



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

Enforcement and Removal Operations

ERO Detroit Field Office

Butler County Jail

Hamilton, Ohio

April 28–30, 2015

**COMPLIANCE INSPECTION
for the
BUTLER COUNTY JAIL
HAMILTON, OHIO**

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EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Butler County Jail (BCJ) in Hamilton, Ohio, from April 28 to 30, 2015.¹ BCJ opened in 2002 and is owned by Butler County and operated by the Butler County Sheriff's Office. Enforcement and Removal Operations (ERO) began housing detainees at BCJ in 2003, pursuant to an Intergovernmental Services Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in Detroit, Michigan.

ERO employees are assigned to the facility. A Detention Services Manager is not assigned to the facility. A BCJ Corrections Captain is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. Aramark Corporation provides food services and a combination of Butler County government employees and county contract health care professionals provide medical services. The facility holds no accreditations.

Capacity and Population Statistics	Quantity
Total Bed Capacity	848
ICE Detainee Bed Capacity	75
Average Daily Population	816
Average ICE Detainee Population	80
Average Length of Stay (Days)	60
Male Detainee Population (as of 04/28/2015)	51
Female Detainee Population (as of 04/28/2015)	2

OVERALL FINDINGS

In July 2011, ODO conducted an inspection of BCJ under the National Detention Standards (NDS) 2000, reviewing the facility's compliance with 25 standards and finding the facility compliant with 12 standards. There were a total of 35 deficiencies in the remaining 13 standards.

Inspection Results Compared	FY 2013 (NDS 2000)	FY2015 (NDS 2000)
Standards Reviewed	25	17
Deficient Standards	13	12
Overall Number of Deficiencies	35	38
Deficient Priority Components	N/A	N/A
Corrective Action	0	4

In FY2015, ODO conducted an inspection of BCJ under the NDS 2000 (16 standards), in addition to the Performance-Based National Detention Standards 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard, reviewing the facility's compliance with 17 standards and finding the facility compliant with five standards.² ODO found 38 deficiencies, six of which were repeat deficiencies, under the remaining 12 standards.³ ODO identified four opportunities where the facility initiated corrective action during the course of the inspection.⁴

¹ Male and female detainees with low, medium and high security classification levels are detained at the facility for longer than 72 hours.

² The BCJ is contractually required to comply with the PBNDS 2011 SAAPI, as of December 4, 2012.

³ The facility has repeat deficiencies in the following standards: Disciplinary Policy (1), Environmental Health and Safety (1), Medical Care (1), Telephone Access (1), and Use of Force (2).

⁴ Corrective actions, where immediately implemented, best practices and ODO recommendations, as applicable, are identified in the Inspection Findings section and annotated with a "C", "BP" or "R", respectively.

FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁵	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	2
Admission and Release	0
Detainee Classification System	1
Detainee Grievance Procedures	3
Detainee Handbook	1
Food Service	2
Funds and Personal Property	0
Staff-Detainee Communication	3
Telephone Access	6
Sub-Total	18
Part 2 – Security and Control	
Disciplinary Policy	4
Environmental Health and Safety	6
Special Management Unit (Administrative)	0
Special Management Unit (Disciplinary)	5
Use of Force	4
Sub-Total	19
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
PBNDS 2011 STANDARDS INSPECTED	DEFICIENCIES
Sexual Abuse and Assault Prevention Intervention	0
Sub-Total	0
Total Deficiencies	38

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

INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the applicable ICE National Detention Standards (NDS) 2000, the Performance-Based National Detention Standards (PBNDS) 2008 or 2011.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁶ Any violation of written policy specifically linked to ICE detention standards, other policies, or operational procedures that ODO identifies is noted as a deficiency. ODO will highlight any deficiencies found involving those standards that ICE has designated with either the PBNDS 2008 or 2011 to be "priority components."⁷ ICE considers those components to be of critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

⁶ ODO reviews the facility's compliance with selected standards in their entirety.

⁷ Priority components have not been identified for the NDS 2000.

DETAINEE RELATIONS

ODO interviewed 23 detainees, who volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

- *Access to Legal Material:* Two male detainees alleged the computers used for the law library were not working properly. Two female detainees alleged they did not have access to the law library.
 - Action Taken: ODO inspected the mobile law library carts and found that the LexisNexis software, for both mobile carts, had not been installed correctly. BCJ took corrective action prior to the end of the inspection by re-installing the LexisNexis software and insuring the software is operating correctly. Facility staff provided information to the female detainees on how they could request access to the law library mobile carts. The facility staff rolled one of the law library carts over to the female housing unit for their use during the inspection.

- *Food Service:* Six male detainees alleged the food served at the facility was either “bad” or food portions were too small or the facility did not rotate meals resulting in constantly eating the same meals selections. One detainee alleged he was not receiving a religious diet.
 - Action Taken: ODO reviewed the food service standard and observed a lunch meal. ODO found the food to be in appropriate portions and served at the required temperature in accordance with the standard. ODO confirmed the facility’s 28-day general cycle menu was certified by a dietician. The detainee alleging he was not receiving a religious meal was instructed by facility staff on the procedures to receive such a meal. The detainee submitted a request and started receiving the common fare option prior to the end of the inspection.

- *Funds and Personal Property:* Three detainees alleged they either had not received money sent by their family or had not had money transferred with them when they moved from incarceration to ICE detention.
 - Action Taken: ODO reviewed the detainee’s detention files and determined the detainees had either received money from their family members and it had been credited to their account or money had transferred with them from incarceration to ICE detention. The Immigration Enforcement Agent reviewed the issues with the detainees.

- *Grievance Procedures:* A detainee alleged he submitted several grievances regarding the quality of the food and never received a response.
 - Action Taken: ODO reviewed the ERO general logs and found a grievance recorded regarding food. The ERO log did not show a reply to the detainee's grievance from the facility. ODO discussed the grievance with facility staff and the detainee received a response during the inspection.

- *Hunger Strike:* A male detainee alleged he was on hunger strike, and had not eaten in the past six days, and would continue to refuse meals until he was allowed to leave the country.
 - Action Taken: ODO notified the facility staff of the detainee's allegation. ODO reviewed facility documentation with the facility staff and determined the detainee had only been at the facility for two days and the detainee had not refused any meals.

- *Medical Care:* Three detainees alleged they were not receiving adequate medical care. One detainee alleged he has cataracts and was seen off-site by an Optometrist while incarcerated at BCJ. The detainee alleged the time between eye appointments was too long. One detainee alleged he had issues with his eyes and medical was not addressing the matter. One detainee alleged he received medication while in jail. When transferred to BCJ the detainee alleged the facility took his medication and would not provide replacement medication for his issue.
 - Action Taken: Medical staff notified ODO the detainee alleging the time between eye appointments was too long, was scheduled for an off-site eye appointment for May.

Medical staff notified ODO the detainee alleging he had an issue with his eyes, had a previously scheduled off-site medical appointment for June.

Medical staff notified ODO the detainee alleging his medication was taken, had been prescribed medication, but the detainee refused to take the medication.

- *Staff-Detainee Communication:* A male detainee alleged the ERO staff was sometimes abrupt with the detainees or used obscenities. The detainee did not wish to file a complaint and said it was only one time.
 - Action Taken: ODO notified the Assistant Field Office Director of the allegation made by the detainee.

INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO tested the desktop computers and identified the LexisNexis software application installed was not operational (**Deficiency ALM-1⁸**).

Corrective Action: Prior to the completion of the inspection ERO reinstalled the LexisNexis software on the two desktop computers and ensured the software worked properly (**C-1**).

The facility has not posted the procedures for notifying facility staff if any of the law library material is missing or damaged (**Deficiency ALM-2⁹**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed detainee classification folders and interviewed facility staff and determined the only information provided by ERO to support the classification process is ICE Form I-203, "Order to Detain or Release" (**Deficiency DCS-1¹⁰**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

When asked for a grievance log to examine, BCJ staff indicated that they had not had any grievances submitted by detainees in the past twelve months. The ERO grievance log book showed one grievance from October 2014 (approximately 6 months ago); the facility stated that their copy of that grievance was in the county archives. As such, ODO was unable to verify that BCJ kept a grievance log (**Deficiency DGP-1¹¹**).

The detention file for the detainee who submitted the October 2014 grievance was also at the county archives. As such, ODO was unable to verify that a copy of a submitted grievance remains in the detainee's detention file for at least three years (**Deficiency DGP-2¹²**).

A review of the facility handbook revealed the grievance section does not provide the necessary elements outlined in the standard (**Deficiency DGP-3¹³**).

⁸ "Field Office Directors shall verify that the detention facilities in their Areas of Responsibility (AQR) that intend to replace hard-copy material with the Lexis Nexis CD-ROM have operating computers that are capable of printing, with a photocopier and all necessary supplies." See Change Notice – Access to Legal Reference Materials and LexisNexis CD-ROMs, dated June 14, 2007.

⁹ "These policies and procedures shall also be posted in the law library along with a list of the law library's holdings." See ICE NDS 2000, Standard, Access to Legal Material, Section, (III)(Q).

¹⁰ "All detainees are classified upon arrival, before being admitted into the general population. INS will provide CDFs and IGSA facilities with the data they need from each detainee's file to complete the classification process." See ICE NDS 2000, Standard, Detainee Classification System, Section, (III)(A)(1).

¹¹ "Each facility will devise a method for documenting detainee grievances. At a minimum, the facility will maintain a Detainee Grievance Log." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section, (III)(E).

¹² "A copy of the grievance will remain in the detainee's detention file for at least three years." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section, (III)(E).

DETAINEE HANDBOOK (DH)

After interviewing (b)(7)e lieutenants, ODO determined when revisions are made to the facility handbook; copies of the changes are not posted on bulletin boards in housing units and other prominent area advising the detainees of the changes (**Deficiency DH-1**¹⁴).

FOOD SERVICE (FS)

Documentation of medical clearance was available for all inmate workers; however, the Aramark staff did not have pre-employment medical examinations clearing them to work in a food service operation (**Deficiency FS-1**¹⁵).

No inventory was maintained for the chemicals used for food service sanitation (**Deficiency FS-2**¹⁶).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed detainee request logs and detainee files and determined the logs do not contain all the detainee requests submitted by the detainees (**Deficiency SDC-1**¹⁷).

ODO reviewed the facility handbook which revealed the handbook is missing the DHS Office of the Inspector General hotline information (**Deficiency SDC-2**¹⁸).

A review of the housing units revealed the housing unit with male ICE detainees did not have the required OIG contact information posters (**Deficiency SDC-3**¹⁹).

¹³ “The grievance section of the detainee handbook will provide notice of the following: The opportunity to file a grievance, both informal and formal. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved. The level above the CDF-OIC is the INS-OIC. The procedures for contacting INS to appeal the decision of the OIC of a CDF or an IGSA facility. The policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to: Department of Justice P.O. Box 27606 Washington, DC 20038-7606” See ICE NDS 2000, Standard, Detainee Grievance Procedures, (III)(G)(3), (4), (5), (6), (7) and (8).

¹⁴ “The OIC will instead establish procedures for immediately communicating such revisions to staff and detainees: posting copies of the changes on bulletin boards in housing units and other prominent areas; informing new arrivals during orientation process; distributing a memorandum to staff, and so forth.” See ICE NDS 2000, Standard, Detainee Handbook, (III)(H).

¹⁵ “All food service personnel (both staff and detainee) shall receive a pre-employment medical examination.” See ICE NDS 2000, Standard, Food Service, (III)(H)(3)(a).

¹⁶ “All staff members shall know where and how much toxic, flammable, or caustic material is on hand, aware that their use must be controlled and accounted-for daily.” See ICE NDS 2000, Standard, Food Service, (III)(H)(11)(b).

¹⁷ “All requests shall be recorded in a logbook specifically designed for that purpose.” See ICE NDS 2000, Standard, Staff-Detainee Communication, (III)(B)(2).

¹⁸ “The OIG Hotline information is to be included in the detainee handbooks in each of the aforementioned locations.” See Change Notice, National Detention Standards, Staff-Detainee Communication Standard, dated June 15, 2007.

¹⁹ “Each Field Office Director shall ensure that the attached document regarding the OIG Hotline is conspicuously posted in all units housing ICE detainees.” See Change Notice, National Detention Standards, Staff-Detainee Communication Standard, dated June 15, 2007

Corrective Action: The facility initiated corrective action by posting the OIG contact information in the male housing unit prior to the completion of the inspection (C-2).

TELEPHONE ACCESS (TA)

A review of the facility handbook and an interview with staff revealed, if time limits are necessary for the telephones, time limits of 15 minutes are imposed (**Deficiency TA-1²⁰**).

An interview with staff revealed the phone system is setup to electronically monitor all detainee telephone calls to include legal telephone calls (**Deficiency TA-2²¹**).

An interview with staff revealed, detainee calls to a court, a legal representative, or for the purposes of obtaining legal representation are monitored by the facility (**Deficiency TA-3²²**).

An interview with staff revealed, the facility does not have a written policy on the monitoring of detainee telephone calls (**Deficiency TA-4²³**).

Notification that calls are subject to monitoring are not posted on or near the telephones, nor is it included in the facility handbook (**Deficiency TA-5²⁴**).

The procedure for obtaining an unmonitored call is not posted at each monitored telephone or included in the facility handbook (**Deficiency TA-6²⁵**).

SECURITY AND CONTROL

DISCIPLINARY POLICY (DP)

The facility's disciplinary hearing officer notified ODO, during interview, that a sergeant assigned to investigate an incident has up to 72 hours to complete the investigation. The 17 incident reports reviewed by ODO did not receive an investigation (**Deficiency DP-1²⁶**).

ODO reviewed facility policy and an interview with facility staff revealed, BCJ does not have a Unit Disciplinary Committee to adjudicate low and moderate level violations (**Deficiency DP-2²⁷**).

²⁰ "If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call if desired, at the first available opportunity." See ICE NDS 2000, Standard, Telephone Access, (III)(F).

²¹ "Facility staff shall not electronically monitor detainee telephone calls on their legal matters, absent a court order." See ICE NDS 2000, Standard, Telephone Access, (III)(J)

²² "A detainee's call to a court, a legal representative, or for the purposes of obtaining legal representation will not be aurally monitored absent a court order." See ICE NDS 2000, Standard, Telephone Access, (III)(K).

²³ "The facility shall have a written policy on the monitoring of detainee telephone calls." See ICE NDS 2000, Standard, Telephone Access, (III)(K). **This is a repeat deficiency.**

²⁴ "If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission." See ICE NDS 2000, Standard, Telephone Access, (III)(K).

²⁵ "It shall also place a notice at each monitored telephone stating: the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation." See ICE NDS 2000, Standard, Telephone Access, (III)(K)(2).

²⁶ IGSA's shall have procedures in place to ensure that all incident reports are investigated within 24 hours of the incident." See ICE NDS 2000, Standard, Disciplinary Policy, (III)(C). **This is a repeat deficiency.**

A review of disciplinary records revealed detainees did not sign the rights acknowledgment or select an option concerning having a hearing, and no staff member documented the detainee's refusal to sign or declined a hearing. The disciplinary records reviewed revealed, five detainees were placed in disciplinary segregation by the disciplinary hearing officer without a hearing (**Deficiency DP-3²⁸**).

Because there were no hearings, there was no documentation recording the detainee's comments, the reason for the decision, and the reason for the sanction imposed (**Deficiency DP-4²⁹**).

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

The facility post orders outline procedures for the inventory and storage of hazardous substances; however, running inventories of hazardous substances were found only in the maintenance area (**Deficiency EH&S-1³⁰**).

The Material Safety Data Sheets (MSDS) in Medical, G Pod, and the laundry were out of date (**Deficiency EH&S-2³¹**).

A review of the master index of chemicals used in the facility revealed five new products used in the food service area were not listed (**Deficiency EH&S-3³²**).

During the inspection of G Pod, ODO observed a spray bottle of a blue liquid was not labeled (**Deficiency EH&S-4³³**).

Corrective Action: The facility initiated corrective action by removing the unlabeled bottle from the cart (**C-3**).

Documentation reflects monthly fire drills were conducted in all areas, but emergency keys were not drawn during every drill (**Deficiency EH&S-5³⁴**).

²⁷ "All facilities shall establish an intermediate level of investigation/adjudication is present to adjudicate low or moderate infractions." See ICE NDS 2000, Standard, Disciplinary Policy, (III)(C).

²⁸ "All facilities that house INS detainees shall have a disciplinary panel to adjudicate detainee incident reports. Only the disciplinary panel can place a detainee in disciplinary segregation." See ICE NDS 2000, Standard, Disciplinary Policy, (III)(F).

²⁹ "All documents relevant to the incident, subsequent investigation, hearing(s), etc., will be completed and distributed in accordance with facility procedures." See ICE NDS 2000, Standard, Disciplinary Policy, (III)(J).

³⁰ "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2000, Standard, Environmental Health and Safety, (III)(A).

³¹ "Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary." See ICE NDS 2000, Standard, Environmental Health and Safety, (III)(B).

³² "The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs." See ICE NDS 2000, Environmental Health and Safety, (III)(C).

³³ "The OIC will individually assign the following responsibilities associated with the labeling procedure: Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;" See ICE NDS 2000, Standard, Environmental Health and Safety, (III)(J)(2).

³⁴ "Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." See ICE NDS 2000, Standard, Environmental Health and Safety, (III)(L)(4)(c). **This is a repeat deficiency.**

ODO inspected the inventories of medical sharps and found shortages in the number of insulin, 18 gauge and 27 gauge needles, and 16 gauge angiocatheters (**Deficiency EH&S-6³⁵**).

Corrective Action: The facility initiated corrective action by correcting the inventories prior to the end of the inspection (**C-4**).

SPECIAL MANAGEMENT UNIT – DISCIPLINARY SEGREGATION (SMU-DS)

A review of the disciplinary records for the current and four previous disciplinary segregation cases reflected all were sanctioned by the disciplinary hearing officer without a hearing (**Deficiency SMU-1³⁶**).

A review of the disciplinary records for the current and four previous disciplinary segregation cases reflected none of the records documented completion of required status reviews (**Deficiency SMU-2³⁷**).

A review of the disciplinary records for the current and four previous disciplinary segregation cases reflected the detainees lost personal visitation privileges, although none committed a rule violation relating to visitation (**Deficiency SMU-3³⁸**).

BCJ uses a form entitled, “Detainee Disciplinary Segregation Weekly Checklist” as its permanent log for documenting services, privileges, and activities for segregated detainees. Checklists were not available for two of the detainees previously on segregation (**Deficiency SMU-4³⁹**).

ODO reviewed the available Detainee Disciplinary Segregation Weekly Checklists and they were incomplete. Medical staff and shift supervisors failed to document their visits with segregated detainees (**Deficiency SMU-5⁴⁰**).

³⁵ “An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors.” See ICE NDS 2000, Standard, Environmental Health and Safety, (III)(Q)(1).

³⁶ “A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Committee, after a hearing in which the detainee has been found to have committed a prohibited act.” See ICE NDS 2000, Standard, Special Management Unit – Disciplinary Segregation, (III)(A).

³⁷ “All facilities shall implement written procedures for the regular review of all disciplinary-segregation cases, consistent with the procedures specified below.” See ICE NDS 2000, Standard, Special Management Unit – Disciplinary Segregation, (III)(C).

³⁸ “As a rule, a detainee retains visiting privileges while in disciplinary segregation. The determining factor is the reason for which the detainee is being disciplined.” See ICE NDS 2000, Standard, Special Management Unit – Disciplinary Segregation, (III)(D)(17).

³⁹ “A permanent log will be maintained in the SMU. The log will not all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.” See ICE NDS 2000, Standard, Special Management Unit – Disciplinary Segregation, (III)(E)(1).

⁴⁰ “A medical professional shall visit every detainee in administrative segregation at least three times a week. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays.” See ICE NDS 2000, Standard, Special Management Unit – Disciplinary Segregation, (III)(D)(16).

USE OF FORCE (UOF)

An interview with staff revealed, the facility has one video camera to document use-of-force incidents; however, responsibility for testing the camera's operability has not been designated in a post order or by other means, and there is no documentation testing is being conducted (**Deficiency UOF-1**⁴¹).

During review of the training program, ODO confirmed most NDS-mandated topics are covered; however, training in confrontation avoidance and dealing with the mentally ill is not provided (**Deficiency UOF-2**⁴²).

A review of files for the three incidents found two did not document forwarding of the use-of-force reports to ICE (**Deficiency UOF-3**⁴³).

BCJ does not have written procedures governing the conduct of after-action reviews (**Deficiency UOF-4**⁴⁴).

HEALTH SERVICES

MEDICAL CARE (MC)

A review of 25 health appraisals revealed eight appraisals were not completed within 14 days of the detainee's arrival (**Deficiency MC-1**⁴⁵).

⁴¹ "The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders." *See* ICE NDS 2000, Standard, Use of Force, (III)(A)(4)(I). **This is a repeat deficiency.**

⁴² "Among other things, training shall include: Dealing with the mentally ill; Confrontation-avoidance procedures;" *See* ICE NDS 2000, Standard, Use of Force, (III)(O)(3)and (4).

⁴³ "INS requires that all incidents of use of force be documented and forwarded to INS for review." *See* ICE NDS 2000, Standard, Use of Force, (III)(A)(2)(b).

⁴⁴ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints." *See* ICE NDS 2000, Standard, Use of Force, (III)(K). **This is a repeat deficiency.**

⁴⁵ "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility." *See* ICE NDS 2000, Standard, Medical Care, (III)(D). **This is a repeat deficiency.**