



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

**Office of Detention Oversight
Compliance Inspection
2024-001-219**

**Enforcement and Removal Operations
ERO Buffalo Field Office**

**Buffalo (Batavia) Service Processing Center
Batavia, New York**

October 24-26, 2023

COMPLIANCE INSPECTION
of the
BUFFALO (BATAVIA) SERVICE PROCESSING CENTER
Batavia, New York

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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 Buffalo (Batavia) Service Processing Center (BSPC) in Batavia, New York, from October 24 to 26, 2023.¹ 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]

[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 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 October 24, 2023)	[REDACTED]
Adult Female Population (as of October 24, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 8 deficiencies in the following: Admission and Release (1); Custody Classification System (1); Funds and Personal Property (1); Medical Care (3); and Special Management Unit (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 Custody Management Division Authorized Facility List as of October 23, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

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

PBND Standards 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	3
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Staff-Detainee Communication	0
Use of Force and Restraints	2
Sub-Total	8
Part 4 - Care	
Food Service	3
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	4
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	2

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all standards.

Sub-Total	2
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	14

DETAINEE RELATIONS

ODO interviewed 22 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee reported thoughts of self-harm and ODO immediately referred him to the facility’s medical staff for evaluation. Most detainees reported satisfaction with facility services except for the concerns listed below.

Funds and Personal Property: One detainee stated his family sent him some items on October 17, 2023, and he had not received his package nor any information pertaining to its location.

- Action Taken: ODO spoke to the facility property supervisor and found the detainee received and signed for his belongings on October 25, 2023. One the same day, facility staff informed him they stored his items in the facility property room.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated he had thoughts of harming himself because he desperately wanted to return to his family in El Salvador.

- Action Taken: On October 24, 2023, ODO stopped the interview with the detainee after he indicated he had thoughts of self-harm, referred him to the facility mental health provider, and informed ERO Buffalo and the facility leadership. On the same day, the mental health provider conducted a mental health evaluation, found the detainee had symptoms of depression and suicidal ideations, the detainee stated he would rather die than be deported. During the evaluation, the detainee requested protective custody to keep him safe from gang members. The custody lieutenant reassigned the detainee to protective custody. On October 25 and 26, 2023, the facility medical staff conducted follow-up mental health evaluations of the detainee and found he did not report having any active suicidal thoughts. The medical staff advised the detainee to submit a sick call request immediately if the issues return.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed █ detainee files and found in █ out of █ files, no Order to Detain form (Form I-203) signed by the appropriate ICE authorizing official (**Deficiency AR-54⁷**). **This is a repeat deficiency.**

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed █ detainee files and found in █ out of █ files, no special consideration by the staff to document gang affiliation, and in 1 out of 25 files, no special consideration to document history of victimization (**Deficiency CCS-14⁸**).

ODO reviewed █ detainee files and found █ out of █ files, no completed initial classifications within 12 hours of the detainees' admission to the facility (**Deficiency CCS-27⁹**).

ODO reviewed █ detainee files and found in █ out of █ files, the designated classification supervisor or facility administrator designee did not review the intake processing officer's classification files for accuracy and completeness (**Deficiency CCS-31¹⁰**). **This is a repeat deficiency.**

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility's SMU policy, interviewed a facility lieutenant, observed detainee movement in the SMU, and found the staff routinely applied restraints to detainees in disciplinary segregation (DS) during movement outside of the cell (**Deficiency SMU-108¹¹**). **This is a repeat deficiency.**

ODO observed detainee movement in the SMU and found 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, prevention of self-injury, injury to others, or serious property damage

⁷ "An Order to Detain the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(E).

⁸ "Special consideration shall be given to any factor that would raise the risk of vulnerability, victimization or assault." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(C).

⁹ "The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(D).

¹⁰ "The designated classification supervisor shall review the intake processing officer's classification files for accuracy and completeness to ensure that each detainee is assigned to the appropriate housing unit." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(E).

¹¹ "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).

(Deficiency SMU-109¹²). This is a repeat deficiency.

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility's UOFR and SMU policies, interviewed a facility lieutenant, observed detainee movement in SMU, and found the facility routinely applied restraints to detainees in DS prior to exiting their cells and not as a precaution against escape, harm to self and others, and property damage **(Deficiency UOFR-3¹³)**.

Additionally, ODO observed facility staff routinely apply restraints to detainees in DS during movement outside of their cells **(Deficiency UOFR-8¹⁴)**.

CARE

FOOD SERVICE (FS)

ODO observed the dishwasher in the facility kitchen and found the multi-tank conveyor machine washing compartment reached 141 Fahrenheit (F) degrees and the rinse compartment reached 147 F degrees instead of the required temperatures of 150 F degrees and 160 F degrees respectively **(Deficiency FS-371¹⁵)**.

ODO toured the FS department, observed FS equipment and utensils, and found staff did not air dry all equipment and utensils after sanitizing by means of drain boards, mobile dish tables, or carts. Specifically, ODO observed 460 3-compartment food trays, 390 3-compartment food tray lids, and 48 4-inch-deep hotel pans stacked together on a drying rack without space between each item for air-drying **(Deficiency FS-374¹⁶)**.

ODO interviewed the facility food service manager, observed the fixed fire-suppression system, and found a qualified contractor last inspected the system on January 12, 2023, exceeding the 6-month requirement by nearly 6 months **(Deficiency FS-407¹⁷)**.

¹² "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).

¹³ "Instruments of restraint shall be used only 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 property damage." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(B)(1).

¹⁴ "Absent one or more of the factors listed above, 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, Use of Force and Restraints, Section (V)(B)(6).

¹⁵ "The following temperatures must be maintained for hot-water sanitizing: ...

c) Multi-tank, conveyor machine: wash temperature of 150 F degrees; pumped rinse, 160 F degrees." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(7)(g)(3)(c).

¹⁶ "Air-dry all equipment and utensils after sanitizing, by means of drain boards, mobile dish tables and/or carts." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(7)(g)(3)(d)(ii).

¹⁷ "A qualified contractor shall inspect the system every six months." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(f).

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, medical staff administered tuberculosis (TB) skin tests during the intake process but read the results 5 days after skin test placement, missing the Center for Disease Control guideline by 3 days (**Deficiency MC-28¹⁸**). **This is a priority component.**

ACTIVITIES

VOLUNTARY WORK PROGRAM (VWP)

ODO reviewed VWP policy, interviewed facility staff, and found no documentation to verify compliance with International Council Codes (ICC) (**Deficiency VWP-58¹⁹**).

ODO reviewed the facility's VWP policy and associated documentation and found the facility did not have current copies of the ICC (**Deficiency VWP-59²⁰**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 22 of those standards. ODO found 14 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 14 deficiencies during this compliance inspection.²¹ ODO received the facility's completed uniform corrective action plan (UCAP) for their last full inspection in December 2022; however, the corrective actions identified in the UCAP for deficiencies AR-54 and CCS-31 does not appear to prevent reoccurrence of those deficiencies. ODO continues to cite the same two repeat deficiencies in the Special Management Unit standard for routinely applying restraints to detainees in disciplinary segregation, and notified ERO Custody Management Division of this issue. ODO recommends ERO Custody Management Division work with ERO Buffalo and the facility to resolve based on the specific requirements referenced in the Use of Force and Restraints standard, Section (V)(B)(1-6). ODO recommends ERO Buffalo continue to work with the facility

¹⁸ "As indicated in this standard below in section 'J. Medical and Mental Health Screening of New Arrivals,' screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

¹⁹ "The voluntary work program shall operate in compliance with the following codes and regulations: ...
c. International Council Codes (ICC)."

See ICE PBNDS 2011 (Revised 2016), Standard, Voluntary Work Program, Section (V)(N)(1)(c).

²⁰ "Each facility administrator's designee is responsible for providing access to complete and current versions of the documents listed above." See ICE PBNDS 2011 (Revised 2016), Standard, Voluntary Work Program, Section (V)(N)(1).

²¹ The number of standards ODO reviewed increased from 25 to 29 due to changing the standards review cadence from at least once every 3 years to at least once every other year. The Voluntary Work Program standard is the only standard with deficiencies cited during this full inspection that ODO did not review during the previous full inspection.

to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	29
Deficient Standards	5	7
Overall Number of Deficiencies	8	14
Priority Component Deficiencies	2	1
Repeat Deficiencies	2	4
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Acceptable ²²

²² ODO revised their rating system at the end of FY 2023, effective beginning in FY 2024, which adjusted the maximum number of deficiencies a facility can receive for ratings of “Superior” or “Good.”