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Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2023-002-106

Enforcement and Removal Operations
ERO Buffalo Field Office

Buffalo (Batavia) Service Processing Center
Batavia, New York

June 13-15, 2023

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
BUFFALO (BATAVIA) SERVICE PROCESSING CENTER
Batavia, New York

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**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
TEAM MEMBERS**



Team Lead	ODO
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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 an unannounced follow-up compliance inspection of the Buffalo (Batavia) Service Processing Center (BSPC) in Batavia, New York, from June 13 to 15, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of BSPC from December 13 to 15, 2022. The facility opened in 1998 and is owned by ICE and operated by Akima Global Services (AGS). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BSPC in 1998 under the oversight of ERO’s Field Office Director in Buffalo (ERO Buffalo). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] An officer in charge handles daily facility operations and manages [REDACTED] support personnel. AGS provides food services, ICE Health Service Corps provides medical care, and Trinity Services provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2017 and the National Commission on Correctional Health Care in May 2019. In June 2021, BSPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified in February 2022.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of June 13, 2023)	[REDACTED]
Adult Female Population (as of June 13, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found eight deficiencies in the following areas: Admission and Release (1); Custody Classification System (1); Funds and Personal Property (1); Medical Care (3); and Special Management Units (2).

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

² Data Source: ERO Facility List as of June 12, 2023.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.⁴

While unannounced follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	8
Special Management Units	2
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	12
Part 4 - Care	
Food Service	0
Medical Care	4
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	4
Part 5 - Activities	
Correspondence and Other Mail ⁷	2
Telephone Access	0
Visitation	0
Sub-Total	2
Part 6 - Justice	
Detainee Handbook	3
Grievance System	0
Sub-Total	3
Total Deficiencies	21

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁷ ODO found the deficiencies in the Correspondence and Other Mail standard while reviewing the Detainee Handbook standard; however, ODO did not review the Correspondence and Other Mail standard in its entirety.

DETAINEE RELATIONS

ODO interviewed 28 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated facility medical staff have not informed him of a surgery appointment for his broken nose nor provided any care for his back issues.

- Action Taken: ODO interviewed medical staff, reviewed the detainee's medical record with a registered nurse (RN), and found the detainee arrived on May 10, 2023. On May 11, 2023, a nurse practitioner (NP) conducted an initial physical examination, confirmed the detainee's reported lower back pain and allergies, and prescribed Naproxen (500 mg) for back pain and Nasonex (50 mcg) for his nose. On May 15, 2023, an RN examined the detainee for a stuffy nose, back pain, and a sore throat, diagnosed an upper respiratory infection and allergies, and instructed the detainee to gargle with salt water to sooth his sore throat, increase fluid intake, and steam shower to help with congestion. The RN prescribed Chlor-Trimetron (4 mg) for allergies. On the same day, another RN examined the detainee for nasal congestion and prescribed Loratadine (10 mg). ODO confirmed with the facility's medical department that the detainee requested reconstructive surgery for a prior nose injury and an RN informed him medical staff had requested his medical records from his previous facility to review before issuing a referral. The detainee acknowledged understanding.

Medical Care: One detainee stated his prescribed medicine has been ineffective in relieving the pain caused by bumps on his neck.

- Action Taken: ODO interviewed medical staff, conducted a review of the detainee's medical record with an RN, and confirmed the detainee reported his history of acne to a physician assistant (PA) during the initial physical examination on April 18, 2023. The PA prescribed benzoyl peroxide, once a day. Additionally, medical staff treated the detainee for acne and prescribed benzoyl peroxide wash and Naproxen (500 mg) during sick call on: May 8, 10, 16, and 25, 2023. During each subsequent visit, the detainee complained of the ineffectiveness of his medication until the PA evaluated him for cystic acne on May 26, 2023. The PA increased the benzoyl peroxide wash from once to twice a day, prescribed doxycycline (100 mg) to treat infection, and scheduled a follow-up appointment for June 14, 2023. During ODO's inspection on June 14, 2023, an NP examined the detainee and prescribed Tretinoin Cream, once a day, and Clindamycin Phosphate Gel, twice a day. ODO followed-up after the inspection and learned that on June 26, 2023, the PA examined the detainee for a follow-up appointment, and the detainee reported an improvement in his skin since changing to his current medication. The PA confirmed and noted the noticeable improvement in the detainee's skin since his last visit and did not prescribe any additional medication.

Medical Care: One detainee stated he never received a follow-up with mental health and felt depressed over missing legal paperwork.

- Action Taken: ODO interviewed medical staff, reviewed the detainee's medical record with an RN, and confirmed the detainee's request for medical staff to visit him at his housing unit due to his debilitating anxiety and stress. On May 31, 2023, the psychologist examined the detainee for his adjustment disorder and depressed mood and recommended participation in adaptive coping strategies and to exercise within the limits of his physical abilities. On June 8, 2023, an external psychiatric-mental health nurse practitioner (PMHNP) conducted a psychiatric evaluation via telepsychiatry, treated his adjustment disorder, mixed anxiety, and depressed mood, and prescribed Bupropion (150 mg) and Trazodone (50 mg). The PMHNP instructed the detainee to notify staff of any worsening symptoms and advised him of the medications' side effects. The detainee acknowledged understanding. On June 15, 2023, at the request of ODO, the psychologist examined the detainee and found him to be alert, cooperative, logical, and organized. The detainee stated he felt depressed over missing paperwork but did not express suicidal or homicidal ideations. The psychologist encouraged the detainee to continue taking his medication as prescribed and informed him of coping strategies. The psychologist found no concerns over the detainee's mental health, and the detainee returned to his housing unit.

Medical Care: One detainee stated he had thoughts of harming himself.

- Action Taken: ODO immediately stopped the interview and asked the detainee if he would like to speak with medical staff. The detainee stated that he did, and ODO requested that a member of the facility staff inform the medical department. ODO remained with the detainee until security staff arrived and escorted the detainee to the medical department. ODO notified ERO Buffalo of the detainee's issue. On June 13, 2023, the facility psychologist examined the detainee and found him to be alert, cooperative, logical, and organized. The psychologist noted improvement in the detainee's mood and no mention by the detainee of suicidal nor homicidal ideations during the appointment. The psychologist recommended proactive coping strategies and to request mental health counseling as needed. The detainee returned to his housing unit.

Medical Care: One detainee stated the medical staff has not acted on his request to treat his pre-diabetic condition by replacing his medication with a medical diet.

- Action Taken: ODO interviewed facility staff, reviewed the detainee's medical record with an RN, and found the detainee mentioned his prediabetes to an NP during his initial health assessment on June 1, 2023, and that he stopped taking his prescription medication in January 2023. The NP discussed the need for blood work, reevaluation of his need for such medication, and scheduled a follow-up appointment in 2-3 weeks. ODO followed-up after the inspection and learned that on June 29, 2023, an NP discussed the detainee's blood test results, confirmed his prediabetic condition, and placed him on a heart healthy diet.

Special Management Units: One detainee stated he filed a grievance after returning from the special housing unit for missing legal paperwork and commissary items.

- Action Taken: ODO reviewed the detainee’s grievances and confirmed submission of his grievance against the facility over missing legal documents and missing food items he purchased from the commissary on May 23, 2023. On June 12, 2023, the facility responded by informing the detainee he signed a property sheet accounting for his property and received his property upon his release on June 5, 2023, and concluded his claim as unfounded. ODO reviewed and confirmed the property sheets, each dated May 24, 2023: one stating one legal file but no commissary items; the other stating the food items but no legal file. After release from the special housing unit, the detainee signed both inventory sheets to confirm receipt of his property at 8:30 a.m., on June 15, 2023, but ODO could not confirm whether the detainee received the paperwork. The facility did not provide any additional clarification regarding the inventory sheets and the detainee’s legal documents remain missing.

Staff-Detainee Communication: One detainee stated he submitted a grievance against his assigned DO for inadequate responses to his questions.

- Action Taken: ODO reviewed the detainee’s grievances and confirmed submission of a grievance on June 12, 2023, regarding the status of paperwork he requested from his DO a month prior. The detainee also stated he has yet to receive the paperwork of which ICE assured delivery. ERO Buffalo staff advised the detainee it responded within the appropriate timeframe by sending the paperwork by mail to the detainee. On June 12, 2023, the detainee filed two grievances: one reiterating his need for assistance in retrieving the legal paperwork and the other requesting to speak with a supervisor. ERO Buffalo staff responded to the first grievance and advised the detainee to write directly to his DO for the desired information. ERO Buffalo staff did not respond to the detainee’s second grievance because the detainee did not properly list his country of citizenship. ERO Buffalo found no substantive justification in either case and closed out both grievances.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed █ detainee detention files and found in █ out of █ files, no documentation the detainee acknowledged receipt of the ICE National Detainee Handbook nor the facility-specific detainee handbook (**Deficiency AR-76⁸**).

⁸ “As part of the admissions process, the detainee shall acknowledge receipt of the handbook and supplement by
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June 2023 ERO Buffalo

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI training curriculum for staff members and found the training curriculum did not address:

- The right of detainees and staff to be free from sexual abuse nor the right of staff to be free from retaliation for reporting sexual abuse (**Deficiency SAAPI-30⁹**);
- Sexual abuse and/or assault is not an acceptable consequence of detention (**Deficiency SAAPI-31¹⁰**);
- Staff recognition of situations where sexual abuse and/or assault may occur (**Deficiency SAAPI-32¹¹**);
- An emphasis for staff to avoid inappropriate relationships with detainees (**Deficiency SAAPI-33¹²**);
- The safekeeping of evidence (**Deficiency SAAPI-37¹³**);
- Staff prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities (**Deficiency SAAPI-38¹⁴**); and

signing where indicated on the back of the Form I-385 (or on a separate form).” *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(G)(4).

⁹ “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and shall include: ...

3. The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse ...”

See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E)(3).

¹⁰ “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and shall include: ...

4. Instruction that sexual abuse and/or assault is never an acceptable consequence of detention.”

See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E)(4).

¹¹ “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and shall include: ...

5. Recognition of situations where sexual abuse and/or assault may occur.”

See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E)(5).

¹² “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and shall include: ...

6. How to avoid inappropriate relationships with detainees.”

See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E)(6).

¹³ “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and shall include: ...

10. The investigation process and how to ensure that evidence is not destroyed.”

See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E)(10).

¹⁴ “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and shall include: ...

11. Prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities.”

See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E)(11).

- How staff should report their suspicion of sexual abuse and/or assault (**Deficiency SAAPI-40¹⁵**).

ODO observed SAAPI postings in three detainee housing units, reviewed the facility-specific detainee handbook, and found the facility did not provide detainees with the name and contact information for the facility’s SAAPI program coordinator or designated staff member (**Deficiency SAAPI-64¹⁶**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility’s SMU policy, interviewed the chief of security, and found the facility considered a detainee’s placement in the SMU as justification for the application of restraints. Specifically, detention officers applied restraints to detainees in disciplinary segregation (DS) during movement outside the cell as a routine practice (**Deficiency SMU-108¹⁷**). **This is a repeat deficiency.**

ODO reviewed the facility’s SMU policy, interviewed the chief of security, and found facility staff routinely applied restraints to detainees in DS prior to exiting their cells and not exclusively as a precaution against escape during transfer for medical reasons, or to prevent injury to others, or serious property damage (**Deficiency SMU-109¹⁸**). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO observed the facility’s property storage room, reviewed 25 logbook entries, and found in 25 out of 25 entries, the facility did not list security tie-strap numbers (**Deficiency FPP-98¹⁹**).

¹⁵ “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and shall include: ...

13. Instruction on reporting knowledge or suspicion of sexual abuse and/or assault;”
See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E)(13).

¹⁶ “The facility shall provide detainees with the name of the program coordinator or designated staff member and information on how to contact him or her.” See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F)(1).

¹⁷ “Placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(E).

¹⁸ “Consistent with Standard 2.15, restraints should only be used if necessary as a precaution against escape during transfer, for medical reasons (when directed by the medical officer), or to prevent self-injury, injury to others, or serious property damage.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(E).

¹⁹ “A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued, and date returned.” See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

CARE

MEDICAL CARE (MC)

ODO reviewed █ health care personnel training records and found in █ out of █ records, health care personnel performed duties without authorized credentials. Specifically, █ PAs performed dental examinations during the inspection review period did not have documented training on how to conduct the screenings (**Deficiency MC-21²⁰**). **This is a repeat deficiency and a priority component.**

ODO reviewed the facility's medical commissary list, the commissary medications review memo, and found the facility administrator (FA) and the health services administrator (HSA) last completed a joint review of the non-prescription medication list on May 3, 2022 (**Deficiency MC-100²¹**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action. On June 15, 2023, the FA and the acting HSA approved the list of nonprescription medications available to detainees outside of health services (C-1).

ODO reviewed █ detainee medical files and found in █ out of █ files, the facility did not complete an initial dental screening of the detainee within 14 days of arrival (**Deficiency MC-176²²**).

ODO reviewed █ detainee medical files and found in █ out of █ files, █ PAs completed the detainees' dental screenings; however, the PAs did not have documented training on how to conduct the screenings (**Deficiency MC-177²³**).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility-specific detainee handbook and found no notification to detainees informing them that special correspondence or legal mail will not be opened, inspected, nor read by facility staff (**Deficiency COM-19²⁴**).

²⁰ "Health care personnel perform duties within their scope of practice for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(B).

²¹ "The facility administrator and HSA shall jointly approve any nonprescription medications that are available to detainees outside of health services (e.g., sold in commissary, distributed by housing officers, etc.), and shall jointly review the list, on an annual basis at a minimum." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(H).

²² "An initial dental screening shall be performed within 14 days of the detainee's arrival." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

²³ "The initial dental screening may be performed by a dentist or a properly trained qualified health provider." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

²⁴ "The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or supplement, provided to each detainee upon admittance. At a minimum, the notification shall specify: ...

5. That incoming special correspondence or legal mail may only be opened in the detainee's presence, and may be inspected for contraband, but not read, and that outgoing special correspondence or legal mail

Additionally, the facility-specific detainee handbook did not inform detainees that identity documents such as passports or birth certificates found in a detainee's possession are contraband and may be used by ERO Buffalo as evidence against the detainee or for other purposes authorized by law (**Deficiency COM-22²⁵**).

TELEPHONE ACCESS (TA)

ODO observed postings for TA hours in three detainee housing units, reviewed the facility's TA policy and the facility-specific detainee handbook, and found the hours posted in the housing units, the TA policy, and the facility-specific detainee handbook listed different TA hours, which may confuse the detainees. ODO cited this as an **Area of Concern**.

JUSTICE

DETAINEE HANDBOOK (DH)

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, no documentation for the acknowledged receipt of the facility-specific detainee handbook (**Deficiency DH-5²⁶**).

ODO reviewed the facility-specific detainee handbook and found it does not notify detainees that outgoing special correspondence or legal mail shall not be opened, inspected or read; nor that the facility considers identity documents, such as passports or birth certificates, found in a detainee's possession is contraband and ERO Buffalo may use those identity documents as evidence against the detainee or for other purposes authorized by law (**Deficiency DH-17²⁷**).

ODO reviewed the facility-specific detainee handbook and found it did not include the scheduled hours and days that detainees may contact ERO Buffalo staff (**Deficiency DH-20²⁸**).

shall not be opened, inspected or read.”

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(5).

²⁵ “The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or supplement, provided to each detainee upon admittance. At a minimum, the notification shall specify:

That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law.” See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(8).

²⁶ “Staff shall require each detainee to verify, by signature, receipt of the handbook, and shall maintain that signed acknowledgement in the detainee's detention file.” See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Handbook, Section (V)(B).

²⁷ “While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of the facility's rules on correspondence and other mail, including information on correspondence procedures as required by standard ‘5.1 Correspondence and Other Mail,’ at Section C of Expected Practices.” See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Handbook, Section (V)(B)(12).

²⁸ “While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility.” See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Handbook, Section (V)(B)(15).

CONCLUSION

During this unannounced inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 12 of those standards. ODO found 21 deficiencies in the remaining 7 standards. Since BSPC's last full inspection in December 2022, the facility's overall compliance with the ICE PBNDS 2011 (Revised 2016) has trended down. BSPC went from 5 deficient standards and 8 deficiencies in December 2022 to 7 deficient standards and 21 deficiencies during this unannounced follow-up compliance inspection. ODO notes three repeat deficiencies and one priority component deficiency. ODO did not review the Sexual Abuse and Assault Prevention and Intervention standard in its entirety during the December 2022 inspection, and this standard accounted for 8 out of 22 deficiencies found during this most recent inspection. ODO received the UCAP for ODO's last inspection of BSPC in December 2022; however, ODO does not concur with the facility's response to the SMU deficiencies (routinely using restraints on detainees housed in disciplinary segregation, which ODO cited as repeat deficiencies during this unannounced follow-up inspection) and recommends ERO Buffalo and the facility re-assess based on the specific requirements referenced in the Use of Force and Restraints standard, section (V)(B)(1-6). ODO recommends ERO continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	19
Deficient Standards	5	7
Overall Number of Deficiencies	8	21
Priority Component Deficiencies	2	1
Repeat Deficiencies	2	3
Areas Of Concern	0	1
Corrective Actions	0	1
Facility Rating	Good	N/A