirmed all medical staff and (b)(7)e randomly selected correctional officers completed annual suicide prevention and intervention training during orientation and annual refresher training. ODO reviewed the curricula and found they included identification of risk and precipitating factors, recognition of suicidal behavior, referrals, response to suicide attempts, observation procedures, and follow-up reporting and documentation.



Two detainees have been placed on suicide watch in the past year. Detainees on suicide watch are housed in four cells in the medical observation area of the clinic. Inspection found two of the cells are not within view of the officer's desk and are not under video camera surveillance; therefore, constant one-on-one observation cannot be achieved. In addition, ODO found suicide-resistant clothing is unavailable and detainees placed on suicide watch may be commingled in a cell with a detainee on another observation status.

SCDC offers one telephone for every 25 detainees. ODO observed detainees using the telephones in each housing unit, and detainee interviews verified accessibility of the telephones. Notifications that telephone calls are subject to monitoring are posted on each telephone and access rules for use of telephones were observed at telephone locations. A TTY is available for deaf or hearing impaired detainees if needed. ICE detainees may request to make unmonitored calls to other numbers by submitting a request to the ICE Liaison/IEA. ODO found ERO is not conducting serviceability checks as required by the standard.

ODO interviewed the HSA and reviewed policies regarding Terminal Illness, Advance Directives, and Death. According to the HSA, SCDC does not accept seriously or terminally ill detainees. Should a detainee become seriously injured or ill, he or she would be transferred to another facility. Review of SCDC's written policies and procedures confirmed they address the requirements of the standard.

SCDC has a comprehensive use of force policy addressing all requirements of the 2008 PBNDS. ODO reviewed the training curriculum, policies, procedures, and the detainee handbook; inspected detainee files, the training room, training files, and the facility armory and equipment; interviewed staff and detainees; and toured the facility. There have been no use-of-force incidents on any ICE detainee in the past year.

# **OPERATIONAL ENVIRONMENT**

## **INTERNAL RELATIONS**

ODO interviewed the SCDC Superintendent of Corrections, a Supervisory Detention and Deportation Officer (SDDO), and an Immigration Enforcement Agent (IEA) about the working relationship between ERO and SCDC. The Superintendent described the working relationship between his staff and ERO as good, but said it could be better. He said he would like the 100 beds allocated for ICE detainees to be occupied to capacity. He said ERO uses his facility primarily as short-term housing and generally transfers out detainees within days. He stated that while 100 beds are available for detainees, the facility does not have designated housing units for them. As a result of the short stays, detainees are commingled with state and U.S. Marshals Service inmates of similar classification levels.

The SDDO and IEA interviewed by ODO both described the working relationship with the facility as excellent, and said they have the necessary resources to carry out their duties and responsibilities. However, during the course of the inspection, ODO noted the infrequency of visits by ERO leadership and lack of detention standards knowledge by ERO staff. For example, the SDDO and IEA stated they had never heard of the NDS or PBNDS and did not know what the standards consisted of. The AFOD stated he had never visited SCDC prior to ODO's inspection. The IEA was unable to specify when he visits the facility. Visitation concerns were corroborated during detainee interviews. ODO recommends ERO leadership provide ERO Boston detention staff training in the NDS and PBNDS, and reevaluate its oversight of SCDC, in order to improve and support the facility's compliance with the PBNDS.

## **DETAINEE RELATIONS**

ODO randomly selected and interviewed 17 detainees (seven males and 10 females) individually regarding conditions of detention at SCDC. The detainees had been detained at the facility from one week to three months. All interviews conducted by ODO were voluntary.

All the detainees stated that they received personal hygiene items when they arrived at the facility, have access to indoor recreation and the law library, and are afforded opportunities to file requests and grievances. Eight detainees indicated they see ERO staff in the housing units once a week or once every two weeks, while others indicated they never saw ERO.

Several detainees claimed they did not receive the local handbook or ICE National Detainee Handbook. ODO researched this claim by reviewing detention files as part of its Admission and Release review. ODO found that six out of 15 detention files did not contain documentation verifying receipt of the handbook.

All the detainees expressed satisfaction with the medical care provided. Only one detainee had filed a medical grievance that alleged he had a headache and had not received medicine for three days. ODO looked into the medical grievance and found the detainee's issue was fully addressed within 24 hours. None of the other detainees interviewed stated they had filed a grievance at

SCDC. Further, none reported having ever witnessed or experienced any mistreatment, discrimination, or abuse (physical, verbal, or sexual) while at SCDC.

## **ICE 2008 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 18 PBNDS and found SCDC fully compliant with the following four standards:

1. Hunger Strikes
2. Special Management Units
3. Terminal Illness, Advance Directives, and Death
4. Use of Force and Restraints

As the standards above were compliant at the time of the review, a synopsis for these standards is not included in this report.

ODO found deficiencies in the following 14 areas:

1. Admission and Release
2. Classification System
3. Detainee Handbook
4. Disciplinary System
5. Environmental Health and Safety
6. Food Service
7. Funds and Personal Property
8. Grievance System
9. Law Libraries and Legal Material
10. Medical Care
11. Sexual Abuse and Assault Prevention and Intervention (2011 PBNDS)
12. Staff-Detainee Communication
13. Suicide Prevention and Intervention
14. Telephone Access

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

## **ADMISSION AND RELEASE (AR)**

ODO reviewed the Admission and Release standard at SCDC 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 2008 PBNDS. ODO reviewed detention files, forms, policies, and procedures; and interviewed detainees and staff assigned admission and release processing duties.

Detainees arriving at SCDC are initially processed at the ERO Boston or the Manchester Sub-Office. The admissions process at SCDC includes searching detainees, recording personal information, conducting basic criminal history checks, collecting photographs and fingerprints, performing medical and mental health screenings, and taking inventory of detainee property. Detainees are given the opportunity to shower and issued clean clothing, bedding, towels, and personal hygiene items. Pat searches are conducted on all detainees; strip searches are not performed unless reasonable suspicion to strip search a detainee is established in accordance with facility policy and 2008 PBNDS Searches of Detainees. All detainees interviewed by ODO stated they were afforded an opportunity to shower before entering their assigned housing units. In the event identity documents accompany a detainee to SCDC, staff forwards them to ERO for placement in the detainee's A-File.

SCDC staff creates detention files for each detainee from facility paperwork and information received from ERO. Staff creates and maintains all detention files in a secured cabinet in the admissions area. SCDC staff receives the Order to Detain or Release (Form I-203) as part of the admission process. SCDC staff said ERO staff does not provide Form I-203(a) prior to transport of a detainee. According to SCDC staff, ERO emails a list of detainees for release in advance of transport and then provides the Form I-203 to the transportation officer.

ODO found SCDC does not issue color-coded wristbands for each classification level (**Deficiency AR-1**) as required by the standard, despite receiving Form I-213. Color-coded wristbands allow detainees to be easily identified by their classification levels and facility staff to ensure commingling of Level 1 and Level 3 detainees does not occur.

ODO surveyed 17 detainees in each housing unit to determine if they received the ICE National Detainee Handbook during admission. One of the 17 detainees stated the handbook was issued prior to arrival at SCDC. ODO confirmed through detainee and staff interviews and file reviews that the local detainee handbook is issued during admission. However, the files did not contain any documentation indicating the ICE National Detainee Handbook is issued to detainees during intake at SCDC (**Deficiency AR-2**). ERO staff claimed the ICE National Detainee Handbooks are issued at the Manchester Sub-Office.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY AR-1**

In accordance with the ICE 2008 PBNDS, Admission and Release, section (V)(D), the FOD must ensure “the classification process determines the appropriate level of custody for each detainee. Once this is established, staff can issue the detainee clothing and wristband in the appropriate color for his or her classification level.”

**DEFICIENCY AR-2**

In accordance with the ICE 2008 PBNDS, Admission and Release, section (V)(G), the FOD must ensure, “in accordance with the detention standard on Detainee Handbook, all facilities must have a medium to provide ICE detainees an orientation to the Detainee Handbook, and every facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility.”

## **CLASSIFICATION SYSTEM (CS)**

ODO reviewed the Classification System standard at SCDC 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 2008 PBNDS. ODO reviewed policies, procedures, and the detainee handbook; inspected detainee files; interviewed staff and detainees; and toured the intake area. No detainees were processed through intake during inspection times.

SCDC's classification policy is very robust and provides strict guidelines for initial classification and reclassification. Detainees are classified during intake and are not assigned housing until the initial classification is complete. Housing at SCDC is based on four classification levels: Level I – lowest threat; Level II - medium-low and medium-high threat; and Level III - highest threat. SCDC also has a special needs housing unit. The local handbook includes a detailed description of the classification process and explains both the appeals process and periodic reclassification.

During interviews with the SCDC classification officer and classification supervisor, ODO found SCDC uses a behavioral-based classification system that takes into account both criminal history and mental health history. The classification staff have all been in their positions for 10 or more years and have received training on the policy. The classification supervisor has received additional training on both classification and direct supervision from the National Institute of Corrections (NIC).

ODO reviewed 15 detention files and found 10 contained Form I-213 (Record of Deportable-Inadmissible Alien). However, five of the files contained no approved ICE forms or other acceptable criminal history forms as per the standard (**Deficiency CS-1**).<sup>2</sup> Availability of information supporting the assigned classification level is important for validation and reclassification purposes, should the need arise.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY CS-1**

In accordance with the ICE 2008 PBNDS, Detainee Classification System, section (V)(E): The FOD must ensure that "ICE/DRO offices shall provide non-ICE/DRO facilities with the relevant information for the facility to classify ICE/DRO detainees."

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<sup>2</sup> Priority Component

## **DETAINEE HANDBOOK (DH)**

ODO reviewed the Detainee Handbook standard at SCDC to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in accordance with the ICE 2008 PBNDS. ODO reviewed the SCDC Detainee Handbook, and interviewed staff and detainees.

Detainees are issued the SCDC handbook during the intake process. Through detainee interviews, ODO learned that some of the detainees did not receive the local handbook. ODO's review of 15 randomly selected detention files, confirmed that only six out of the 15 received a facility handbook (**Deficiency DH-1**).<sup>3</sup> There is no documentation of detainees receiving the ICE National Detainee Handbook and there are no handbooks available in the intake area (**Deficiency DH-2**).<sup>4</sup> During interviews, several of the detainees stated that they had not received the ICE National Detainee Handbook. ODO confirmed both handbooks are issued to detainees in either English or Spanish.

ODO reviewed the facility handbook for all of the required components. The handbook listed the procedures of the detainee grievance system but not the procedures for the medical grievance process (**Deficiency DH-3**). SCDC initiated corrective action during the CI. Prior to those changes, the facility handbook was last revised on July 5, 2013. The facility prints new handbooks and distributes them to detainees when there are significant changes to rules or procedures. All other updates are passed orally or through a posted memo in the housing units.

Seven other deficiencies related to information missing from the Detainee Handbook are reported as **Deficiencies AR-2, DS-1, FS-1, F&PP-1, F&PP-2, GS-2, and LL&LM-1**.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DH-1**

In accordance with the ICE 2008 PBNDS, Detainee Handbook section (V)(4)(5), the FOD must ensure "each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook." Furthermore, "staff shall require each detainee to verify, by signature, receipt of the handbook and maintain that acknowledgement in the detainee's detention file."

### **DEFICIENCY DH-2**

In accordance with the ICE 2008 PBNDS, Detainee Handbook section (V)(4)(5), the FOD must ensure "each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook." Furthermore, "staff shall require each detainee to verify, by signature, receipt of the handbook and maintain that acknowledgement in the detainee's detention file."

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<sup>3</sup> Priority Component

<sup>4</sup> Priority Component



**DEFICIENCY DH-3**

In accordance with the ICE 2008 PBNDS, Detainee Handbook section (V)(2), the FOD must ensure that “the local supplement notifies each detainee of the detainee Grievance System, including medical grievances.”

## **DISCIPLINARY SYSTEM (DS)**

ODO reviewed the Disciplinary System standard at SCDC to determine if sanctions imposed on detainees who violate facility rules are appropriate, and if the discipline process includes progressive levels of reviews, appeals, procedures, and documentation, in accordance with the ICE 2008 PBNDS.

ODO interviewed the Disciplinary Officer and reviewed SCDC's disciplinary policies and procedures, the disciplinary section of the local handbook, and detainee files and incident reports. SCDC's discipline policy is detailed and certain parts of the policy conform to the 2008 PBNDS requirements for SPCs/CDFs, particularly hearing and appeal timeframes.

No disciplinary action reports for the last year involving ICE detainees were available for review; however, ODO reviewed two disciplinary files and hearing documentation from 2012. The sanctions administered in both cases were appropriate in compliance with the standard.

SCDC's Institution Disciplinary Panel (IDP) is made up of three staff members: the disciplinary officer, who is a lieutenant; the lieutenant in charge of facility security; and an additional supervisor not involved in the original incident. Low-level infractions which do not require a hearing are handled by the Disciplinary Officer. The Superintendent reviews all findings of the IDP and Unit Disciplinary Committee and is the only one who can approve a sentence of disciplinary segregation (pending medical approval).

The local handbook does not specifically state that detainees have the right of freedom from discrimination based on race, religion, national origin, sex, sexual orientation, handicap, or political beliefs (**Deficiency DS-1**). This deficiency was brought to the attention of SCDC staff and the facility initiated corrective action during the course of this inspection to amend their local handbook.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DS-1**

In accordance with the ICE 2008 PBNDS, Disciplinary System section (V)(B), the FOD must ensure "the detainee handbook or supplement, issued to each detainee upon admittance, shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings. Detainees shall have the following rights and shall receive notice of them in the handbook:

- The right of freedom from discrimination based on race, religion, national origin, sex, sexual orientation, handicap, or political beliefs."

## ENVIRONMENTAL HEALTH & SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at the SCDC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE 2008 PBNDS. ODO observed the overall condition of the facility; reviewed policy, procedures, and documentation; and interviewed facility staff and detainees.

During the CI, SCDC practiced high standards of cleanliness and sanitation. All areas within the food service area, housing units, medical clinic and laundry areas, were well maintained.

SCDC's training sergeant is the designated fire safety officer. A review of various training rosters confirmed staff is trained in fire and safety procedures, as well as the proper storage and handling of flammable, toxic, and caustic chemicals. Through staff interviews and a review of documentation, ODO confirmed weekly and monthly fire and safety inspections are conducted as required. ODO observed evacuation plans posted prominently throughout the facility. The plans were labeled in both English and Spanish and included immediate vicinity markers, primary and secondary exit routes, and locations of emergency equipment. The diagrams indicate areas of safe refuge for assembly after exiting the facility. Documentation reflected that emergency keys are drawn and emergency exits are unlocked as part of the drills. SCDC's fire prevention and evacuation plans were reviewed by the City of Dover's Office of the Building Official on May 15, 2013. ODO also verified that fire extinguishers, fire suppression devices and fire protection equipment are inspected as required.

ODO reviewed documentation and confirmed the facility's emergency power generators are tested at least bi-weekly for one hour at a time. The generator is serviced and tested in accordance with manufacturer's recommendations by an external generator service company. A local pest control service is under contract and provides monthly and on call service to the facility. Additionally, documentation was provided to verify that the water supply is certified by Strafford County on an annual basis.

The barber shop is a dedicated area, and has sufficient lighting and a sink with hot and cold running water. The facility contracts with (b)(7)e local licensed barbers to provide haircuts for detainees. Certifications were present and all up to date. Haircut services are offered once a week on a rotating schedule and detainees receive one haircut per month, at a minimum. Sanitation instructions were posted in the barber shop in English and Spanish. Sanitation materials and barber tools are locked in a cabinet when not in use.

The Superintendent maintains a master index of hazardous substances which includes storage locations and a master file of Material Safety Data Sheets (MSDS). However, a list of up-to-date emergency telephone numbers was not included in the master index (**Deficiency EH&S-1**). SCDC initiated corrective action during the CI by creating an emergency telephone list and placing it in the master index.

MSDS folders were found in chemical storage areas throughout the facility and storage areas appeared to be orderly. Although inventory logs were present in chemical storage areas, the chemicals identified on the inventory logs were not listed in alphabetical order (**Deficiency**

**EH&S-2).** SCDC initiated corrective action during the CI by revising inventory sheets and placing them in required locations.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY EH&S-1**

In accordance with the 2008 ICE PBNDS, Environmental Health and Safety, section (VI)(E), the master index shall include “a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).”

### **DEFICIENCY EH&S-2**

In accordance with the 2008 ICE PBNDS, Environmental Health and Safety, section (VI)(C), the FOD must ensure “Inventory records shall be maintained separately for each substance. Entries for each shall be logged on a separate card (or equivalent) filed alphabetically by substance.”

## FOOD SERVICE (FS)

ODO reviewed the Food Service standard at the SCDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE 2008 PBNDS. ODO inspected the facility's food service area, interviewed staff and detainees, and reviewed policy, procedures, and documentation.

The food service operation is managed by Strafford County employees, including a food service director and (b)(7)e cook supervisors. The food service operation was supported by (b)(7)f female county inmates at the time of the inspection. ICE detainees are not permitted to work at SCDC. ODO verified all employees and workers received medical clearance. Kitchen workers were observed to be neat and clean in appearance and were visually inspected by staff for any signs of illness or personal hygiene concerns prior to starting their shift.

The facility has a satellite feeding process where food is placed on insulated trays, loaded onto carts and delivered to the housing unit by a correctional officer. Each detainee is checked off a meal roster to document all detainees received meals. ODO verified that menus were certified by a registered dietitian, and religious and medically approved meals were provided and properly documented. ODO observed that three detainees were on medical diets, and three detainees were on religious diets.

ODO conducted interviews with detainees and found all were generally satisfied with the food service program. No complaints or concerns were received. ODO also reviewed the local detainee handbook and found that SCDC makes no specific mention to the availability of a non-pork menu (**Deficiency FS-1**). During the course of this inspection, SCDC made revisions to the local detainee handbook to address this deficiency.

ODO taste tested the Wednesday noon meal. All items served were of proper portion size as stated on the menu and properly seasoned, and included appropriate condiments. Food service staff was observed taking temperatures of food in the kitchen and when served in the housing units. ODO verified temperatures of the items for the noon meal on Thursday were within the required ranged, as determined by use of a pocket thermometer.

Knives are kept in a locked storage cabinet in the food service director's office. Utensils are stored on a shadow board in the office and are accompanied by inventory and sign-out sheets. Utensils are tethered to tables when in use. Temperature logs for the refrigerators and freezers, as well as water temperatures for the dishwasher, were consistently taken and recorded by staff as required by the standard. Although cleaning materials and sanitation liquids were stored separately from food areas under lock and key, they were not accompanied by an inventory sheet for controlled use (**DeficiencyFS-2**). SCDC initiated corrective action during this inspection by placing an inventory log in the food service area's chemical closet.

Documentation indicates a comprehensive inspection of the entire kitchen area is conducted by either the food service director or designated shift cook supervisor on a weekly basis. ODO inspected the dry storage area, refrigerators, and the freezer and found them to be clean and well organized. However, the facility does not maintain a written stock rotation schedule for food stock items (**Deficiency FS-3**). Additionally, ODO determined that the SCDC does not stock a

15-day minimum food supply; rather, the facility is equipped to maintain a six-day food supply **(Deficiency FS-4)**.

Sanitation of the kitchen appeared to be more than adequate. However, peeled paint and scuffing was observed on the ceiling and wall adjacent to the dish washer area **(Deficiency FS-5)**. The food service area is inspected annually by the City of Dover Inc. Health Department, most recently on June 1, 2013. The food service area passed inspection even though the inspection report identified the paint peeling and wall scuffing.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDING**

### **DEFICIENCY FS-1**

In accordance with ICE 2008 PBNDS, Food Service, section (V)(G)(5), requires facilities that have no-pork diets to “alleviate any confusion for those who observe no-pork diets for religious reasons, this information should be included in the facility’s handbook and the facility orientation. If the facility has a chaplain, he or she should also be made aware of the policy.”

### **DEFICIENCY FS-2**

In accordance with ICE 2008 PBNDS, Food Service, section (V)(J)(11), requires that “all food service staff shall know where and how much toxic, flammable, or caustic material is on hand and be aware that their use must be controlled and accounted for daily.”

### **DEFICIENCY FS-3**

In accordance with ICE 2008 PBNDS, Food Service, section (V)(K)(5), “each facility shall establish a written stock rotation schedule.”

### **DEFICIENCY FS-4**

In accordance with ICE 2008 PBNDS, Food Service, section (V)(K)(4), the food service administrator, while basing inventory levels on facility needs, “each facility shall at all times stock a 15-day minimum food supply.”

### **DEFICIENCY FS-5**

In accordance with ICE 2008 PBNDS, Food Service, section (V)(J)(5)(c), the FOD must ensure facility “walls, floors, and ceilings in all areas must be routinely cleaned.”

## FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at SCDC to determine if controls are in place to inventory, issue receipts for, store, and safeguard detainees' personal property, in accordance with the ICE 2008 PBNDS. ODO toured the facility; reviewed local policies, the detainee handbook, and detention files; interviewed staff; toured the intake and release area; and inspected areas where detainee property and valuables are stored.

Upon detainee admission, personal property is inventoried, and the detainee and intake staff signs a receipt. Property such as clothing is secured in a bag and placed in a locked room. Valuables are secured in separate bags and are locked in a closet. Funds are secured in a lockbox until they are deposited into the detainee's commissary account. Both property bags are itemized, which corresponds to the number listed on the detainee's property receipt.

ODO's review of 15 randomly selected detainee files confirmed funds and property inventories and receipts were present. Correctional officers conduct a quarterly audit of all detainee property and valuables. ODO confirmed this by reviewing the audit log.

Detainees are informed of procedures relating to property through the detainee handbook. The handbook covers procedures at intake, exchange or release of personal clothing, release of property upon discharge, cash upon intake and release, money for commissary account, destruction of unclaimed property and procedures for missing property. The handbook does not inform detainees that an ICE-certified copy of an identity document placed in the A-File can be requested (**Deficiency F&PP-1**). The handbook also does not address the procedures for accessing personal funds to pay for legal services (**Deficiency F&PP-2**).

The facility's policy covers the procedures for lost or damaged property but was missing a few key points. The policy does not state that the official deciding a claim of loss of or damage to properly receipted detainee property will be at least one level higher in the chain of command than the investigating official; that the facility will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim of missing or damaged property; and that ICE will be immediately notified of all claim outcomes (**Deficiency F&PP-3**).<sup>5</sup> SCDC initiated corrective action for all deficiencies during this inspection.

SCDC staff indicated no detainee has ever reported any missing property. ODO found SCDC does not keep available Report of Detainee's Missing Property (Form I-387) and therefore could not properly document missing detainee property should that situation arise. ODO recommends that the facility maintain the form in case of any future reports of missing property.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY F&PP-1

In accordance with the ICE 2008 PBNDS, Funds and Personal Property section (V)(C), the FOD must ensure, "the detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

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<sup>5</sup> Priority Component

- That upon request, they shall be provided an ICE/DRO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files.”

**DEFICIENCY F&PP-2**

In accordance with the ICE 2008 PBNDS, Funds and Personal Property section (V)(C), the FOD must ensure “the detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

- Access to detainee personal funds to pay for legal services.”

**DEFICIENCY F&PP-3**

In accordance with the ICE 2008 PBNDS, Funds and Personal Property section (V)(L)(3), the FOD must ensure “IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows:

- The official deciding the claim shall be at least one level higher in the chain of command than the official investigating the claim;
- The facility may not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
- The senior contract officer shall immediately notify the designated ICE/DRO officer of all claims and outcomes.”



## GRIEVANCE SYSTEM (GS)

ODO reviewed the Grievance System standard at PCCF 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 2008 PBNDS. ODO toured the facility, interviewed the grievance coordinator and other staff, and reviewed policies and grievance documentation.

A review of the facility's policy and detainee handbook confirmed that both address SCDC's informal and formal grievance process, emergency grievances and appeals; and include guarantees against reprisal for detainees who file a grievance. SCDC's policy does not establish reasonable time limits for processing, investigating and responding to medical grievances (**Deficiency GS-1**).<sup>6</sup> SCDC initiated corrective action during this inspection to address this deficiency. SCDC's handbook does not provide notice of the right to file medical grievances and the opportunity to file a complaint directly to DHS OIG in writing (**Deficiency GS-2**). The handbook contained the phone number but not the address and the facility initiated corrective action onsite.

SCDC provides detainees with envelopes in which to seal grievances and identify them as sensitive or medically sensitive; these are delivered directly to medical personnel the same day as personnel are on site 24 hours per day. A review of the grievance log found only one grievance relating to medical care which was responded to within 24 hours.

ODO found SCDC's procedures allow for appeal of grievance decisions and ensure that detainees receive written decisions about their appeals.

ODO's review of the grievance log confirmed it was current; however the grievance resolution dates were not included (**Deficiency GS-3**).<sup>7</sup> SCDC initiated corrective action during this inspection to address this deficiency. The grievance log contained a total of 180 grievances and only four were filed by detainees. All four detainee grievances involved miscellaneous issues and no pattern or trend was observed. ODO verified the grievance responses were maintained in the detainee file or medical record as required.

SCDC does not have a policy in place to ensure copies of grievances alleging staff misconduct are forwarded to ICE/ERO. ODO recommends that this be included in their policy.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY GS-1

In accordance with ICE 2008 PBNDS, Grievance System, section (V)(A), the FOD must ensure "Each facility shall have written policy and procedures for a detainee grievance system that:

- Establishes reasonable time limits for:

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<sup>6</sup> Priority Component

<sup>7</sup> Priority Component

- Processing, investigating, and responding to grievances, including medical grievances.”

**DEFICIENCY GS-2**

In accordance with the ICE 2008 PBNDS, Grievance Systems, section (V)(B), the FOD must ensure the grievance section of the detainee handbook will provide notice of the following:

- “The right to file a grievance, including medical grievance, both informal and formal.
- The opportunity to file a complaint about staff misconduct, physical or sexual abuse, or civil rights violations at any point directly to the Department of Homeland Security Inspector General by calling (800) 323-8603 or writing to:

Department of Homeland Security  
Washington, DC 20528  
Attn: Office of the Inspector General”

**DEFICIENCY GS-3**

In accordance with ICE 2008 PBNDS, Grievance System, section (V)(E), the FOD must ensure each facility “shall devise a method of documenting detainee grievances, at a minimum a grievance log, and documentation shall include the date the grievance was resolved.”

## **LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)**

ODO reviewed the Law Library and Legal Material standard at PCCF to determine if detainees have access to a law library, legal materials, courts, counsel, and supplies to facilitate the preparation of legal documents, in accordance with the ICE 2008 PBNDS. ODO observed the law library, interviewed staff and detainees, and reviewed policies as well as the detainee handbook.

ODO verified the facility has a policy and procedures that protect detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials. SCDC has designated libraries, separated by a wall with windows, in each of the four housing units. The law libraries are equipped with one computer each. Two additional computers are located in a separate room near the housing units. The law libraries are well lit and contain sufficient furnishings to support legal research and case preparation. Each library offers access to paper, writing utensils, envelopes, and printing equipment. Legal documents can be printed with the assistance of a staff member. ODO verified the computers contained a current version of LexisNexis and word processing software. LexisNexis instructions are posted near each computer.

Detainees are afforded a minimum of five hours of law library time per week by filling out a request form. Detainees are supervised in the law libraries by an officer and by central control. The law libraries are available for use daily during first and second shifts. The custodian of the law libraries inspects the equipment at least weekly to ensure it is in good working order. SCDC's policy affords the same law library privileges to detainees assigned to special management units.

ODO was informed by SCDC staff that 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 as needed. Detainees with appropriate language, reading, and writing abilities are allowed to provide assistance to other detainees. The custodian of the law libraries provides indigent detainees with free envelopes, stamps, notary services, and certified mail to pursue legal matters.

The local detainee handbook provides detainees with the rules and procedures governing access to legal materials, but does not include the procedure for notifying a designated employee that library material is missing or damaged (**Deficiency LL&LM-1**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY LL&LM-1**

In accordance with ICE PBNDS, Law Libraries and Legal Material, section (V)(O)(6), the FOD must ensure "the detainee handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials including the following information:

6. The procedure for notifying a designated employee that library material is missing or damaged."

## MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at SCDC to determine if detainees have access to health care and emergency services to meet health needs in a timely manner, in accordance with the ICE 2008 PBNDS.

ODO toured all areas where medical services are provided, reviewed the department's policies and procedures, interviewed staff, and examined the medical files of all 27 detainees held at the time of this inspection.

SCDC holds no health care accreditations. Employees of Strafford County staff the medical department and provide 24-hour coverage. Full-time positions include an HSA, who is an RN; (b)(7)e additional RNs, (b)(7)e LPNs; and (b)(7)e medical assistants. Part-time positions include (b)(7)e RNs, (b)(7)e LPNs, and (b)(7)e medical assistants. Contract positions include a physician, who is the designated clinical medical authority and on site six hours a week; a nurse practitioner, who is on site 10 hours per week and on call 24 hours a day; a dentist who is on site eight hours per week; a psychiatrist, who is on site eight to 10 hours per week; and (b)(7)e mental health professionals, who provide a combined total of 40 hours of service per week.

Interviews were conducted with the HSA, the administrative assistant, the chronic care coordinator, and a psychologist. The HSA stated she had not seen the 2008 PBNDS prior to the review.

For clinical care beyond SCDC's scope of services, detainees are transported to Wentworth Douglas Hospital approximately five miles from the facility. American Ambulance Service provides emergency transport with a response time of five to 10 minutes. ODO verified credentials and licensure were current and primary source verified.

The SCDC clinic has two examination rooms, a secure medication room, a one-chair dental operatory, a nurses' station, a laboratory processing room, and offices for the HSA, mental health professionals, and the psychiatrist. A waiting room at the clinic's entrance provides seating for nine detainees and is in direct view of the adjacent nurses' station. There is also camera surveillance in the waiting room, allowing supervision by correctional officers. The clinic also has a short-stay unit with four cells, two of which have negative air flow for respiratory isolation. All areas of the clinic were found to provide adequate privacy for medical, mental health, and dental encounters.

An LPN is the chronic care coordinator responsible for infectious disease monitoring. The HSA has responsibility for reporting and coordinating visits with public health authorities and ICE Health Service Corps (IHSC). ODO's review verified the SCDC infection control plan details the prevention and management of tuberculosis, blood-borne pathogens, and exposure incidents; however, SCDC's written plan does not address the 2008 PBNDS requirements pertaining to varicella (**Deficiency MC-1**).<sup>8</sup> Specifically, it does not address reporting to the ICE Epidemiology Unit all varicella cases and does not address reporting of exposure to active varicella in the absence of a history of prior varicella or varicella immunization. The HSA added

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<sup>8</sup> Priority Component

these requirements to the written infectious disease plan during the inspection. According to the chronic care coordinator, there were no active tuberculosis, varicella, or blood-borne pathogen exposures in the past year.

ODO's review of the medical records of all 27 detainees held at SCDC confirmed nurses conducted medical and mental health intake screening within 12 hours of detainee arrival in all cases. However, the clinical medical authority did not review the screening forms to assess the priority for treatment as required by the 2008 PBNDS (**Deficiency MC-2**).<sup>9</sup> During the inspection, the HSA developed a corrective action plan calling for electronic forwarding of all present and future intake screen forms to the physician for review and signature.

Documentation reflected tuberculosis screening by means of purified protein derivative (PPD) skin test was completed during the intake process in all 27 records reviewed. The records reflected that all four detainees whose PPDs were positive had chest X-rays performed by contractor Mobile X, with interpretations received the following day. A review of 10 female detainee health records found all had been tested for pregnancy.

Informed consent statements were included in all 27 medical files reviewed, and had been signed and dated at the time of intake. The consent for medical treatment forms also included detainee signatures verifying receipt of instructions on how to access medical care. A telephone interpretation service is available in all areas where interviews and assessments are conducted.

Health appraisals include dental screening and a hands-on physical examination completed by RNs. In one of the 27 detainee health records reviewed, ODO found no health appraisal had been conducted, and an additional 14 records had not been reviewed and co-signed by the physician within 14 days of the detainee's arrival (**Deficiency MC-3**).<sup>10</sup> Prior to completion of the review, the HSA implemented a corrective action plan to expedite conducting of health appraisals by RNs, thereby assuring the physician's review within the 14-day timeframe. ODO verified the RN training records included documentation of training in conducting physical examination and dental screening.

Pharmacy services are provided under contract with Westwood Pharmacy Services, and medications are distributed by nurses and medical assistants. ODO's review of 10 medication administration records confirmed entries were complete and legible. Correctional officers are not authorized to administer medication at SCC.

Detainee's access health care by depositing sick call request forms in labeled and secured medical drop boxes located at the officer's station. ODO verified the forms are available in English and Spanish and an ample supply was present in the housing units. According to the chronic care coordinator, nurses retrieve the requests at least three times daily during medication administration rounds. The medical record review found 11 sick call requests, all of which were triaged and the detainees seen the same or next day. Health appraisals include dental screening and a hands-on physical examination completed by RNs. During tour of the clinic and facility, ODO observed there were no patient education pamphlets or postings related healthy lifestyle, disease prevention, smoking cessation, personal hygiene, and dental care, as required by the

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<sup>9</sup> Priority Component

<sup>10</sup> Priority Component

standard (**Deficiency MC-4**). The HSA and the chronic care coordinator stated they were unaware detainees were to receive health education and wellness information. During the inspection, the HSA contacted the IHSC Medical Field Coordinator to request pamphlets used at other detention facilities.

ODO found the written local operating emergency plan to be complete, as it called for the provision of 24-hour coverage, the presence of an automated external defibrillator (AED), and the electronic posting of emergency contacts. An AED and emergency go-bag are located in the clinic examination room, with documentation of AED operability tests and daily inventory of bag contents. ODO's review of training records for (b)(7) randomly selected correctional officers and all medical staff confirmed current cardio pulmonary, AED, first aid, and four-minute response training.

Thirteen of the 27 detainees held at SCDC were assigned to a chronic care clinic. The conditions included stabilized diabetes, hypertension, and mental health issues. A review of the detainees' medical records found documentation of diagnostic testing when ordered, prompt forwarding and review of test results, monitoring, and electronic scheduling of follow-up appointments.

SCDC's electronic medical record (EMR) system is multi-functional, allowing ready access and communication of information between medical staff, scheduling of appointments and tasks, and daily administrative monitoring of due and overdue tasks by the HSA. Any hard-copy medical documentation is scanned into the EMR. According to the administrative assistant, who is responsible for preparing medical transfer summaries, the envelope in which the medical information is placed is not always labeled to indicate the contents are confidential medical records (**Deficiency MC-5**).<sup>11</sup> The facility, in response to this deficiency, initiated a system of pre-stamping envelopes with this information.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY MC-1**

In accordance with ICE PBNDS, Medical Care, section (V)(C)(1), the FOD must ensure "Each facility have [sic] written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies."

### **DEFICIENCY MC-2**

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(I)(1), the FOD must ensure "The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine)."

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<sup>11</sup> Priority Component

**DEFICIENCY MC-3**

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(J), the FOD must ensure “The clinical medical authority shall be responsible for review of all health appraisals to assess the priority for treatment.”

**DEFICIENCY MC-4**

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(Q), the FOD must ensure “The health authority shall provide detainees health education and wellness information on such topics as dangers of self-medication, personal hygiene and dental care, prevention of communicable diseases, smoking cessation, self-care for chronic conditions, and the benefits of physical fitness.”

**DEFICIENCY MC-5**

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(U)(4)(c), the FOD must ensure “A summary of the detainee’s medical care (transfer summary) shall be marked “CONFIDENTIAL MEDICAL RECORDS” and shall accompany the detainee who is being transferred.”

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed the Sexual Abuse and Assault Prevention and Intervention standard at SCDC to determine if the facility acts to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators, in accordance with the ICE 2011 PBNDS. ODO reviewed policies, the detainee handbook, and staff training records, and interviewed staff and detainees.

SCDC signed a contract modification with ICE dated September 13, 2012, agreeing to comply with the 2011 SAAPI PBNDS. The facility has a zero tolerance policy for any form of sexual abuse or assault. All staff and volunteers are required to attend initial and annual training on the SAAPI program, completion of which was verified by review of all staff training records. ODO's review of the training curriculum confirmed it is comprehensive and inclusive of all required elements. Staff appeared knowledgeable with respect to the SAAPI program and how to handle any reports or observations concerning possible sexual abuse or assault.

SCDC staff reported no allegations of sexual abuse or assault in the past year. No sexual abuse or assault allegations were found in the Joint Integrity Case Management System for the three preceding years.

Detainees are screened during the intake process for sexual abuse victimization history, and for predatory history to identify potential sexual aggressors. Any information obtained during intake screening relating to history of victimization or predatory sexual behavior is referred to health services for review and follow-up. Detainees are informed of the SAAPI program through the detainee handbook and by laminated postings contained in a booklet located in all of the housing units. The postings are in English and Spanish, and include toll free telephone numbers for reporting incidents.

ODO reviewed the facility's written policies and procedures and the detainee handbook. The written policies are missing the requirement for any allegation to be immediately reported to ERO (**Deficiency SAAPI-1**)<sup>12</sup> and the requirement for coordination with ICE for investigation or referral to another investigative agency (**Deficiency SAAPI-2**).<sup>13</sup> Through review of the detainee handbook and orientation process, ODO found that detainee instruction does not include prevention and intervention strategies (**Deficiency SAAPI-3**)<sup>14</sup> or information about self-protection and indicators of sexual abuse (**Deficiency SAAPI-4**),<sup>15</sup> and does not specify that reporting an assault will not negatively affect the detainee's immigration proceedings (**Deficiency SAAPI-5**).<sup>16</sup> SCDC initiated corrective action for all of these deficiencies during the inspection.

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<sup>12</sup> Priority Component

<sup>13</sup> Priority Component

<sup>14</sup> Priority Component

<sup>15</sup> Priority Component

<sup>16</sup> Priority Component



## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SA-API-1**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention section (V)(A)(3), the FOD must ensure “each facility administrator shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program that includes at a minimum:

3. The requirement that any allegation to staff of sexual assault or attempted sexual assault be reported immediately to a supervisor and to ERO.”

### **DEFICIENCY SA-API-2**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention section (V)(A)(6), the FOD must ensure “each facility administrator shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program that includes at a minimum:

6. The requirements for coordination with the ICE Office of Professional Responsibility (OPR) for investigation or referral of incidents of sexual assault to another investigative agency.”

### **DEFICIENCY SA-API-3**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention section (V)(F)(2), the FOD must ensure that, “following the intake process, the facility shall provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum):

2. Prevention and intervention strategies.”

### **DEFICIENCY SA-API-4**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention section (V)(F)(5), the FOD must ensure that “following the intake process, the facility shall provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum):

5. Information about self-protection and indicators of sexual abuse.”

### **DEFICIENCY SA-API-5**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention section (V)(F)(6), the FOD must ensure that “following the intake process, the facility shall provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum):

6. Prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainees’ immigration proceedings.”

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at SCDC to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE 2008 PBNDS. ODO reviewed policies, procedures, request forms, and logs; and interviewed detainees and staff.

ERO staff does not maintain a full-time, physical presence at SCDC, but claim to visit the facility on a weekly basis. An IEA makes weekly scheduled and unscheduled visits in order to address detainee requests. The IEA, who also supports the ERO Fugitive Operations Unit, stated he visits on Tuesdays or Thursdays, but could not provide specific times. No schedules of ERO's weekly visits were found in any of the housing units or other appropriate areas of the facility (**Deficiency SDC-1**).<sup>17</sup>

One SDDO stated he visits SCDC weekly, but this was not supported through interviews with SCDC staff and review of logbooks. Logbooks and interview statements revealed ERO supervisory staff is not making "frequent unannounced, unscheduled visits" as required by the standard (**Deficiency SDC-2**).<sup>18</sup> SCDC supervisory staff stated they visit the housing daily to address detainee's issues and concerns. SCDC staff stated all requests are informal. There were no documented requests to SCDC staff.

Detainees are able to submit written requests to ERO using a form or a sheet of paper. Forms, envelopes, and writing materials are adequately supplied in the housing units. Procedures are in place allowing detainees to obtain assistance from another detainee in preparing a request, and promptly route and deliver the requests to the appropriate ICE official, without having the request read, altered, or delayed. No secure drop boxes were located in the housing units for ICE detainees to correspond directly and confidentially with ERO management (**Deficiency SDC-3**).<sup>19</sup> SCDC has procedures that allow detainees to submit written questions, requests, or concerns to SCDC staff. SCDC housing officers stated all issues are and concerns are addressed immediately.

ODO reviewed a total of 67 requests to ERO dated from May 23, 2013, to November 25, 2013, and found all were answered within three business days or 72 hours of receipt. The requests included 31 requesting status/court updates, 25 requesting phone calls, 10 for deportation information, and one for money retrieval. These requests were recorded in a logbook containing the receipt date; detainee's name; detainee's A-number; name of staff member who logged the request; date of the request with staff response and action; date returned to the detainee; and additional comments. The logbook did not contain each detainee's nationality as required by the standard (**Deficiency SDC-4**).

SCDC staff tests telephone phones in the housing units on a weekly basis. However, ERO staff does not complete and document serviceability tests or complete the Facility Liaison Visit

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<sup>17</sup> Priority Component

<sup>18</sup> Priority Component

<sup>19</sup> Priority Component

Checklist on a weekly basis (**Deficiency SDC-5**). The “DHS OIG Hotline” posters were observed posted in every housing unit and in appropriate common areas.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SDC-1**

In accordance with the ICE 2008 PBNDS, Staff-Detainee Communication, section (V)(A)(2)(b), the FOD must ensure “The facility administrator or Supervisory Detention and Deportation Officer (SDDO) shall develop written schedules of weekly visits and ensure they are posted in detainee living and other appropriate areas. Each facility shall have specific procedures for documenting each visit.”

### **DEFICIENCY SDC-2**

In accordance with the ICE 2008 PBNDS, Staff-Detainee Communication, section (V)(A)(1), the FOD must ensure “each field office shall have policy and procedures to ensure and document that the ICE/DRO assigned supervisory staff conduct frequent unannounced, unscheduled visits to the SPC, CDF, and IGSA facility’s living and activity areas to informally observe living and working conditions and encourage informal communication among staff and detainees.”

### **DEFICIENCY SDC-3**

In accordance with the ICE 2008 PBNDS, Staff-Detainee Communication, section (V)(B), the FOD must ensure “The facility shall provide a secure drop box for ICE detainees to correspond directly with ICE management. Only ICE personnel shall have access to the drop box.”

### **DEFICIENCY SDC-4**

In accordance with the ICE 2008 PBNDS, Staff-Detainee Communication, section (V)(B)(2), the FOD must ensure “All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record:

- Date of receipt;
- Detainee’s name;
- Detainee’s A-number;
- Detainee’s nationality;
- Name of the staff member who logged the request;
- Date the request, with staff response and action, was returned to the detainee; and
- Any other pertinent site-specific information.

In IGSA’s, the date the request was forwarded to ICE/DRO and the date it was returned shall also be recorded.”

### **DEFICIENCY SDC-5**

In accordance with the ICE 2008 PBNDS, Staff-Detainee Communication, section (V)(C), the FOD must ensure “all phones for detainee use are tested at least weekly. To verify the serviceability of all telephones in detainee housing units, ICE/DRO staff shall:

- Make random calls to pre-programmed numbers for attorney and consulate services,
- Interview a sampling of detainees regarding telephone services, and
- Review written detainee complaints regarding telephone services.
- Check that TTY or other reasonable accommodation (e.g., Federal Relay Service) is working and available for hearing-impaired detainees.

Staff shall report any telephone serviceability problem within 24 hours to the appropriate ICE point of contact.

Staff shall document each serviceability test on a form that has been provided by DRO, and each field office shall maintain those forms, organized by month, for three years. The Detention Standards Compliance Unit shall conduct random audits of field office compliance.”

## **SUICIDE PREVENTION AND INTERVENTION (SP&I)**

ODO reviewed the Suicide Prevention and Intervention standard at SCDC to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with the ICE 2008 PBNDS. ODO inspected the suicide watch cells; interviewed medical, mental health, and training staff; and reviewed suicide prevention policies, training curriculum, and participant training records.

ODO's review of training records for all medical staff and (b)(7) randomly selected correctional officers confirmed annual suicide prevention and intervention training was completed during orientation and annual refresher training. The current curricula were reviewed and found to include identification of risk and precipitating factors, recognition of suicidal behavior, referrals, response to suicide attempts, observation procedures, and follow-up reporting and documentation.

According to the HSA and the chronic care coordinator, two detainees have been placed on suicide watch in the past year. ODO confirmed a mental health professional evaluated the detainees at least once daily, and a mental health professional authorized removal from suicide watch status following a suicide risk assessment.

There are four cells in the medical observation area of the clinic used for suicide watch. Inspection found two of the cells are not within view of the officer's desk and are not under video camera surveillance; therefore, constant one-on-one observation cannot be achieved (**Deficiency SP&I-1**).<sup>20</sup> In addition, ODO was informed suicide-resistant clothing is unavailable at the facility (**Deficiency SP&I-2**), and that due to limited space, a detainee placed on suicide watch may be placed in a cell with a detainee on another observation status. Prior to completion of the inspection, approved suicide-resistant garments were ordered and procedures were instituted to ensure detainees on suicide watch are not housed in cells with detainees in standard-issue clothing. The new procedures also require constant one-on-one observation by correctional officers.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SP&I-1**

In accordance with the ICE PBNDS, Suicide Prevention and Intervention, section (V)(F), the FOD must ensure, "Suicidal detainees will be monitored by assigned security officers who maintain constant one-to-one visual observation, 24 hours a day, until the detainee is released from suicide watch."

### **DEFICIENCY SP&I-2**

In accordance with the ICE PBNDS, Suicide Prevention and Intervention, section (V)(F), the FOD must ensure "When standard-issue clothing presents a security or medical risk, the detainee is to be provided an alternative garment that promotes detainee and staff safety, while preventing the humiliation and degradation of the detainee."

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<sup>20</sup> Priority Component

## **TELEPHONE ACCESS (TA)**

ODO reviewed Telephone Access standard at the SCDC to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with ICE 2008 PBNDS. ODO interviewed facility staff and detainees; reviewed policy, procedures, and the detainee handbook; and conducted functionality tests on the telephones located in detainee housing units.

ODO verified detainees have reasonable and equitable access to telephones at SCDC. The telephone availability ratio per detainee was found to be within compliance of the 2008 PBNDS. In each housing unit there is an average of 10 detainees per phone. Four blue phones are used for personal calls, which are monitored, and one black phone is used for legal calls, which are not monitored. Procedures for obtaining an unmonitored call to a court or a legal representative were printed in the detainee handbook. The facility also has a TTY device available for deaf or hearing-impaired detainees.

ODO confirmed that listings for pro bono services, the DHS OIG, consulates, and embassies were posted above the phones in each housing unit in both English and Spanish. ODO performed a check of random pro bono numbers and found them all to be working properly. Notifications that calls are subject to monitoring were also posted in English and Spanish on the wall next to each telephone. Telephone access rules are printed in the detainee handbook and were observed in the immediate vicinity of each designated telephone location. SCDC limits all phone calls to 20 minutes.

ODO conducted functional checks of telephones in detainee housing units and all were found to be in good working order. Facility staff reported they inspect the telephones daily and ERO staff reported they inspect the telephones once weekly. ODO was unable to confirm these practices due to the unavailability of telephone serviceability records. ODO found ERO does not provide SCDC with the proper forms to record the telephones serviceability issues (**Deficiency TA-1**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY TA-1**

In accordance with the ICE 2008 PBNDS, Telephone Access, section (V)(4)(B), “The FOD shall document each serviceability test on a form that has been provided by ERO, and each field office shall maintain those forms, organized by month, for three years. The form will record, at a minimum, any problems or irregularities detected in the system and the action taken to remedy those issues.”