



**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  
Atlanta Field Office  
Atlanta City Detention Center  
Atlanta, Georgia

March 27 - 29, 2012

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**COMPLIANCE INSPECTION  
ATLANTA CITY DETENTION CENTER  
ATLANTA FIELD OFFICE**

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## EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Atlanta City Detention Center (ACDC) in Atlanta, Georgia, from March 27-29, 2012. ACDC is owned and operated by the City of Atlanta. The facility opened in November 1995. In 2001, ACDC was remodeled and 300 beds were added. ACDC is contracted to house Federal prisoners under an Intergovernmental Service Agreement (IGSA) with the U.S. Marshals Service. U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO), uses ACDC to house male and female detainees of all security classification levels (Level I – lowest threat; Level II – medium threat; Level III – highest threat) for periods in excess of 72 hours. ACDC currently reserves two housing units to accommodate males and two housing units to accommodate females. The average daily detainee population is 61. The average length of stay for ICE detainees at the facility is 24 days. ACDC has a total bed capacity of 1,314, with 250 beds available for ICE detainees. At the time of the inspection, ACDC housed a total of 105 detainees, including 100 males (19 Level I; 59 Level II; 22 Level III), and five female detainees (three Level I; two Level II). ACDC provides medical care, which includes a contracted physician. Trinity Service Group provides food service. In March 2010, ACDC received accreditation from the American Correctional Association (ACA).

The ICE, ERO, Field Office Director in Atlanta, Georgia (FOD/Atlanta) is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). An Assistant Field Office Director (AFOD) located at the FOD/Atlanta has direct oversight of ACDC. ICE does not have staff permanently located on-site at ACDC; however, the FOD/Atlanta is located two city blocks away from ACDC. A Supervisory Detention and Deportation Officer (SDDO), and a Deportation Officer (DO) from the FOD/Atlanta conduct scheduled and unscheduled detainee liaison visits at the facility to address case management and detention issues. These visits are documented in housing unit logbooks and on a Facility Liaison Visit Checklist to verify proper oversight by the FOD/Atlanta. ODO confirmed detainee requests and concerns are addressed in a timely manner. There is no Detention Service Manager (DSM) assigned to ACDC.

ACDC is managed by a Corrections Chief, a Corrections Assistant Chief, [REDACTED] Majors, [REDACTED] Captains, and [REDACTED] Lieutenants. The total number of non-ICE staff employed at ACDC is [REDACTED]. Currently, there are [REDACTED] vacant correctional officer positions, and [REDACTED] vacant civilian position.

The Detention Facilities Inspection Group (DFIG), predecessor to ODO, conducted a Quality Assurance Review (QAR) at ACDC in November 2008. The DFIG reviewed a total of 22 standards and identified 41 deficiencies.

In August 2010, ODO conducted a Follow-up Inspection at ACDC. ODO found 13 repeated deficiencies in eight NDS.

In June 2011, the ERO Detention Standards Compliance Unit contractor, MGT of America, Inc., conducted an annual review of the ICE NDS at ACDC. The facility received an overall rating of "Acceptable," and was found to be in compliance with all 38 standards reviewed.

During this CI, ODO reviewed a total of 20 NDS. Twelve standards were found to be compliant with the NDS, while 25 deficiencies were found in the following eight standards: Admission and Release (4 deficiencies), Detainee Classification System (1), Detainee Grievance Procedures (5), Detainee Transfer (5), Food Service (5), Suicide Prevention and Intervention (2), Use of Force (2), and Visitation (1). No repeat deficiencies were identified during this inspection.

This report includes descriptions of all the deficiencies and refers to the specific, relevant sections of the ICE NDS. The report will be provided to ERO to assist in the development of corrective actions to resolve the 25 identified deficiencies.

Overall, ODO found ACDC in compliance with the areas and standards inspected. Sixteen of the 25 deficiencies identified were administrative in nature (paperwork, logs, and posters) rather than shortcomings with respect to practices and procedures. However, three deficiencies were significant to the health and well being of ICE detainees. The mental health provider stated she had not trained any of the correctional supervisors in suicide prevention and intervention within the year preceding the inspection. Prior to completion of the inspection, the Deputy Chief of Security submitted a training order requiring all correctional supervisors to receive suicide prevention and intervention training.

ODO confirmed detainees were not provided the opportunity to shower during intake processing before entering their assigned housing units. ACDC management stated a water usage restriction in Atlanta had resulted in the rationing of showers throughout the facility.

ODO verified that ACDC does not offer a common fare program to detainees. Prepackaged and precooked hot entrees certified as kosher are not available for detainees participating in the religious diet program. Instead, religious meals consist of staple foods from supplies used for the main menu. The packages for bread and salad provided on religious diet trays are not labeled "Parve," which confirms compliance with religious dietary laws. Meals for the religious diet program are prepared with the same appliances, equipment, and utensils used for cooking meals for the general population.

The grievance system at ACDC provides for both formal and informal grievances. Facility officials encourage detainees to resolve their grievances at the lowest level possible; however, detainees are free to bypass the informal grievance process and proceed directly to filing a formal grievance. The facility Grievance Officer stated that medical grievances are addressed directly by the facility medical staff. ODO confirmed, from December 26, 2011, to the date of the CI, ACDC officials had adjudicated ten formal grievances. The facility maintains a detailed electronic logbook to track all formal grievances. ODO identified this as a best practice. ODO verified ACDC officials processed all but two of the grievances in compliance with the NDS. The two grievances identified contained allegations of officer misconduct. Facility management reported the two detainee grievances to their Professional Standards Unit, but did not report the allegations to the FOD/Atlanta or the ICE Joint Intake Center (JIC) for further review and investigation. This was cited as a deficiency and facility management was advised to immediately begin reporting all allegations of officer misconduct through the proper channels at ICE. ODO reported the two misconduct allegations to the JIC and advised facility management

to immediately implement a procedure for proper reporting of officer misconduct allegations to ICE. ODO review of the grievance appeals process confirmed compliance with the NDS.

ODO confirmed, from January 27, 2012, to the date of the CI, ACDC had adjudicated 555 informal grievances. ODO found 252 (45%) of the 555 adjudicated informal grievances did not have the dates of resolution provided in the logbook. ODO randomly selected 20 of the 252 informal grievances and reviewed the corresponding grievance cases. All 20 grievances were resolved within 72 hours, which is in compliance with the NDS.

The disciplinary system at ACDC includes graduated severity scales of prohibited acts and disciplinary consequences, and procedures for appealing findings of guilt. ACDC has a process to adjudicate low-level infractions through the use of informal resolution, which includes verbal warnings or written reprimands. Officers may place detainees on time-out restriction within their assigned cell for up to eight hours. Time-out cell restrictions are cleared through the appropriate floor supervisor and documented in the unit logbook. ODO reviewed the disciplinary files of three ICE detainees who were determined to be in violation of facility rules by the Disciplinary Hearing Board at ACDC. The Disciplinary Hearing Board consists of two security officer supervisors. The disciplinary files reviewed by ODO contained all appropriate due process notifications in accordance with the standard. The Disciplinary Hearing Officer maintains a list of all disciplinary hearings dating back to 2006. The list separates prisoners by custody status (ICE detainee, local inmate, etc.), expediting the review of ICE detainee disciplinary cases.

ODO found the medical care at ACDC to be well managed. ACDC has a full service medical unit to address detainee health care. The clinic is sufficiently staffed to meet detainee health needs. ODO verified intake screenings, physical examinations, medications, treatments for special and chronic needs, and follow-up care are provided in accordance with the standard. Detainee sick call requests are reviewed and triaged in a timely manner. ODO also verified medical transfer summaries were included in all 30 of the detainee transfer records reviewed during the CI. The Director of Nursing stated there have been no hunger strikes at the facility during the year preceding the inspection. ACDC policies address all components of the Medical Care standard, and all personnel have received the required training.

ODO confirmed ICE detainees have access to television, outdoor recreation, mail, and commissary privileges. ACDC offers religious services, and vocational and educational programs. Detainees have access to the law library and legal materials Monday through Friday from 9:00 am to 2:30 pm. The library operating schedule is posted in each housing unit, and the latest version of LexisNexis software is on law library computers. Notary public services and certified mail are available to all detainees.

Public visitation is available Wednesdays and Sundays according to the first letter of the last name of each detainee. A visitation sign-up sheet is posted in all housing units on Tuesdays and Saturdays. Detainees are required to place the name of each prospective visitor on the sign-up sheet in an available time slot. Detainees are responsible for notifying their visitors of the reserved time. Visits are limited to 20 minutes. Separate logs are maintained for general visitors and legal representatives, supplemented by an automated system offering efficient recording and retrieval of visitor information. ODO identifies this as a best practice.

## INSPECTION PROCESS

ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE Performance Based National Detention Standards (PBNDS), as applicable. The NDS apply to ACDC. In addition, ODO may focus its inspection based on detention management information provided by ERO HQ and ERO field offices, and to issues of high priority or interest to ICE executive management. Inspection objectives are to evaluate the welfare, safety, and living conditions of detainees.

ODO reviewed the processes employed at ACDC to determine compliance with current policies and detention standards. Prior to and during the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to best prepare for the site visit at ACDC.

## REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR Office of Detention Oversight.

## INSPECTION TEAM MEMBERS

	Management and Program Analyst (Team Leader)	ODO, Headquarters
	Detention and Deportation Officer	ODO, Headquarters
	Detention and Deportation Officer	ODO, Headquarters
	Contract Inspector	Creative Correction

## **OPERATIONAL ENVIRONMENT**

### **INTERNAL RELATIONS**

ODO interviewed supervisory ICE and ACDC staff, to include the Corrections Chief, Corrections Assistant Chief, the FOD, and the AFOD. ODO also interviewed other ICE and ACDC personnel, including an SDDO, a DO, and an ACDC Correctional Officer (CO). All ERO and ACDC staff was cooperative and provided assistance throughout the inspection process.

ICE management stated they have the resources necessary to carry out their duties and responsibilities. Both ACDC and ICE staff stated morale among ACDC and ICE staff is high, and the working relationship is mutually beneficial.

### **DETAINEE RELATIONS**

ODO interviewed 12 (seven males and five females) randomly-selected detainees. All detainees stated they were issued a detainee handbook, blankets, and hygiene supplies upon arrival; however, they were only allowed to shower after they were assigned and placed in a housing unit. A DO visits detainees in the ACDC housing units two times a week to address detainee concerns and to respond to detainee written requests within 72 hours via in-house mail. Schedules for these visits are posted conspicuously in the housing areas. All twelve (100%) of the detainees interviewed reported they have contact with facility staff and all knew the name of their DO.

One detainee stated he was mistreated by an ACDC officer. ODO reviewed the detainee's detention file and interviewed facility staff. No information was obtained during interviews or examination of the detention file to substantiate the allegation.

During interviews, three detainees (25%) stated the food was unappetizing; nine (75%) stated it was bland. An ODO inspector observed lunch preparation and then sampled the food. The ODO inspector stated there was nothing unusual regarding the food preparation, and though the food may have lacked flavor, it was of good quality. Three detainees (25%) stated they had submitted requests to the DO in March 2012 for special common-fare and vegetarian diets; however, no documentation could be found to substantiate their claims. ODO directed the detainees to page 24 of the ACDC detainee handbook, which requires the detainee to submit a request to the Chaplain stating the reason(s) for a religious diet. ODO confirmed food service provides special meals to detainees whose requests are approved and authorized; however, religious diet foods are currently prepared on equipment used for making meals for the general population. All detainees (100%) stated medical care at ACDC was of good quality.

## ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 20 NDS and found ACDC fully compliant with the following 12 standards:

- Access to Legal Material
- Detainee Handbook
- Disciplinary Policy
- Environmental Health and Safety
- Hold Rooms in Detention Facilities
- Medical Care
- Recreation
- Religious Practices
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Telephone Access
- Terminal Illness, Advance Directives and Death

As these 12 standards were compliant at the time of the review, a synopsis for these areas was not prepared for this report.

ODO found deficiencies in the following eight standards:

- Admission and Release
- Detainee Classification System
- Detainee Grievance Procedures
- Detainee Transfer
- Food Service
- Suicide Prevention and Intervention
- Use of Force
- Visitation

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

## ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release NDS at ACDC to determine if procedures are in place to protect the health, safety, security and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO reviewed policies, procedures, and detention files, observed admission and intake procedures, and interviewed staff and detainees.

ACDC intake and release processing officers complete questionnaires and screening interviews for each detainee upon arrival. Detailed medical screenings are conducted by the medical care unit. Copies of both the national and local detainee handbooks are provided in English and Spanish. Interpreter services are available for translation. ACDC does not use an orientation video as part of the intake process (**Deficiency AR-1**). The Admission and Release NDS requires the facility orientation process be supported by a video to provide information about facility programs and services. ODO recommends ERO and ACDC staff engage in a collaborative effort to produce a site-specific orientation video detailing information about the facility.

During interviews with staff and detainees, ODO confirmed detainees are not provided an opportunity to shower during intake processing (**Deficiency AR-2**). The NDS requires facilities to maintain a standard of personal hygiene that prevents the spread of communicable diseases and other unhealthy conditions within detainee housing units. Every detainee must shower before entering his or her assigned unit. Lack of shower access during intake processing was discussed during the review and at the closeout briefing. ACDC management stated a water use restriction in Atlanta had resulted in the rationing of showers throughout the facility. ODO advised that the water restriction should not preclude detainees from showering during intake processing.

The NDS requires that detainee identity documents be inventoried and provided to ICE. ODO reviewed the ACDC admission policy and interviewed intake processing officers to determine whether the procedures for handling identity documents are followed. ACDC staff stated detainee personal property is not maintained at ACDC, and property found during intake processing is not accepted for storage. Detainee property is maintained at the FOD/Atlanta. ODO verified ACDC has no procedure in place to inventory identity documents, such as passports or birth certificates, encountered during intake processing (**Deficiency AR-3**).

A review of 17 active detention files confirmed not all of the required forms and documents associated or generated during the admission process are maintained in those files. ERO staff stated that required documents for intake processing and classification do not accompany detainees to ACDC. In some cases, Form I-216 (Record of Persons and Property Transferred) is provided to ACDC rather than Form I-203 (Order to Detain or Release Alien). ODO verified that copies of Form I-203 are maintained in separate classification folders (**Deficiency AR-4**). ODO recommends ERO complete the proper forms required for commitment of detainees, and collaborate with ACDC staff to ensure forms generated during intake processing and custody are maintained in each detention file. Proper handling of a correctly executed Form I-203 is critical to the detention process, because Form I-203 is the document that authorizes detention within a designated facility.

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

### **DEFICIENCY AR-1**

In accordance with the ICE NDS, Admission and Release, section (III)(A)(1), the FOD must ensure the orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable [sic] and the associated sanctions (see the "Disciplinary Policy" Standard).

### **DEFICIENCY AR-2**

In accordance with the Change Notice Admission and Release – National Detention Standard Strip Strip-Search Policy, dated October 15, 2007, the FOD must ensure, effective immediately, all facilities housing Immigration and Customs Enforcement (ICE) detainees shall permit detainees to change clothing and shower in a private room without being visually observed by a staff member, unless there is reasonable suspicion that the individual possesses contraband. A staff member of the same gender will be present immediately outside the room when the detainee changes and showers, with the door opened to hear what transpires inside. This includes Service Processing Center (SPCs), Contract Detention Facilities (CDFs) and those locations having Intergovernmental Service Agreements (IGSAs) with ICE.

### **DEFICIENCY AR-3**

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

### **DEFICIENCY AR-4**

In accordance with the ICE NDS, Admission and Release, section (III)(H), the FOD must ensure an order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee. IGSA facilities shall forward the detainee's A-file or temporary work file to the INS office with jurisdiction. Staff shall prepare specific documents in conjunction with each new arrival to facilitate timely processing, classification, medical screening, accounting of personal effects, and reporting of statistical data.

## **DETAINEE CLASSIFICATION SYSTEM (DCS)**

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

ACDC staff stated that (b)(7)(e) officers are assigned classification duties, and the (b)(7)(e) officers have received both formal and on-the-job training. ICE classifies all detainees prior to their arrival at ACDC, and the facility adheres to the previously assigned classification levels when determining detainee housing unit assignments. ICE detainees are placed in housing units with detainees having comparable criminal records and disciplinary histories. A color-coded uniform and wristband system is used to visually identify each classification level.

ODO reviewed 15 randomly-selected detention files and found Form I-203 or I-203a (Order to Detain or Release), Form I-213 (Record of Deportable/Inadmissible Alien), and both initial and re-assessment worksheets were not contained in any of the 15 files (**Deficiency DCS-1**). ODO found copies of these forms in separate classification folders. ODO recommends ERO collaborate with ACDC staff to ensure forms generated during intake processing and custody are maintained in each detention file.

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

### **DEFICIENCY DCS-1**

In accordance with the ICE NDS, Detainee Classification System, section (III)(B), the FOD must ensure the officer [assigned to intake/processing] will place all original paperwork relating to the detainee's assessment and classification in his/her A-file (right side), with a copy placed in the detention file.

## DETAINEE GRIEVANCE PROCEDURES (DGP)

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

ACDC has an informal grievance system in place allowing detainees to have grievances addressed at the lowest level possible in the most efficient and timely manner. A designated Informal Grievance Officer is responsible for addressing all informal detainee complaints. Detainee grievance forms are located inside each housing unit. Detainees can also request a form from the Corrections Officer assigned to each housing unit. Although it is not required by the 2000 NDS, facility management requires detainees to file an inmate grievance form for all informal grievances. The Informal Grievance Officer is responsible for the collection of grievance forms. Detainees who have submitted grievance forms have the opportunity to discuss grievances with the Informal Grievance Officer. Interpretive services are available when necessary. Detainees are able to bypass or terminate the informal grievance system and proceed directly to the formal grievance process at any time.

The facility maintains an electronic informal grievance logbook that has four columns: (1) full name of the detainee, (2) complaint or oral grievance, (3) date received by ACDC, and (4) date of resolution. Some dates within the logbook were missing, and it could not be determined when certain informal grievances were resolved. The logbook did not confirm all grievance outcomes, such as whether the grievance was resolved, not resolved, withdrawn, or appealed. Some resolutions were provided in the complaint or oral grievance column, but not all grievances had resolutions listed. A report of the results is not placed in the detention file after an informal grievance is heard by the IGO (**Deficiency DGP-1**).

ODO reviewed the ACDC detainee handbook and facility written policy pertaining to detainee grievance procedures. ODO confirmed ACDC does not have procedures for identifying and handling emergency grievances (**Deficiency DGP-2**). ODO recommends the facility implement policy and procedures for identifying and handling an emergency grievance. Written procedures ensure facility personnel and detainees are aware of the steps necessary to quickly respond and resolve an emergency grievance. An emergency grievance relates to an immediate threat to an ICE detainee's safety or welfare. Once the receiving facility staff is approached by a detainee and determines that he/she is in fact raising an issue requiring urgent attention, emergency grievance procedures will apply.

The facility has a procedure in place allowing detainees to submit formal, written grievances. The facility maintains a secure grievance box in every housing area where detainees can deposit completed grievance forms. There are procedures in place to address illiteracy, disability, or non-English speakers who wish to file a formal grievance. Assistance is available from ACDC correction officers. The facility maintains a detailed electronic logbook to track all formal grievances. ODO identifies this as a best practice. The Formal Grievance Officer stated the

facility does not maintain copies of completed formal grievances or appeals in detention files for the three year minimum required by the NDS (**Deficiency DGP-3**).

ODO reviewed ten completed formal grievances from the three months preceding the inspection and found two grievances contained allegations of officer misconduct. ODO verified the two identified allegations of officer misconduct had been forwarded to the ACDC Professional Standards Unit; however, ACDC management had not reported the allegations to ERO or the JIC for further review and investigation (**Deficiency DGP-4**). ODO reported the two misconduct allegations to the JIC and advised facility management to immediately implement a procedure for proper reporting of officer misconduct allegations to ICE. ODO also recommended ERO review all facility grievance logs to identify and report all grievances alleging officer misconduct to the JIC.

The facility has a procedure in place to appeal a formal grievance to the next level of authority if a detainee does not agree with an initial decision. According to the local detainee handbook, appeals are heard by the Facility Commander or a designee. Of the ten completed formal grievances reviewed by ODO, one had been appealed to the Facility Commander, and the appeal procedures had functioned according to ACDC policy. However, the facility detainee handbook does not provide the procedures for detainees to appeal facility grievance decisions to ICE management (**Deficiency DGP-5**).

Facility policy and the detainee handbook notify detainees that facility staff will not harass, discipline, punish, or otherwise retaliate against any detainee filing a grievance. The notice also informs detainees of the consequences of establishing a pattern of filing nuisance complaints or otherwise abusing the grievance system.

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

### **DEFICIENCY DGP-1**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(A)(1), the FOD must ensure, if an oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome, however the staff member will document the results for the record and place his/her report in the detainee's detention file.

### **DEFICIENCY DGP-2**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(B), the FOD must ensure each facility shall implement procedures for identifying and handling an emergency grievance. An emergency grievance involves an immediate threat to a detainee's safety or welfare. Once the receiving staff member approached by a detainee determines that he/she is in fact raising an issue requiring urgent attention, emergency grievance procedures will apply.

### **DEFICIENCY DGP-3**

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

detainee leaves [ICE] custody.

**DEFICIENCY DGP-4**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(F), the FOD must ensure staff must forward all detainee grievances containing allegations of officer misconduct to a supervisor or higher-level official in the chain of command. CDFs and IGSA facilities must forward detainee grievances alleging officer misconduct to [ICE]. [ICE] will investigate every allegation of officer misconduct.

**DEFICIENCY DGP-5**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(G)(4), the FOD must ensure the facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following:

4. The procedures for contacting the [ICE] to appeal the decision of the OIC of a CDF or an IGSA facility.

## DETAINEE TRANSFER (DT)

ODO reviewed the Detainee Transfer NDS at ACDC to determine if the Detainee Transfer NDS procedures and notification requirements are followed when ERO transfers a detainee. ODO also reviewed ICE Policy 11022.1, Detainee Transfers, to determine if ERO staff makes all notifications and provides all documents required by the policy. ODO reviewed procedures, detention files, and interviewed ICE and facility staff.

According to ERO staff, transfers are made within the FOD/Atlanta area of responsibility (AOR), and mainly between ACDC and the Irwin County Detention Center. Transfers are for operational purposes and are not retaliatory against detainees. Although there are no transfers of detainees outside of the FOD/Atlanta AOR, copies of ICE Policy 11022.1 were provided to ERO staff. ODO verified the medical transfer summary sheets (USM 553) are completed properly and accompany detainees during transfer.

According to ERO staff, ICE is responsible for initiating and processing detainee transfers. If an attorney-client relationship has been established, a Form G-28 (Notice of Appearance as Attorney or Accredited Representative) is retained in the A-file; ERO is required to communicate with the attorney of record and provide notice of any transfers. ODO found, when legal counsel represents a detainee and the Form G-28 has been filed, ERO does not document whether the attorney has been notified of the transfer (**Deficiency DT-1**). Notification of the attorney of record is required to be in writing, recorded in the detainee's A-File, and documented in ENFORCE. ODO discussed the significance of proper notification with ERO staff. Proper notification allows the attorney of record to maintain contact with a client during immigration proceedings.

ODO interviewed ERO and facility staff regarding transfer notification procedures to determine whether appropriate notifications are provided to detainees based on the prevailing security concerns. ACDC staff stated they are unaware of the notification procedures and the paperwork required for transfers. ERO staff stated detainees are not provided transfer notifications; a review of detention files confirmed copies of notifications are not maintained in each detainee's detention file (**Deficiency DT-2**). The NDS requires each transferring detainee to be notified and served a transfer notification, so long as security requirements permit doing so. Providing, in writing, the name, address, and telephone number of the facility the detainee is being transferred to ensures detainees have essential information about their detention, and allows the detainee to notify family members once the detainee reaches the new facility. In preparation for transfer, the sending field office is required to review detainee records and complete required transfer paperwork. A transfer checklist (checklist) must annotate the processes and procedures to be completed, and the copies of documents required to accompany detainees to the receiving facility. ACDC staff was unaware of the checklist, and ERO staff stated checklists are not placed in the detainee's A-file or corresponding work folder (**Deficiency DT-3**).

ERO is responsible for initiating and preparing the required paperwork and transfer of records. According to ERO staff, transfer paperwork, including Form I-203, and Form I-216, Record of Person and Property Transfer Manifest, are completed and provided to the receiving facility for

transfers within the AOR. However, in some cases, when the A-files are with the immigration court, the documents are not matched up with the A-files. Since there are no corresponding work-folders, the transfer paperwork is not maintained in the corresponding work-folders (**Deficiency DT-4**).

The standard requires a Form G-391, Official Detail, to be completed and furnished to authorize movement/removal of detainees from the holding facility; however, ERO and ACDC staff stated Form G-391s are not used to authorize removal of a detainee (**Deficiency DT-5**). During the review and at the close-out briefing, ODO discussed the importance of having properly executed paperwork. ODO recommends the facility receive training from ERO on the records required for detainees transferred in or out of ACDC.

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

### **DEFICIENCY DT-1**

In accordance with the ICE NDS, Detainee Transfer, section (III)(A)(1), the FOD must ensure, when legal counsel represents a detainee, and a G-28 has been filed, ICE shall notify the detainee's representative of record that the detainee is being transferred from one detention location to another. This notification shall be recorded in the detainee's A-file, if available, or work file and the notification shall be notated in the comments screen in DACS. For security purposes, the attorney shall not be notified of the transfer until the detainee is en route to the new detention location. The notification will include the reason for the transfer and the name, address, and telephone number of the receiving facility. In the interest of safety and security, the notification will not include specific travel details, (e.g., the day of travel, mode of travel, etc). Where special security concerns exist (e.g. the detainee has a serious criminal history) ICE has discretion to delay the notification, but only for a period of time that is justified by security concerns.

### **DEFICIENCY DT-2**

In accordance with the ICE NDS, Detainee Transfer, section (III)(A)(3), the FOD must ensure, for security purposes, specific plans and time schedules shall never be discussed with the detainee involved. The detainee shall not be notified of the transfer until immediately prior to leaving the facility. At that time, the detainee shall be notified that he/she is being moved to a new facility within the United States and not being deported. Reasonable efforts should be made to make this communication in a language the detainee understands. Following transfer notification, the detainee shall normally not be permitted to make or receive any telephone calls or have contact with any detainee in the general population until the detainee reaches the destination facility. In certain cases, the detainee may be housed in Administrative Segregation 24 hours prior to being transferred. (Note: if the detainee is under eighteen years of age, special notification procedures may apply. Please check with the juvenile coordinator for your field office.)

At the time of the transfer, ICE will provide the detainee, in writing, with the name, address and telephone number of the facility he/she is being transferred to. The attached Detainee Transfer Notification Sheet shall be used for this purpose. The detainee will also be instructed that it is

his/her responsibility to notify family members. A copy of the transfer notification sheet will be placed in the detainee's detention file.

**DEFICIENCY DT-3**

In accordance with the ICE NDS, Detainee Transfer, section (III)(D), the FOD must ensure the attached Detainee Transfer Checklist shall be filled out in order to insure that all procedures are completed, and shall be placed in the detainee's A-file or work folder. If any procedure cannot be completed prior to the transfer of the detainee, that transfer will not take place unless the authorized official at the receiving field office has expressly agreed to waive that portion of the procedure. This waiver should be noted on the checklist.

**DEFICIENCY DT-4**

In accordance with the ICE NDS, Detainee Transfer, section (III)(D)(7), the FOD must ensure a properly executed I-203/I-203A, G-391 and I-216 will accompany the transfer. The I-203 will include the detainee's detention category on it. It will further indicate if the detainee has a criminal conviction, a history of violence, is an escape risk or has special medical problems that may require attention during the transfer. The I-203 will be annotated if the detainee is on prescription medication.

The I-203 should also indicate the time of arrival as estimated by the sending field office. The receiving field office may request that copies of the I-203/I-203A be faxed directly from the sending field office to the IGA/IGSA that will be detaining the alien.

**DEFICIENCY DT-5**

In accordance with the ICE NDS, Detainee Transfer, section (III)(D)(8), the FOD must ensure no detainee shall be removed from a facility, including field office detention areas, unless a Form G-391 is furnished, authorizing the movement. The G-391 must be properly signed and shall clearly indicate the name of the detainee(s), the place or places to be escorted, the purpose of the trip and other information necessary to efficiently carry out the detail. IGSA facilities may use a local form as long as the form provides the required information.

All completed G-391's [sic] shall be filed in order (monthly) and the forms for the previous month shall be readily available for review. All G-391's shall be retained for a minimum of 3 years.

## **FOOD SERVICE (FS)**

ODO reviewed the Food Service NDS at ACDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO reviewed policy and documentation, interviewed staff, observed meal service and tray delivery, and inspected food storage and preparation areas.

The facility contracts with Trinity Services Group for management of the food service operation. Documentation of inspections, production sheets, and temperature logs verified compliance with the standard. All menus, including special diet menus, are certified by a registered dietitian. The facility has a satellite system of meal service involving preparation of meals in the central kitchen and delivery on trays to housing units. ODO verified service-time guidelines and temperature requirements were met to ensure food safety.

ODO observed knives secured in the knife cabinet all had plastic handles with metal cables. The cables were not mounted through steel shanks (**Deficiency FS-1**). Plastic handles can be easily broken, allowing unauthorized removal and introduction of knives into the facility, which is a life-safety issue. The knives were immediately removed from service when brought to the attention of the Food Service Administrator.

ACDC does not offer a common fare program in full compliance with the standard. Prepackaged and precooked hot entrees certified as kosher are not available for detainees participating in the religious diet program. Instead, religious meals consist of staple foods from supplies used for the main menu (**Deficiency FS-2**). The packages for bread and salad provided on religious diet trays are not labeled "Parve," which confirms compliance with religious dietary laws (**Deficiency FS-3**). Meals for the religious diet program are prepared with the same appliances, equipment, and utensils used for cooking meals for the general population (**Deficiency FS-4**).

The meat slicer and the meat grinder are not equipped with an anti-restart device (**Deficiency FS-5**). Equipment powered by electricity stops working when power is interrupted. Once power is restored, the equipment restarts automatically, which presents a significant safety hazard to food service workers.

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

### **DEFICIENCY FS-1**

In accordance with the ICE NDS, Food Service, section (III)(B)(2), the FOD must ensure the knife cabinet must be equipped with an approved locking device. The on-duty cook foreman, under the direct supervision of the CS [Cook Supervisor], shall maintain control of the key that locks the device.

Knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision.

To be authorized for use in the food service department, a knife must have a steel shank through which a metal cable can be mounted. The facility's tool control officer is responsible for mounting the cable to the knife through the steel shank.

**DEFICIENCY FS-2**

In accordance with the ICE NDS, Food Service, section (III)(E)(4), the FOD must ensure, to the extent practicable, a hot entree shall be available to accommodate detainees' religious dietary needs, e.g., kosher and/or halal products. Hot entrees shall be offered three times a week and shall be purchased precooked, heated in their sealed containers, and served hot. Other cooking is not permitted in the common-fare program.

**DEFICIENCY FS-3**

In accordance with the ICE NDS, Food Service, section (III)(E)(5), the FOD must ensure, with the exception of fresh fruits and vegetables, the facility's kosher-food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher-certification agency. Any item containing pork or a pork product is prohibited. Only bread and margarine labeled "pareve" or "parve" shall be purchased for the common-fare tray.

**DEFICIENCY FS-4**

In accordance with the ICE NDS, Food Service, section (III)(E)(8), the FOD must ensure common-fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common-fare service only. Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare common-fare foods, and shall be identified accordingly. Meat and dairy food items and the service utensils used with each group shall be stored in areas separate from each other. A separate dishpan shall be provided for cleaning these items, if a separate or three-compartment sink is not available.

**DEFICIENCY FS-5**

In accordance with the ICE NDS, Food Service, section (III)(H)(12)(c)(4), the FOD must ensure machines shall be guarded in compliance with OSHA standards:

4. Meat saws, slicers, and grinders shall be equipped with anti-restart devices.

## SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the Suicide Prevention and Intervention NDS at ACDC 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 NDS. ODO reviewed the Suicide Prevention and Intervention policy and training curriculum, interviewed the Director of Nursing, a mental health provider, and correctional staff, reviewed medical and facility staff training records, and inspected a room used for suicide watch.

The ACDC Suicide Prevention Awareness training curriculum covers the required elements, including recognizing signs of suicidal thinking, facility referral procedures, suicide-prevention techniques, responding to an in-progress suicide attempt, identification of suicide risk factors, and the psychological profile of a suicidal detainee. ODO inspection of training records confirmed all medical staff and (b)(7)e of (b)(7) randomly selected correctional staff had completed training in suicide prevention and intervention; the (b)(7)e files lacking documentation belonged to correctional supervisors. The mental health provider who conducts the training stated she had not provided training to any correctional supervisors during the year preceding the CI. The Training Supervisor stated correctional supervisors had been removed from the mandatory training cycle for line staff (**Deficiency SP&I-1**). Prior to completion of the inspection, the Deputy Chief of Security submitted a training order requiring all correctional supervisors to receive suicide prevention and intervention training. ODO recommends the facility improve its tracking of compliance with training requirements to ensure all personnel are trained on a periodic basis.

ODO verified screening for suicide potential occurs as part of intake screening, and detainees at risk for suicide are referred to medical and mental health staff, housed, and monitored in accordance with the standard. ODO was informed there have been no suicides in the past year; however, there have been seven documented suicide watches within that timeframe. At the time of the inspection, there was one detainee on suicide watch in the Special Management Unit (SMU). This detainee was initially moved to the SMU for monitoring because he was refusing to take his medications. ACDC notified ICE the detainee was placed in the SMU; however, when his status was changed to suicide watch, ICE was not notified (**Deficiency SP&I-2**). The NDS and facility policy require ICE notification when a detainee is determined to be suicidal. Review of the detainee's medical file confirmed that staff followed facility policy and the NDS related to housing requirements and observation of the detainee every 15 minutes.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY SP&I-1

In accordance with the ICE NDS, Suicide Prevention and Intervention, section (III)(A), the FOD must ensure all staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee.

**DEFICIENCY SP&I-2**

In accordance with the ICE NDS, Suicide Prevention and Intervention, section (III)(C), the FOD must ensure, in CDFs or IGSA facilities, the OIC shall report to INS any detainee clinically diagnosed as suicidal or requiring special housing for suicide risk.

## **USE OF FORCE (UOF)**

ODO reviewed the Use of Force NDS at ACDC to determine if necessary use of force is utilized only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff, and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE NDS. ODO interviewed staff and reviewed local policy, training records, and use of force documentation generated during the year preceding the CI.

The various types of force and required authorization are clearly defined in the ACDC Use of Force policy. When a detainee must be forcibly removed from a cell or other area, ACDC policy calls for a calculated use of force employing the team technique. Appropriate protective gear and video-recording equipment are available and accessible. The equipment is maintained in the Special Housing Unit and the Shift Commander's Office.

ODO confirmed there were no immediate force incidents and one incident involving calculated force against a detainee during the year preceding the CI. Events leading up to the calculated force incident were recorded by a fixed security camera system in the housing unit. Review of the video recording confirmed the detainee refused to obey an order to return a broom and dust pan to the utility closet, and instead took the items into his cell. The officer secured the door and called for assistance. A calculated use of force occurred in the form of a cell extraction. ACDC staff had access to the required video camera recording equipment as required by the standard; however, the cell extraction was not recorded as required by the NDS. The fixed camera system did not capture the incident, because it occurred out of camera range. The handheld video camera was not used for unknown reasons (**Deficiency UOF-1**). A video recording of a calculated use of force incident provides critical visual documentation that verifies whether the force used was necessary and appropriate.

Use of force documentation is not centrally maintained by a designated individual (**Deficiency UOF-2**). The use of force cover sheet, detainee statement form, staff witness forms, initial incident report, photographs, investigative findings, and recommendations are maintained by a designated Lieutenant; however, the form documenting completion of a medical assessment is maintained by the Medical Department. After-action evaluation reports are maintained by the Major. Assignment of responsibility for all use of force documentation to one individual provides accountability and assures that records are easily retrievable.

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

### **DEFICIENCY UOF-1**

In accordance with the ICE NDS, Use of Force, section (III)(A)(2)(b), the FOD must ensure INS requires that all incidents of use of force be documented and forwarded to INS for review. The videotaping of all calculated used [sic] of force is required.

### **DEFICIENCY UOF-2**

In accordance with the ICE NDS, Use of Force, section (III)(J)(4), the FOD must ensure all facilities shall have a designated individual to maintain all uses [sic] of force documentation.

## **VISITATION (V)**

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

The facility has written visiting procedures, including a schedule and hours of visitation. Detainees are notified of visitation rules and hours by way of the detainee handbook, and visiting information is available to the public by way of a telephone recording and postings. Separate logs are maintained for general visitors and legal representatives, supplemented by an automated system offering efficient recording and retrieval of visitor information. ODO cites this as best practice. Visitation is non-contact, with the exception of professional visits involving attorneys.

A copy of a completed Form G-28 (Notice of Appearance as Attorney or Accredited Representative) is not forwarded to ICE for inclusion in a detainee's A-file (**Deficiency V-1**). Maintaining a completed Form G-28 in a detainee's file serves to permanently document the legal representation history of each detainee.

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

### **DEFICIENCY V-1**

In accordance with the ICE NDS, Visitation, section (III)(I)(8), the FOD must ensure, once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitors' reception area. Staff shall collect completed forms and forward them to [ICE]. The completed form G-28 will become a permanent part of the detainee's A-file. It will remain valid until [ICE] receives written notice of the relationship's termination from either the detainee or the legal representative. Staff will place these documents in the A-file, on top of the Form G-28.