



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
Philadelphia Field Office
Clinton County Correctional Facility
McElhattan, Pennsylvania

June 19 - 21, 2012

~~FOR INTERNAL USE ONLY. This document may contain sensitive commercial, financial, law enforcement, management, and employee information. It has been written for the express use of the Department of Homeland Security to identify and correct management and operational deficiencies. In reference to ICE Policy 17006.1, issued 09/22/05, any disclosure, dissemination, or reproduction of this document, or any segments thereof, is prohibited without the approval of the Assistant Director, Office of Professional Responsibility.~~

**COMPLIANCE INSPECTION
CLINTON COUNTY CORRECTIONAL FACILITY
PHILADELPHIA FIELD OFFICE**

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INSPECTION PROCESS	
Report Organization.....	6
Inspection Team Members.....	6
OPERATIONAL ENVIRONMENT	
Internal Relations	7
Detainee Relations	7
ICE NATIONAL DETENTION STANDARDS	
Detention Standards Reviewed.....	8
Access to Legal Material	9
Admission and Release	11
Detention Files	13
Disciplinary Policy.....	15
Environmental Health and Safety	16
Food Service	18
Funds and Personal Property	19
Key and Lock Control.....	20
Medical Care.....	21
Staff-Detainee Communication	24
Suicide Prevention and Intervention.....	25
Telephone Access	27

EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Clinton County Correctional Facility (CCCF) in McElhattan, Pennsylvania, on June 19-21, 2012. CCCF, which opened in June 1991, is owned by the County of Clinton and operated by the Clinton County Prison Board. The facility serves as a regional jail for males and females arrested by area law enforcement jurisdictions. Since January 2004, U.S. Immigration and Customs Enforcement (ICE) has placed male and female detainees of all classification levels (Level I – lowest threat; Level II – medium threat; Level III – highest threat) at CCCF for periods in excess of 72 hours under an Intergovernmental Service Agreement (IGSA) shared with the U.S. Marshals Service. The average daily detainee population is 63, and the average length of stay is 27 days. Total capacity is 320, with 100 beds available for detainees. Additional detention space is available for detainees upon request. At the time of the inspection, CCCF housed a total of 67 detainees: 59 male detainees (17 Level I; 26 Level II; 16 Level III), and eight female detainees (3 Level I; 3 Level II; 2 Level III). Food service is provided in-house by CCCF staff. CCCF does not hold any accreditations.

The ICE Office of Enforcement and Removal Operations (ERO), Field Office Director (FOD), Philadelphia, Pennsylvania, is responsible for ensuring facility compliance with ICE policies and the National Detention Standards (NDS). An Assistant Field Office Director (AFOD) located in Allenwood, Pennsylvania, is assigned direct oversight responsibility of CCCF. ICE does not have any staff permanently stationed at the facility.

The Warden is the highest ranking official at CCCF and is responsible for oversight of daily operations. In addition to the Warden, CCCF supervisory staff consists of an Assistant Warden, a Captain, and (b)(7)e Lieutenants. The facility employs (b)(7)e Correctional Officers. The remaining (b)(7)e CCCF staff is comprised of non-corrections employees, such as personnel administrators, kitchen cooks, maintenance workers, and records clerks. The total number of CCCF staff employed at the facility is (b)(7)e

CCCF health care is provided by medical personnel employed by Clinton Medical Services (CMS), Inc. The medical staff at CCCF is composed of (b)(7)e registered nurse (RN) administrator, four licensed practical nurses (LPN), (b)(7)e site physician, and (b)(7)e physician assistant - certified (PA-C). The medical department has 16-hour nursing coverage from 7:30 a.m. to 11:30 p.m. seven days per week. The RN manages the department and is present two to three hours per day, for an average of 14 hours per week. The RN also provides on-call coverage during non-business hours. The physician is on-site once a week for eight hours and is on-call 24 hours a day. The PA-C is on-site three times a week, for a total of 24 hours per week. (b)(7)e on-call PA-Cs are available should the on-site PA-C require additional coverage or assistance. An additional PA-C is being added to the staff to increase provider presence to four days per week. CCCF stated that interviews for the position are ongoing. Currently, a county-employed social worker is acting as the mental health coordinator. The social worker is on-site three times each week for a total of 12 to 15 hours per week. A county-employed psychiatrist is on-site once per month for eight hours.

Dental services are provided at community dental clinics. Pharmacy services are provided by a mail-order company. A local pharmacy is used to provide medications ordered to begin immediately. Detainees in need of inpatient medical services and other specialty care are sent to Lock Haven Hospital, which is approximately five miles away. CCCF management stated that detainees with high acuity levels or detainees whose medical needs exceed the facility's ability to provide care are not accepted at CCCF.

In October 2011, the ERO Detention Standards Compliance Unit contractors, MGT of America, Inc., conducted an annual review of the ICE NDS. CCCF received an overall rating of "Acceptable" in the 35 standards reviewed. CCCF was found to be in compliance with 33 standards reviewed and "Deficient" in two standards: Access to Medical Care, and Suicide Prevention and Intervention.

This is the first ODO inspection of CCCF. During this CI, ODO reviewed a total of 18 NDS. Six standards were found fully compliant, and 28 deficiencies were identified in the remaining 12 standards: Access to Legal Material (3 deficiencies); Admission and Release (2); Detention Files (5); Disciplinary Policy (1); Environmental Health and Safety (3); Food Service (1); Funds and Personal Property (2); Key and Lock Control (1); Medical Care (5); Staff-Detainee Communication (1); Suicide Prevention and Intervention (2); and Telephone Access (2).

This report details all deficiencies and refers to specific, relevant sections of the ICE NDS. OPR will provide ERO a copy of the report to assist in developing corrective actions to resolve the 28 identified deficiencies. At the conclusion of the inspection on June 21, 2012, ODO conducted a closeout briefing with CCCF and ERO management to discuss deficiencies requiring immediate attention in the areas of Environmental Health and Safety, Food Service, Key and Lock Control, Medical Care, and Suicide Prevention and Intervention. ODO found the majority of the 28 deficiencies to be administrative in nature.

The law library at CCCF provides Lexis-Nexis as the source for required legal reference material, but facility management does not post a list of its holdings in the law library. Posting which books or legal reference materials are available for detainees allows easier access to legal materials. The facility does not have established procedures for assisting detainees with using the law library, for obtaining assistance with drafting legal documents from detainees with appropriate language and reading-writing abilities, or for obtaining assistance with contacting pro bono legal-assistance organizations from the ICE-provided list. Providing a procedure for assisting non-English speaking detainees ensures access to the law library for all detainees.

ODO observed CCCF booking procedures. Upon admission, officers use a metal detector and pat detainees down to prevent the unauthorized introduction of contraband into the facility. However, CCCF officers, without reasonable suspicion that contraband may be present, observe detainees remove their clothing down to their underwear. This is in violation of the NDS.

ODO randomly selected 15 inactive detention files for review under the Admission and Release NDS to determine if required documentation was present. ODO determined all 15 inactive detention files contained Form I-203, Order to Detain or Release, but eight of the 15 I-203 forms

were missing the signature of an officer authorizing the detention of aliens as required by the NDS. Proper execution of the I-203 ensures facilities have the authority to detain or release aliens. Five of the 15 inactive detention files reviewed contained blue copies of the Form G-589, Property Receipt, but the five G-589 forms were not closed out as required by the NDS. The blue and pink copies acknowledging the receipt of returned funds or valuables were not signed by detainees or dated. Proper use of the G-589 ensures accountability for funds and valuables.

ODO randomly selected ten active and ten inactive detention files for review under the Detention File NDS. An active detention file pertains to a detainee in custody, and an inactive detention file pertains to a detainee no longer in custody. None of these files were properly activated or closed out due to administrative errors. ODO also confirmed that ERO does not maintain copies of detention files at the ERO field office as required by the NDS.

ODO confirmed that CCCF management received and processed 13 formal grievances from detainees from January 2012 to the date of the inspection. CCCF maintains a handwritten grievance log to document and track grievances filed by detainees. The log includes all of the grievances for the entire institution, which encompasses all detainees and inmates. Detainee grievances had to be manually searched and separated from the grievances filed by inmates. All of the detainee grievances identified by ODO were minor in nature and were responded to within 72 hours in accordance with the NDS. ODO confirmed there were no grievances related to officer misconduct.

The detainee handbook describes the disciplinary system, including prohibited acts, sanctions, and appeal procedures. However, the disciplinary policy at CCCF did not address the use of confidential information in the disciplinary process. Addressing this matter in policy ensures confidential information is used and documented consistently. Prior to conclusion of the ODO inspection, the policy was revised, and CCCF personnel were provided directions for proper use and documentation of confidential information.

ODO confirmed CCCF does not use emergency-key drills during fire drills as required by the NDS. The NDS requires emergency keys to be drawn during fire drills and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. The National Fire Protection Association recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors. Using emergency-key drills ensures doors are working properly should a fire or other emergency requiring an evacuation occur.

ODO observed that knives used in the kitchen are tethered to work stations, but the cables are not mounted through steel shanks. Mounting cables through steel shanks prevents breakage and removal of the blades, which enhances facility security by preventing these dangerous implements from leaving the food service area and entering the general population. CCCF management stated knives meeting the NDS requirement will be ordered and placed into service.

CCCF Temporary Release and Discharge Policy and Procedure does not require its officers to obtain a forwarding address from every detainee admitted to the facility, as required by the NDS. Obtaining a forwarding address facilitates the mailing of lost or unclaimed property after the

detainee's release, transfer, or removal. CCCF does not have a written procedure pertaining to the inventory and audit of detainee funds, valuables, and personal property. The inventory, receipt, and audit of detainee funds, valuables, and personal property ensures accountability and prevents the loss or theft of detainee property.

ODO reviewed 39 detainee medical records to assess compliance with requirements of the NDS. Three of the 39 medical records reviewed documented that an LPN provided treatment not called for in the physician-approved nursing protocols, thereby acting outside the scope of licensure. In two of the three cases, an LPN issued hydrocortisone 1 percent cream, which the nursing protocol states is to be given for rashes where there are signs of infection. The detainees had simple rashes with no signs of infection present. In the remaining case, the LPN issued Ibuprofen instead of Tylenol tablets as ordered in the protocol. When asked why Ibuprofen was substituted without a doctor's order, the nurse stated that ICE will reimburse for Ibuprofen but not for Tylenol. In all three cases, ODO found that an LPN issued medication not ordered by a physician. ODO confirmed the physician-approved nursing protocols were last reviewed by the LPNs in October 2010. ODO recommends these protocols be reviewed annually to ensure current familiarity and correct application. During the review of the medication administration records (MAR), ODO identified a detainee with persistent high blood pressure readings who consistently refused to take prescribed anti-hypertension medication. An LPN appropriately documented refusal of the medication on the MAR, and the medical record documents the provider was aware the detainee was non-compliant. However, there was no documentation ICE was notified as required by the NDS. During the ODO inspection, the detainee was brought to the medical unit and informed of the serious risk and consequences of non-compliance with medications. The detainee signed a refusal form, and ERO was notified of the potential medical implications.

The facility has procedures in place to temporarily segregate detainees for administrative reasons, in accordance with the ICE NDS. ODO toured each SMU (Administrative; Disciplinary), reviewed policies and logbooks, and interviewed staff. There were no ICE detainees held in segregation during the review. Indoor and outdoor recreation is offered in each SMU, and detainees may send and receive correspondence, visit the law library, and maintain personal hygiene. Medical personnel visit each SMU daily. ODO observed each SMU to be well ventilated, adequately lit, appropriately heated, and maintained in a sanitary condition.

Detainee requests are logged and responded to within 72 hours of ERO receipt. However, ODO verified the detainee request log does not identify the ERO officer logging the request, and detainee requests are not filed in the detainee's detention file. Identifying the ERO officer logging the request and maintaining copies of closed detainee requests promote accountability and efficiency by creating a reviewable record. Although ERO has no physical office on-site, ERO personnel are assigned to visit the facility on a weekly basis. ERO has placed small red lock boxes for detainee requests in or near each of the ICE detainee housing units. These lock boxes are only accessible to ERO personnel who retain the keys. ERO personnel pick up the detainee requests on a daily basis. The field office has a local policy and procedure to ensure and document that ICE Immigration Enforcement Agents (IEA) and Supervisory Detention and Deportation Officers (SDDO) conduct weekly announced and unannounced visits to housing

units to address detainee concerns and inquiries as required by the Model Protocol on Staff-Detainee Communication. The ERO schedules are conspicuously posted in each housing unit. Scheduled visits are documented on the Facility Liaison Visit Checklist as required by the Model Protocol, Staff-Detainee Communication. Weekly telephone maintenance is also conducted and recorded on a log.

The CCCF intake screening process is two-fold: mental health screenings are conducted immediately upon intake by officers assigned to the booking area on a permanent basis, and medical intake screenings are conducted by an LPN within eight hours of the arrival of a detainee at CCCF. ODO verified the mental health screening form completed by officers includes appropriate questions addressing suicidal ideation; however, none of (b)(7)e booking officers at CCCF have had specialized training in conducting mental health or suicide screenings as required by the NDS. ODO confirmed two cells in the booking area are used for suicide watch. ODO found each cell had large hooks on the wall, a metal-framed security mirror, and handicap bars by the toilet and bed, all of which can be used to facilitate a suicide attempt. During the review, the large hooks, security mirrors, and handicap bars were removed. There were no detainees on suicide watch at the time of the review. ODO confirmed no detainees have been placed on suicide watch in the past four years. There was one detainee suicide at CCCF that occurred on February 23, 2011, and was investigated by ODO. The detainee was in ICE custody for nine days at the time of his death and was not on suicide watch when the death occurred. Officers who conducted the mental health screening at that time did not have specialized training to conduct mental health or suicide screenings, as required by the NDS. This remains the case at CCCF.

Copies of current pro bono legal assistance and consular lists are posted conspicuously in all housing units. The orientation video, the detainee handbook, a recorded message on each telephone, and a posting at each handset advise detainees that all calls are monitored; however, general telephone rules are not posted where detainees may easily see them as required by the NDS. The procedures for obtaining an unmonitored call to a court, legal representative, or for the purpose of obtaining legal representation are not posted at each telephone unit as required. Informing detainees on the procedures to obtain unmonitored legal calls ensures attorney-client privileged communications are protected.

ODO observed sanitation throughout the facility to be excellent.

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 CCCF. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management. Inspection objectives are to evaluate the welfare, safety, and living conditions of detainees, and to determine compliance with applicable laws, policies, regulations, and procedures.

ODO reviewed the processes employed at CCCF 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 CCCF.

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, ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Special Agent (Team Leader)	ODO Phoenix
	Detention and Deportation Officer	ODO Phoenix
	Special Agent	ODO Phoenix
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed supervisory ICE and CCCF staff, including the CCCF Warden, the Captain, and the ERO AFOD. ODO also interviewed (b)(7)E Corrections Officers. CCCF staff stated ERO personnel conduct weekly visits to detainee housing units at the facility. CCCF management stated the ICE contract is crucial to the financial health of the county. CCCF is in the process of renegotiating its contract with ICE. ICE is currently riding on a contract between CCCF and the U.S. Marshals Service. During interviews, ICE and CCCF personnel stated the working relationship between the two agencies is positive, and morale is high.

ICE management stated they have the necessary resources to carry out their duties and responsibilities.

DETAINEE RELATIONS

ODO interviewed four male (3 Level II; 1 Level I) and two female (1 Level I; 1 Level III) detainees to assess the overall detention conditions at CCCF. All stated they are treated with dignity and respect. Each detainee confirmed receipt of a detainee handbook. All stated they are provided daily recreation, receive hygiene supplies, send and receive mail, attend religious services, and have access to grievance forms, telephones, and a law library. All were satisfied with the quality of food service at CCCF. Every detainee interviewed could identify and contact a deportation officer. All stated that ERO Officers conduct scheduled and unscheduled visits on a regular basis.

One male detainee complained about medical services, stating CCCF does not allow a diabetic snack, and the medical provider does not issue his medication at the correct time. ODO interviewed the detainee in-depth, and reviewed the detainee's medical file, blood sugar records, and commissary records. The records reflect the medication provided to the detainee does not cause sudden fluctuations or decreases in blood-glucose levels. Commissary purchases made by the detainee reflect high calorie items not permitted on the special diet prescribed by the provider. Weekly blood sugar readings reflect the detainee's blood sugar levels are consistently high in the morning and lower in the evening, which is consistent with the consumption of high calorie items in addition to the dinner meal. Per medical staff, a detainee is not eligible to receive diabetic snacks if food from the commissary is consumed, so the detainee was disqualified from receiving diabetic snacks. Medical records also show that medications were administered timely, and there were multiple occasions when medication was refused, because the detainee desired to remain asleep. ERO was informed whenever medication was refused.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 18 NDS and found CCCF fully compliant with the following six standards:

- Detainee Grievance Procedures
- Detainee Handbook
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Terminal Illness, Advance Directives, and Death
- Use of Force

As these six 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 12 standards:

- Access to Legal Material
- Admission and Release
- Detention Files
- Disciplinary Policy
- Environmental Health and Safety
- Food Service
- Funds and Personal Property
- Key and Lock Control
- Medical Care
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Telephone Access

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

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at CCCF to determine if detainees have access to a law library, legal materials, courts, counsel, and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS. ODO interviewed detainees and staff, reviewed policies and the facility handbook, and toured and observed the CCCF law library.

CCCF provides a law library in a designated room with sufficient space to facilitate legal research and writing. It is large enough to provide reasonable access to all detainees who request its use. The Assistant Warden inspects the law library weekly and ensures it is in order.

Lexis-Nexis is the source of required legal reference material in the law library. The most recent version of the software is installed. CCCF management does not post a list of its holdings in the law library (**Deficiency ALM-1**). Posting a list of books or legal reference materials available for detainees provides easier access to legal materials.

The facility does not have established procedures for assisting unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim related to their immigration proceedings or detention, and who indicate difficulty with legal materials. Specifically, the facility does not have established procedures for helping these detainees obtain assistance from detainees with more proficient literacy and language abilities in using the law library and drafting legal documents or obtaining assistance in contacting pro bono legal-assistance organizations from the ICE-provided list (**Deficiency ALM-2**). Providing a procedure for assistance to non-English speaking detainees allows wider access to the law library and its resources.

The facility's local detainee handbook does not notify detainees of the procedure for requesting additional time in the law library, the procedure for requesting legal reference materials not maintained in the law library, or the procedure for notifying a designated employee that library material is missing or damaged (**Deficiency ALM-3**). The rules and procedures governing access to legal materials are also not posted in the law library. Including the procedures in the detainee handbook and posting those procedures in the law library promotes efficient use of the law library and its resources.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(C), the FOD must ensure the law library shall contain the materials listed in Attachment A. INS shall provide an initial set of these materials. The facility shall post a list of its holdings in the law library.

DEFICIENCY ALM-2

In accordance with the ICE NDS, Access to Legal Material, section (III)(L)(1-2), the FOD must ensure unrepresented illiterate or non-English speaking detainees who wish to pursue a legal

claim related to their immigration proceedings or detention and indicate difficulty with the legal materials must be provided with more than access to a set of English-language law books.

Facilities shall establish procedures to meet this obligation, such as:

1. helping the detainee obtain assistance in using the law library and drafting legal documents from detainees with appropriate language and reading-writing abilities; and
2. assisting in contacting pro bono legal-assistance organizations from the INS-provided list.

If such methods prove unsuccessful in providing a particular non-English-speaking or illiterate detainee with sufficient assistance, the facility shall contact the INS to determine appropriate further action.

DEFICIENCY ALM-3

In accordance with the ICE NDS, Access to Legal Material, section (III)(Q)(4-6), the FOD must ensure the detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedures shall also be posted in the law library along with a list of the law library's holdings.

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at CCCF 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 interviewed staff, and reviewed local policy, training records, and admission and release documentation.

ICE officers assign a security classification before each detainee arrives at CCCF. The facility creates a detention file for every detainee admitted to CCCF during intake. CCCF officers inventory detainee funds and personal property in the presence of the detainee. Classification, medical screening, and orientation are also completed. CCCF officers issue the ICE National Detainee Handbook, the facility handbook, personal-hygiene items, clothing, and blankets during intake.

Upon admission, officers use a metal detector and perform a pat down search of each detainee to prevent contraband from entering the facility. ODO observed CCCF officers, without reasonable suspicion of contraband being present, order detainees to remove their clothing down to their underwear. When detainees shower in private, the shower room door is closed. Closing the shower room door prevents officers from hearing what transpires inside and could prevent an immediate response to an emergency or the detection of contraband missed during the initial search (**Deficiency AR-1**).

ODO reviewed 15 randomly-selected inactive detention files to determine if required documentation was present. ODO confirmed all 15 files contained a Form I-203, Order to Detain or Release. However, eight of the 15 I-203 forms were missing the signature of an ICE officer authorizing the removal of aliens as required by the NDS (**Deficiency AR-2**). Proper execution of an I-203 ensures facilities have been granted the authority to detain or release aliens.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the Change Notice Admission and Release - National Detention Standard Strip Search Policy, issued by Director Torres, dated October 15, 2007, the FOD must ensure 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 Centers (SPCs), Contract Detention Facilities (CDFs) and those locations having Intergovernmental Service Agreements (IGSAs) with ICE.

DEFICIENCY AR-2

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.

DETENTION FILES (DF)

ODO reviewed the Detention Files standard at CCCF to determine if files are created containing all significant information on detainees housed at the facility for over 24 hours, in accordance with the ICE NDS. ODO reviewed detention files, logbooks, policies and procedures, toured the admissions and release area, and interviewed staff.

As part of the intake process, staff creates a detention file when a detainee is admitted to the facility. During the detention file review, ODO randomly selected ten active and ten inactive detention files to determine if required documentation was present.

All ten active detention files reviewed contained original photographs, classification worksheets, personal property inventory sheets, and receipts for property and baggage. However, all ten active detention files lacked an officer's note activating the file (**Deficiency DF-1**). This deficiency was corrected on-site. CCCF provided ODO a copy of its revised cover form, noting that the detention file is now activated or deactivated with a signature from an officer. None of the ten active files reviewed contained a Form I-385 (Alien Booking Record) or a Housing Identification Card, as required by the NDS (**Deficiency DF-2**). The Form I-385 contains a picture of the detainee, the alien number, fingerprints, and detention and release dates.

Each of the ten inactive detention files reviewed contained a Form I-203, Order to Detain or Release, but did not contain the original I-385 and a notation that the file was complete and ready for archiving (**Deficiency DF-3**). These forms verify detainees are properly housed and classified according to criminal history, and ensure that detainees are detained or released with the proper authorization. A notation identifying a detention file as inactive ensures the efficient maintenance of archived records at the facility.

A logbook is used to document the removal of detention files from the file cabinet where they are kept; however, the logbook does not record the minimum information needed to properly track detention files (**Deficiency DF-4**). This deficiency was corrected on-site. CCCF provided ODO a copy of revised logbook entries reflecting the minimum required information, such as the detainee's name and alien number, reason for removing the detention file, and signature of the person removing the file, including title and department. This information provides efficient tracking of detention files if the files are lost or misplaced.

ERO does not create and maintain detention files at the ERO field office, as required by the NDS (**Deficiency DF-5**). The AFOD stated this was due to lack of resources. A duplicate copy at the field office ensures efficient filing of paperwork related to the detainee's detention.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DF-1

In accordance with the ICE NDS, Detention Files, section (III)(A)(2), the FOD must ensure when a detainee is admitted into a facility, staff will create a detainee detention file as part of in-processing (admissions) procedures.

2. The officer completing the admissions portion of the detention file will note that the file has been activated. The note may take the form of a generic statement in the Acknowledgment Form (see section III.B.1.h, below).

DEFICIENCY DF-2

In accordance with the ICE NDS, Detention Files, section (III)(B)(1)(a)(d), the FOD must ensure the detainee detention file will contain either originals or copies of forms and other documents generated during the admissions process. If necessary, the detention file may include copies of material contained in the detainee's A-File.

The file will, at a minimum, contain the following:

- a. I-385, Alien Booking Record; one or more original photograph(s) attached;
- d. Housing Identification Card

DEFICIENCY DF-3

In accordance with the ICE NDS, Detention Files, section (III)(E)(2)(3), the FOD must ensure staff will insert into the released detainee's detention file copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 and other documentation. The officer closing the detention file will make a notation (on the acknowledgement form, if applicable) that the file is complete and ready for archiving.

DEFICIENCY DF-4

In accordance with the ICE NDS, Detention Files, section (III)(F)(2)(a-e), the FOD must ensure, at a minimum, a logbook entry recording the file's removal from the cabinet will include:

- a. The detainee's name and A-number;
- b. Date and time removed;
- c. Reason for removal;
- c. [sic] Signature of person removing the file, including title and department;
- d. Date and time returned; and
- e. Signature of person returning the file.

DEFICIENCY DF-5

In accordance with the ICE NDS, Detention Files, section (IV), the FOD must ensure the field office with IGSA-facility jurisdiction shall create and maintain detention files on all detainees admitted to IGSA facilities. These files shall contain the same material (forms and other documents) as SPC/CDF detention files, to the extent possible, given that they are created by the field office. For example, if the field office takes and holds detainee property, the detention file shall contain the G-589's and I-77's. The file shall also contain copies of all I-203's and the G-385 related to the alien. The IGSA shall forward all documents relating to the individuals [sic] detention to the INS field office of jurisdiction for inclusion into the detention file.

DISCIPLINARY POLICY (DP)

ODO reviewed the Disciplinary Policy standard at CCCF to determine if sanctions imposed on detainees who violate facility rules are appropriate, and if the discipline process includes due process requirements, in accordance with the ICE NDS. ODO interviewed staff, reviewed the disciplinary policy and detainee handbook, and examined detainee disciplinary files.

The CCCF disciplinary system includes graduated scales of offenses and disciplinary sanctions. Procedures for appealing guilty findings are in place. Prohibited acts are classified as Class I, Class II, and Class III infractions (lowest to highest). Disciplinary segregation may be imposed as a sanction for Class II and III infractions only. A lieutenant is the designated hearing officer responsible for handling Class I infractions; Class II and III infractions are handled by the Misconduct Hearing Committee chaired by a lieutenant or higher. Review of disciplinary files for the seven detainees who committed infractions in the past 120 days confirmed all were handled in accordance with facility policy and the NDS.

ODO verified the detainee handbook describes the disciplinary system, including prohibited acts, sanctions, and appeal procedures. ODO noted the facility's disciplinary policy did not address use of confidential information in the disciplinary process (**Deficiency DP-1**). Addressing this matter in policy ensures confidential information is used and documented consistently. This deficiency was corrected on-site. During the ODO inspection, the policy was revised and staff was given directions for proper use and documentation of confidential information.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DP-1

In accordance with the ICE NDS, Disciplinary Policy, section (III)(K), the FOD must ensure when a decision relies on information from a confidential informant, the UDC or IDP shall include in the hearing record the factual basis for finding the information reliable.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at CCCF to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, and fire drills.

Material Safety Data Sheets and a master index of chemicals were available and complete, and documentation of review in accordance with the standard was produced. Reports were available for generator testing and maintenance, water quality testing, and pest control. The fire prevention, protection, and suppression plan was current and approved on June 14, 2012, by the local fire department. Sanitation throughout the facility was found to be excellent.

The facility has a system for storing, issuing, and maintaining inventories of hazardous materials; however, ODO found the inventory for a biological enzyme drain maintenance cleaner used in the kitchen was incorrect. The inventory listed 21 bottles of the product, but only 18 were present (**Deficiency EH&S-1**). Correct inventories should be maintained at all times to assure hazardous substances are controlled and accounted for. CCCF management stated the inventory would be corrected.

Monthly fire drills were conducted on each shift and documentation is on file. Emergency keys were not drawn and tested as part of the drills, as required by the NDS (**Deficiency EH&S-2**). Conducting emergency key drills ensures door locks are working properly should a fire or emergency occur requiring an evacuation.

Due to lack of alternative space, barbering is conducted in the law library during designated hours. The room does not have a sink for access to hot and cold water (**Deficiency EH&S-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.).

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4)(c), the FOD must ensure emergency key drills will be included in each drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.

DEFICIENCY EH&S-3

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1), the FOD must ensure the [barbering] operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.

FOOD SERVICE (FS)

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

The food service department is managed by (b)(7)e employees of CCCF, supported by a crew of (b)(7)e inmate workers. No ICE detainees work in food service. ODO verified food service staff and inmate workers receive medical clearances. The facility has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units on trays. Review of required inspections and temperature logs confirmed compliance with the standard. ODO verified all menus were certified by a registered dietitian on October 12, 2011. Religious and medically-prescribed meals are provided and properly documented. ODO observed food service staff and inmate workers are appropriately attired and equipped to assure food is prepared in a safe and sanitary manner. During detainee interviews, no detainees complained about food.

ODO observed knives used in the kitchen are tethered to work stations; however, the cables are not mounted through steel shanks (**Deficiency FS-1**). Mounting knife handles through steel shanks prevents breakage and removal of the blades, which enhances facility security by preventing these dangerous implements from leaving the food service area and entering the general population. CCCF management stated knives meeting the NDS requirement will be ordered and placed into service.

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, 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.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at CCCF to determine if controls are in place to inventory, receipt, store, and safeguard detainees' personal property, in accordance with the ICE NDS.

The property storage area at CCCF is clean and organized. It is located in a modified housing unit behind one solid locked door. The property storage area is used to secure property bins containing clothing and other personal items, such as legal papers and books. The storage area is secured when not attended by assigned staff, and is monitored 24 hours a day by control room staff. ODO found all detainee property bins are clearly marked with tags documenting the name and booking number of each detainee. Property is stored and organized using a numerical system.

ODO observed CCCF staff processing a detainee and then reviewed the CCCF Receiving, Temporary Release and Discharge Policy and Procedure. CCCF policy does not require its officers to obtain a forwarding address from every detainee admitted to the facility, as required by the NDS (**Deficiency F&PP-1**). Obtaining a forwarding address facilitates the mailing of lost or unclaimed property after the detainee's release, transfer, or removal.

CCCF has a written procedure for the inventory and receipt of detainee baggage and personal property (other than funds and valuables); however, the facility does not have a written procedure pertaining to the inventory and audit of detainee funds, valuables, and personal property (**Deficiency F&PP-2**). The inventory, receipt, and audit of detainee funds, valuables, and personal property ensure accountability and prevent property from being lost or stolen.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE NDS, Funds and Personal Property, section (III)(C), the FOD must ensure the standard operating procedure will include obtaining a forwarding address from every detainee who has personal property that could be lost or forgotten in the facility after the detainee's release, transfer, or removal.

DEFICIENCY F&PP-2

In accordance with the ICE NDS, Funds and Personal Property, section (III)(F), the FOD must ensure each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property.

KEY AND LOCK CONTROL (K&LC)

ODO reviewed the Key and Lock Control standard at CCCF to determine if facility safety and security is maintained by requiring keys and locks to be controlled and maintained, in accordance with the ICE NDS. ODO observed use, accountability, and maintenance of keys, interviewed the maintenance supervisor and other staff, inspected emergency keys in Central Control, and reviewed policy and documentation.

The maintenance supervisor is the designated security officer and has successfully completed an approved locksmith-training program. Based on interviews and documentation, ODO determined the maintenance supervisor has a comprehensive preventive maintenance program for keys and locks. Staff demonstrated a high degree of key security awareness.

ODO observed two padlocks on shower doors in the SMU and two slide-bolt locks on the door to the inside recreation area (**Deficiency K&LC-1**). CCCF staff stated they would remove the padlocks. Padlocks and slide-bolt locks prevent rapid exits in the event of an emergency, which pose a risk to the safety of detainees, visitors, and staff.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY K&LC-1

In accordance with the ICE NDS, Key and Lock Control, section (III)(B)(4)(b), the FOD must ensure locks not authorized for use in detainee-accessible areas include, but are not limited to: snap-, key-in-knob, thumb-turn, push-button, rim-latch, barrel or slide bolt, and removable-core-type locks (including padlocks). Any such locks in current use shall be phased-out and replaced with mortise lock sets and standard cylinders.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at CCCF to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO reviewed policies, verified medical staff credentials, inspected the training records of (b)(7)c correctional and (b)(7)e medical staff, and observed sick call, medication distribution, and one chronic care review. ODO reviewed 35 detainee medical records to assess compliance with requirements relating to intake and tuberculosis (TB) screening, physical examinations and sick call procedures, and an additional four records for detainees with mental health issues.

CCCF health care is provided by medical personnel employed by CMS, Inc. The facility holds no accreditations. The medical staff at CCCF is composed of (b)(7)e registered nurse (RN) administrator (b)(7)e licensed practical nurses (LPN), (b)(7)e site physician, and (b)(7)e physician assistant – certified (PA-C). The medical department has 16-hour nursing coverage from 7:30 a.m. to 11:30 p.m., seven days per week. The RN manages the department and is present two to three hours per day, for an average of 14 hours per week. The RN also provides on-call coverage during non-business hours. The physician is on-site once a week for eight hours and is on call 24 hours a day. The PA-C is on site three times a week, for a total of 24 hours per week. In addition, (b)(7)e on-call PA-Cs are available should the on-site PA-C need additional coverage or assistance. An additional PA-C is being added to the staff to increase provider presence to four days per week. CCCF management stated that interviews for the position are ongoing. There is a county-employed social worker acting as the mental health coordinator. The social worker is on-site three times a week, for an average of 12 to 15 hours per week. In addition, a county-employed psychiatrist is on-site once per month for eight hours.

The personnel files for each of the (b)(7)e medical staff were reviewed; all contain current licenses and cardiopulmonary resuscitation (CPR) certifications. The providers have current Drug Enforcement Administration (DEA) licenses on file. The training records of (b)(7)c custodial staff contain current CPR certifications. CPR is a mandatory training topic at the initial and annual refresher training courses.

Dental services are provided at community dental clinics. Pharmacy services are provided by a mail-order company, with a local pharmacy available to provide medications ordered to begin immediately. Detainees in need of inpatient medical services and other specialty care are sent to Lock Haven Hospital, which is approximately five miles away. CCCF management stated that detainees with high acuity levels or detainees whose medical needs exceed the facility's ability to provide care are not accepted at CCCF.

All medical services, such as intake screening, physical examinations, sick call, blood pressure checks, and chronic care visits, are conducted inside a small room which also serves as storage for supplies, medications, and medical records. The room does not have enough space for more than one activity at a time. For example, a nurse preparing medications would have to stop and leave the room if a detainee is brought in for an interview or examination. ODO found the space inadequate and a potential impediment to efficient clinic administration (**Deficiency MC-1**).

Medical intake screenings are conducted by an LPN within eight hours of the arrival of each detainee; mental health screenings are conducted by trained booking officers immediately upon arrival of each detainee. Detainees are tested for TB using the Purified Protein Derivative (PPD) skin test method. Chest X-rays to rule out TB are performed at Lock Haven Hospital for detainees who test positive, have a history of positive PPD tests, or who have signs and symptoms of active TB. ODO confirmed compliance with NDS requirements for intake and TB screening in all 39 records reviewed. A health appraisal and a physical examination (PE) were conducted by the provider within 14 days of arrival in 37 of 39 cases. A PE was conducted on day 17 for one detainee and day 19 for another (**Deficiency MC- 2**). It is anticipated the addition of one PA-C to the staff will improve compliance with the NDS requirement to conduct a PE within 14 days.

The nursing staff uses the Language Line telephone service for non-English speaking detainees. ODO observed this during the review. Access to medical services is explained to detainees during intake screening and is addressed in the detainee handbook. Detainees access medical services by submitting sick call request forms printed in English and Spanish, which are available in the housing units. The forms are deposited in locked boxes and are retrieved by the nursing staff on a daily basis.

Nurses conduct sick call seven days a week. Detainees are referred to a provider when determined necessary, otherwise, nurses address medical complaints using a set of physician-approved nursing protocols. During the medical record review, ODO found three cases where an LPN provided treatment not called for in the physician-approved nursing protocols, thereby acting outside the scope of licensure. In two of the three cases, ODO found entries from nurses referring to sick call encounters in the medical records; however, there was no corresponding sick call request form to confirm the encounters (**Deficiency MC-3**). ODO recommends facility management takes steps to ensure sick call request forms are incorporated and secured in medical records to provide efficient and timely medical care to detainees. In the three cases where an LPN practiced outside of the physician-approved nursing protocols, one case involved a complaint of sore throat where the LPN issued Ibuprofen instead of Tylenol as ordered in the protocol. When asked why Ibuprofen was substituted without an order from a physician, the nurse stated ICE will reimburse for Ibuprofen but not for Tylenol. In the other two cases, detainees complained of having a rash. An LPN issued hydrocortisone 1 percent cream, which the nursing protocol states is to be given for rashes where there are signs of infection. The detainees had simple rashes with no signs of infection present. In all three cases, ODO found that by acting outside physician-approved nursing protocols, an LPN issued medication not ordered by a physician (**Deficiency MC-4**). ODO was informed the physician-approved nursing protocols were last reviewed by the LPNs in October 2010. ODO recommends an annual review of these protocols to ensure familiarity.

LPNs are responsible for medication distribution. During review of MARs, ODO found a detainee with persistent high blood pressure readings who had consistently refused to take prescribed anti-hypertension medication. An LPN appropriately documented refusal of the medication on the MAR, and the medical record documents the provider was aware the detainee was non-compliant. However, there was no documentation that ICE was ever notified

(Deficiency MC-5). Though not an NDS requirement, there was no documentation the detainee was counseled on the critical importance of taking the medication. On the third day of the ODO inspection, the detainee was brought to the medical unit and informed of the serious risk and consequences of non-compliance with medication orders. The detainee signed a refusal form, and ERO was informed the detainee was at a risk for a medical crisis.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(B), the FOD must ensure adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private.

DEFICIENCY MC-2

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure 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.

DEFICIENCY MC-3

In accordance with the ICE NDS, Medical Care, section (III)(F), the FOD must ensure all facilities must have a procedure in place to ensure that all request slips are received by the medical facility in a timely manner.

DEFICIENCY MC-4

In accordance with the ICE NDS, Medical Care, section (III)(I), the FOD must ensure distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medications given to detainees.

DEFICIENCY MC-5

In accordance with the ICE NDS, Medical Care, section (III)(L), the FOD must ensure, as a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances. If a detainee refuses treatment, the INS will be consulted in determining whether forced treatment will be administered, unless the situation is an emergency. In emergency situations, the INS shall be notified as soon as possible.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at CCCF to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE NDS. ODO interviewed staff and detainees, toured and observed housing units, and reviewed policies, request logs, ERO visitation records, and detention files.

ERO has placed small red lock boxes for detainee requests in or near each of the ICE detainee housing units. These lock boxes are only accessible to ERO personnel who retain the keys. ERO personnel pick up the detainee requests on a daily basis.

The field office has a local policy and procedure to ensure and document that ERO supervisory and non-supervisory personnel conduct frequent unannounced and unscheduled visits. ODO verified regular unannounced visits are conducted and documented. ERO also conducts weekly scheduled visits, and schedules for these visits are conspicuously posted in each housing unit. Scheduled visits are documented on the Facility Liaison Visit Checklist as required by the Model Protocol, Staff Detainee Communication. Weekly telephone maintenance is also conducted and recorded in a logbook.

Detainee requests are logged and responded to within 72 hours of receipt by ERO. ODO verified the detainee request log maintained by ERO does not identify the ERO officer logging the request, and detainee requests are not filed in detainee detention files (**Deficiency SDC-1**). Identifying the ERO officer logging the request and maintaining copies of closed detainee requests promotes accountability.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2)(e), the FOD must ensure all requests shall be recorded in a logbook specifically designed for that purpose.

The log, at a minimum, shall contain:

e. Officer logging the request.

All completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years.

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the Suicide Prevention and Intervention standard at CCCF 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 facility suicide prevention policies and training curriculum, interviewed staff, and inspected training records.

Review of training records for all (b)(7)e medical and (b)(7)c correctional staff confirmed all completed initial and ongoing suicide prevention training. A social worker employed by Clinton County acts as the CCCF mental health coordinator and is on-site three times a week for a total of 12 to 15 hours. A psychiatrist provides services on-site once a month, for a total of eight hours. The social worker stated to ODO that the Lycoming-Clinton County Mental Health Crisis Team is available for evaluation and crisis intervention, and will assist in facilitating psychiatric hospitalization if needed. Crisis team members can be at the facility within one to two hours after being contacted.

Intake screening at CCCF is two-fold: mental health screenings are conducted immediately upon intake by officers assigned to the booking area on a permanent basis; medical intake screenings are conducted by an LPN within eight hours of the arrival of each detainee. The medical intake screening conducted by nurses includes only one question on suicidal ideation and therefore does not constitute an adequate assessment of suicide potential. ODO verified the mental health screening form completed by officers includes appropriate questions addressing suicidal ideation; however, none of the (b)(7)e booking officers at CCCF have had specialized training in conducting mental health or suicide screenings, as required by the NDS (**Deficiency SP&I-1**). ODO also notes that no follow-up reviews of the screening forms are conducted by medical or mental health personnel, and the screening forms are maintained in the detention files rather than the medical records. ODO recommends mental health personnel train booking officers in completing the mental health and suicide screenings, and the forms should be forwarded to the mental health coordinator for review and filing in the medical record.

ODO was informed the CCCF physician is contacted when a detainee with a verified, valid prescription for psychotropic medication is admitted to CCCF. The physician orders continuation of the medication and may refer the detainee to the psychiatrist if it is determined to be necessary. Medication compliance and effectiveness is monitored, and ICE is notified of any detainee deemed unstable. Placement in an alternative facility is arranged for detainees requiring complex management of mental health issues.

CCCF management stated two cells in the booking area are used for suicide watch. ODO observed that each cell had large hooks on the walls, a metal-framed security mirror, and handicap bars by the toilet and bed, all of which may be used to facilitate a suicide attempt (**Deficiency SP&I-2**). This deficiency was corrected on-site; the large hooks on the walls, security mirrors, and handicap bars were removed from both cells.

There were no detainees on suicide watch at the time of the review. ODO confirmed no detainees have been placed on suicide watch in the past four years. There was one detainee

suicide at CCCF that occurred on February 23, 2011, and was investigated by ODO. The detainee was in ICE custody for nine days at the time of his death and was not on suicide watch when the death occurred. Officers who conducted the mental health screening at that time did not have specialized training to conduct mental health or suicide screenings, as required by the NDS. This remains the case at CCCF.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SP&I-1

In accordance with the ICE NDS, Suicide Prevention and Intervention, section (III)(B), the FOD must ensure suicide potential will be an element of the initial health screening of a new detainee, conducted by either the health care provider or a specially trained officer.

DEFICIENCY SP&I-2

In accordance with the ICE NDS, Suicide Prevention and Intervention, section (III)(C), the FOD must ensure, if danger to life or property appears imminent, the medical staff has the authority, with written documentation, to segregate the detainee from the general population. A detainee segregated for this reason requires close supervision in a setting that minimizes opportunities for self-harm. The detainee may be placed in a special isolation room designed for evaluation and treatment. The isolation room will be free of objects or structural elements that could facilitate a suicide attempt. If necessary, the detainee may be placed in the Special Management Unit, provided space has been approved for this purpose by the medical staff.

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at CCCF to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE NDS. ODO interviewed staff and detainees, reviewed facility policies, procedures, and the detainee handbook, and tested the telephones in the detainee housing units.

CCCF provides detainees with reasonable and equitable access to telephones. Detainees in the SMU are allowed the same telephone privileges as detainees in the general population. Detainees are also permitted to make inter-facility telephone calls and may contact family members in case of an emergency.

There are sufficient telephones available to accommodate the number of detainees in each housing unit; there is a minimum of one telephone for every 25 detainees. ICE staff conducts and documents weekly telephone serviceability checks to verify telephone operability. CCCF staff members perform daily inspections of the telephones in each housing unit to ensure all telephones are functional.

Copies of current pro bono legal assistance and consular lists are conspicuously posted in all housing units. The orientation video, the detainee handbook, a recorded message on each telephone, and a posting at each handset advise detainees that all calls are monitored; however, general telephone rules are not conspicuously posted (**Deficiency TA-1**). The procedure for obtaining an unmonitored call to a court, legal representative, or for the purpose of obtaining legal representation is not posted at each telephone unit (**Deficiency TA-2**). Informing detainees of the procedures to obtain unmonitored legal calls ensures attorney-client privileged communications are protected.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE NDS, Telephone Access, section (III)(B), the FOD must ensure, as described in the “General Provisions” standard, the facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them.

DEFICIENCY TA-2

In accordance with the ICE NDS, Telephone Access, section (III)(K)(2), the FOD must ensure, if telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating:

2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.