



U.S. Department of Homeland Security
U.S. 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 Baltimore Field Office

Frederick County Adult Detention Center
Frederick, Maryland

September 21-24, 2020

COMPLIANCE INSPECTION
for the
Frederick County Adult Detention Center
Frederick, Maryland

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FACILITY OVERVIEW

The Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Frederick County Adult Detention Center (FCADC) in Frederick, Maryland from September 21-24, 2020.¹ The facility opened in October 1984 and is owned by the Frederick County Government and operated by the Frederick County Sheriff. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at FCADC in June 2007 under the oversight of ERO's Field Office Director in Baltimore. The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers (DOs) nor a detention services manager to FCADC. An FCADC corrections bureau chief handles daily facility operations and is supported by uniform and civilian personnel. FCADC county employees provide food services, Wellpath provides medical care, and Keefe Commissary Network provides commissary services at FCADC. FCADC was accredited by the National Commission on Correctional Health Care in September 2018 and the Maryland Commission on Correctional Standards in November 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	37
Average ICE Detainee Population ³	12
Male Detainee Population (as of 9/21/2020)	0
Female Detainee Population (as of 9/21/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2019, ODO found 16 deficiencies in the following areas: Admission and Release (2); Food Service (3); Funds & Personal Property (2); Staff Detainee Communication (1); Environmental Health & Safety (4); Use of Force (1); Medical Care (2) and Sexual Abuse and Assault Prevention and Intervention (1).

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

² Data Source: ERO Facility List Report as of September 21, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Medical Care	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	2
Part 5 – Activities	
Recreation	0
Religious Practices	1
Telephone Access	2
Visitation	3
Sub-Total	6
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	8

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

DETAINEE RELATIONS

During this contingency inspection, FCADC was not housing detainees due to the implementation of COVID-19 precautionary measures and had not housed detainees since April 6, 2020.⁶ Subsequently, ODO did not interview any detainees during this remote contingency inspection. FCADC currently did not have a timetable as to when it will resume housing detainees, and is awaiting further developments and statewide phase re-opening guidance as related to the global COVID-19 pandemic.

COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed twelve detainee medical files and found FCADC did not complete one detainee comprehensive health assessment within 14-days of the detainee's arrival to FCADC. Instead the health assessment was completed 30-days after the detainee's arrival (**Deficiency MC-1**⁷).

ODO reviewed FCADC's Infection Control Manual and found FCADC had not updated the Tuberculosis (TB) section of the manual to address detainees with suspected or confirmed TB cases requiring evaluation for the human immunodeficiency virus (HIV). Additionally, FCADC had not updated the Bloodborne Pathogen section of the manual to reciprocally address a detainee with HIV requiring evaluation for TB disease. ODO reviewed patient historical records and determined FCADC did not encounter any suspected TB or HIV cases since adopting NDS 2019; however, ODO identified this as an **Area of Concern**.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION

ODO reviewed FCADC's Suicide Prevention and Intervention Program, HCD 100-B-05, dated April 1, 2020, and the Suicide Risk/Reduction Management/Hunger Strike policy, 2-111, dated September 1, 2020, and found the facility had not revised the policies. The policies should have addressed the following NDS 2019 components: a mental health provider conducting welfare checks every eight hours for detainees on suicide watch; ICE/ERO Baltimore notifications of any suicide, suicide attempt, or suicide watch; the need for all involved staff to complete an incident report within 24 hours of any suicide or suicide attempt; and the requirement to cooperate with ICE/ERO Baltimore on any mortality review process triggered by a death resulting from suicide. Furthermore, ODO determined FCADC did not have any incidents related to detainee suicide risk since its transition to NDS 2019. ODO identified this as an **Area of Concern**.

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO interviewed FCADC personnel and reviewed documentation and determined FCADC's

⁶ Data Source: ERO Facility List Report as of September 21, 2020.

⁷ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility..." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

orientation program did not inform and notify detainees about the disability accommodations policy, including their right to request reasonable accommodations and how to make such a reasonable accommodation request. Additionally, FCADC did not post related disability documents for detainee awareness in the detainee living areas and medical unit (**Deficiency DIA&A-1⁸**).

ACTIVITIES

RELIGIOUS PRACTICE (RP)

ODO reviewed FCADC's religion policy and determined FCADC did not establish a policy regarding how to facilitate the observance of important religious holy days (**Deficiency RP-1⁹**).

TELEPHONE ACCESS (TA)

ODO interviewed FCADC staff and found personnel did not inspect the detainee telephones daily to ensure they were operational (**Deficiency TA-1¹⁰**).

ODO reviewed photographs and determined the official list of *pro bono* legal organizations, free legal service providers, and consulates and embassies provided to detainees had not been updated since 2018 and were not current (**Deficiency TA-2¹¹**).

Corrective Action: On September 22, 2020, FCADC initiated corrective actions by updating the official list of *pro bono* legal organizations, free legal service providers, and consulates and embassies with the assistance of the ERO Baltimore field office. Additionally, following approval by the corrections bureau chief, FCADC added the updated information to the detainee handbook and the housing unit electronic kiosk. Furthermore, an ERO supervisor verbally stated a DO will monitor the facility postings to ensure FCADC maintains current listings as required (**C-1**).

VISITATION (V)

ODO reviewed FCADC's visitation policy and procedures and determined FCADC did not have written procedures regarding accepting money from visitors for a detainee's account. (**Deficiency**

⁸ "The facility orientation program shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by ICE/ERO." See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section (II)(I).

⁹ "A policy consistent with maintaining safety, security and the orderly operation of the facility shall be in place to facilitate the observance of important religious holy days..." See ICE NDS 2019, Standard, Religious Practices, Section (II)(I).

¹⁰ "The facility shall maintain detainee telephones in proper working order. Appropriate facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service, and ensure required repairs are completed quickly." See ICE NDS 2019, Standard, Telephone Access, Section (II)(D).

¹¹ "...ICE/ERO headquarters shall maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates and embassies, and the Department of Homeland Security's (DHS) Office of the Inspector General (OIG), and the ICE/ERO DRIL. All Field Offices are responsible for ensuring facilities which house ICE detainees under their jurisdiction are provided with current pro bono legal service information..." See ICE NDS 2019, Standard, Telephone Access, Section (II)(E).

V-1¹²).

ODO interviewed FCADC personnel and determined FCADC allows legal representatives to telephone FCADC in advance to determine whether a detainee is detained in FCADC ; however, no written policy had not been generated pertaining to advanced calls by legal representatives (**Deficiency V-2¹³**).

ODO reviewed FCADC’s visitation policy and procedures and determined FCADC did not have written legal visitation procedures that provide for the exchange of documents between the detainee and legal representative when contact visitation rooms were unavailable (**Deficiency V-3¹⁴**).

CONCLUSION

During this inspection, ODO assessed FCADC’s compliance with 18 standards under NDS 2019 and found FCADC in compliance with 13 of those standards. ODO found eight deficiencies in the remaining five standards. ODO commends FCADC staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the inspection. Furthermore, ODO cited two Areas of Concern, one in the Medical Care section and the other in the Significant Self-Harm and Suicide Prevention and Intervention section. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (NDS 2000 and PBND 2011)	FY 2020 (NDS 2019)
Standards Reviewed	18	18
Deficient Standards	8	5
Overall Number of Deficiencies	16	8
Repeat Deficiencies	1	N/A
Corrective Actions	5	1

¹² “The facility shall have written procedures regarding incoming property and money for detainees. The facility shall allow a visitor to leave money for deposit in a detainee’s account. The visitor will receive a receipt for all money or property left at the facility unless it is allowed to be given directly to the detainee...” See ICE NDS 2019, Standard, Visitation, Section (II)(D).

¹³ “Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility.” See ICE NDS 2019, Standard, Visitation, Section (II)(G)(6).

¹⁴ “The facility’s written legal visitation procedures must provide for the exchange of documents between detainee and legal representative (or legal assistant) even when contact visitation rooms are unavailable...” See ICE NDS 2019, Standard, Visitation, Section (II)(G)(9).