



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Baltimore Field Office

Worcester County Jail
Snow Hill, MD

July 13-16, 2020

**COMPLIANCE INSPECTION
of the
WORCESTER COUNTY JAIL
Snow Hill, MD**

TABLE OF CONTENTS

| | |
|--|-----------|
| FACILITY OVERVIEW | 4 |
| COMPLIANCE INSPECTION PROCESS | 5 |
| FINDINGS NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES | 6 |
| DETAINEE RELATIONS | 7 |
| COMPLIANCE INSPECTION FINDINGS | 9 |
| SAFETY | 9 |
| Environmental Health and Safety | 9 |
| SECURITY | 9 |
| Admission and Release | 9 |
| Custody Classification System | 9 |
| Funds and Personal Property | 9 |
| Use of Force and Restraints | 9 |
| Sexual Abuse and Assault Prevention and Intervention | 10 |
| CARE | 10 |
| Medical Care | 10 |
| Disability Identification, Assessment, and Accommodation | 10 |
| ACTIVITIES | 11 |
| Visitation | 11 |
| CONCLUSION | 11 |

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Worcester County Jail (WCJ) in Snow Hill, Maryland, from July 13 to 16, 2020.¹ The facility opened in 1982 and is owned and operated by the County of Worcester. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SDC in 1999 under the oversight of ERO's Field Office Director (FOD) in Baltimore (ERO Baltimore). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned Deportation Officers and a Detention Services Manager to the facility. An WCJ warden handles daily facility operations and is supported by █████ personnel. Facility staff provides food services and commissary services at the facility. Wellpath provides medical care at the facility.

| Capacity and Population Statistics | Quantity |
|--|----------|
| ICE Detainee Bed Capacity ² | 200 |
| Average ICE Detainee Population ³ | 98 |
| Male Detainee Population (as of July 13, 2020) | 22 |
| Female Detainee Population (as of July 13, 2020) | 2 |

During its last inspection, in Fiscal Year (FY) 2019 of 17 NDS 2000 standards and one PBNDS 2011 standard, ODO found 17 deficiencies in the following areas: Access to Legal Material (1), Admissions and Release (5), Telephone Access (3), Visitation (3), Environmental health and Safety (1), Use of Force (1), Medical Care (2), and Suicide Prevention and Intervention (1).

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

² Data Source: ERO Facility List Report as of July 6, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

| NDS 2019 Standards Inspected ⁵ | Deficiencies |
|---|--------------|
| Part 1 – Safety | |
| Environmental Health and Safety | 1 |
| Sub-Total | 1 |
| Part 2 – Security | |
| Admission and Release | 2 |
| Custody Classification System | 1 |
| Funds and Personal Property | 1 |
| Use of Force and Restraints | 1 |
| Special Management Units | 0 |
| Staff-Detainee Communication | 0 |
| Sexual Abuse and Assault Prevention and Intervention | 1 |
| Sub-Total | 6 |
| Part 4 – Care | |
| Food Service | 0 |
| Medical Care | 1 |
| Significant Self-harm and Suicide Prevention and Intervention | 0 |
| Disability Identification, Assessment, and Accommodation | 1 |
| Sub-Total | 2 |
| Part 5 – Activities | |
| Recreation | 0 |
| Religious Practices | 0 |
| Telephone Access | 0 |
| Visitation | 1 |
| Sub-Total | 1 |
| Part 6 – Justice | |
| Grievance Systems | 0 |
| Law Libraries and Legal Material | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 10 |

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

DETAINEE RELATIONS

ODO interviewed three detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, or mistreatment. However, one detainee alleged sexual abuse during the interview, which ODO immediately referred the detainee to both ERO and facility staff for follow-up. The incident was immediately investigated by facility staff and determined unfounded.

The facility had a total of [REDACTED] detainees. The team lead requested 12 detainee interviews as required for the inspection. Of the 12 detainees that were scheduled to be interviewed, three detainees were no longer at the facility, six detainees declined to be interviewed at the scheduled time, and only three detainees agreed to be interviewed. Additionally, the team lead requested the ICE/ERO Baltimore staff ask the remaining detainees if they wanted to be interviewed; however, the remaining detainees declined.

Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Access to Legal Materials: One detainee complained he was denied multiple requests to use the law library and his requests were also being ignored by the facility staff.

- Action Taken: ODO interviewed the facility librarian and reviewed the facility's law library logs and found the detainee was permitted to use the law library on March 14, 2020, March 25, 2020, April 17, 2020, April 27, 2020, and June 5, 2020, per his request. ODO did not find any documents for refusal of access to the facility's law library.

Medical Care: One detainee complained he is suffering from chronic headaches and medical staff provided Tylenol, which the detainee stated was not adequate. The detainee also complained about not receiving a response to a request for a hernia operation.

- Action Taken: ODO interviewed the medical staff and reviewed the detainee's medical record and found the detainee made multiple requests for Tylenol and each request was approved by facility medical staff and Tylenol was prescribed to the detainee. The detainee was prescribed 650mg of Tylenol twice a day and the medical record showed the detainee took the prescribed Tylenol as needed only 50% to 60% of the time. The medical record also showed the health provider completed a referral on July 13, 2020, for an elective hernia surgery that is currently awaiting approval by an outside medical service provider.

Medical Care: One detainee complained about a problem with her hand. She was supposed to have surgery in October 2019, but had not received a response from the doctor.

- Action Taken: The detainee arrived at WCJ on August 13, 2019, which her medical screening and medical intake forms were completed by a nurse on the following day. The patient denied any health history or health concerns at the time of her medical screening. The detainee was seen by a provider for her initial physical exam on August 20, 2019, where the provider noticed and documented the detainee had "multiple soft nodules" to the left hand. On March 12, 2020, the detainee reported to the medical staff for the first time that she was having swelling and pain to her left hand and fingers. The nurse evaluated the detainee and provided her with appropriate treatment. The detainee was seen again on March 14, 2020, for complaints of continued swelling and throbbing finger pain on her left hand, which the detainee was provided ice packs and the appropriate analgesics. The detainee was seen by the provider on March 16, 2020, to create the best treatment plan for a possibility for surgery. The detainee was scheduled for surgery on March 20, 2020. On April 9, 2020, the facility's medical staff was informed the detainee would not be seen by a provider off-site due to the current and active COVID-19 pandemic, nor would the provider see detainees until further notice. The detainee continues to be monitored by the medical staff and provided with appropriate medication. A second request with an outside provider had been submitted on June 22, 2020, and was awaiting approval by the outside provider.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO found the facility's Toxic, Caustic and Flammable Materials policy did not address proper chemical labeling (**Deficiency EH&S -1⁶**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee files and found one out of 12 files did not have the signature of the authorizing official on Form I-203, Orders to Release or Detain (**Deficiency A&R-1⁷**).

ODO reviewed four detainee files who were released and found two out of the four released detainee files did not have a Form I-203, Order to Release or Detain form (**Deficiency A&R-2⁸**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO found the facility did not have a system that readily identified a detainee's classification level (**Deficiency CCS-1⁹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO found the facility did not have a procedure for obtaining a forwarding address from detainees who had personal property stored at the facility (**Deficiency F&PP-1¹⁰**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO found the facility did not have written procedures that govern mandatory after-action review for UOF incidents and for the application of restraints (**Deficiency UOF&R¹¹**).

⁶ "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁷ "Official documentation from ICE/ERO (e.g. Form I-203, I-203a, or I-216) shall accompany each newly arriving detainee." *See* ICE NDS 2019, Standard, Admission and Release, Section (II)(F).

⁸ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files..." *See* ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

⁹ "Each facility shall establish a system that readily identifies a detainee's classification level, for example, color-coded uniforms." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(6).

¹⁰ "Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(1).

¹¹ "Each facility must have written procedures to govern mandatory after-action review for use-of-force incidents and

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO found the facility's written SAAPI policy and procedures had not been approved by the FOD nor had the facility posted SAAPI protocols on the facility's website, or otherwise made the SAAPI protocols available to the public (**Deficiency SAAPI-1**¹²).

CARE

MEDICAL CARE (MC)

ODO reviewed 28 medical staff files and found two staff members did not receive the comprehensive suicide training during their orientation process (**Deficiency MC-1**¹³).

ODO reviewed the facility detainee handbook and found the following statement on page 17, "Inmates/detainees in need of medical treatment with outside medical providers will submit a medical request form for review and approval by the warden and/or Department of Immigration Health Services." This interpretation may lead the reader to believe the warden approved or disapproved medical care. When in actuality, the detainee submits the request to the medical staff and the request is reviewed by the registered nurse, who is the health services administrator, and is approved or disapproved by the clinical director. ODO noted this as an **Area of Concern**.

The facility utilized the corrections electronic medical records (CorEMR) for all detainees. CorEMR provides a full patient history, critical account recovery summary for easy and accurate retrieval of medical history information, patient care, and preventive care. ODO noted this as a **Best Practice** for preventing omission of care and enhancing objective compliance.

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO found the facility's orientation program did not notify nor inform detainees about the facility's disability accommodations policy and the facility had not posted other documents for detainee awareness in the detainee living areas and in the medical unit (**Deficiency DIA&A-1**¹⁴).

for the application of restraints." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K).

¹² "The facility's written policy and procedures must be reviewed and approved by ICE/ERO. The facility administrator shall ensure that, within 90 days of the adoption of this detention standard, written policy and procedures are in place and that the facility is in full compliance with its requirements and guidelines. The facility must meet all other requirements in this standard which do not require written policy or procedure on the date the standard is adopted. Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocols available to the public." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (II)(A)(7).

¹³ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

¹⁴ "The facility orientation program shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by ICE/ERO." See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(I).

ACTIVITIES

VISITATION (V)

ODO found the facility did not have a written procedure in place allowing legal service providers and legal assistants to call the facility in advance of a visit to determine whether a particular individual was detained in the facility (**Deficiency V-1¹⁵**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with nine of those standards. ODO found 10 deficiencies in the remaining nine standards. ODO also noted one best practice in the Medical Care standard. ODO commends facility staff for their responsiveness during this inspection.

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

| Compliance Inspection Results Compared | FY 2019 NDS 2000 | FY 2020 NDS 2019 |
|---|-----------------------------|-----------------------------|
| Standards Reviewed | 18 | 18 |
| Deficient Standards | 8 | 9 |
| Overall Number of Deficiencies | 17 | 10 |
| Repeat Deficiencies | 4 | 0 |
| Corrective Actions | 2 | 0 |

¹⁵ "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(6).