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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Atlanta Field Office

Irwin County Detention Center
Ocilla, GA

March 3-5, 2020

**COMPLIANCE INSPECTION
of the
IRWIN COUNTY DETENTION CENTER
Ocilla, GA**

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Irwin County Detention Center (ICDC) in Ocilla, Georgia, from March 3 to 5, 2020.¹ The facility opened in 1994 and is owned by Irwin County and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ICDC in 2011 under the oversight of ERO's Field Office Director in Atlanta (ERO Atlanta). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned Deportation Officers and a Detention Services Manager to the facility. A LaSalle Corrections Warden handles daily facility operations and is supported by [REDACTED] personnel. LaSalle Corrections staff provides food services and medical care, and Correct Commissary provides commissary services at the facility.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	984
Average ICE Detainee Population ³	788
Male Detainee Population (as of 3/5/2020)	391
Female Detainee Population (as of 3/5/2020)	298

During its last inspection, in FY 2017, ODO found 26 deficiencies in the following areas: Environmental Health and Safety (5); Admission and Release (1); Classification System (1); Special Management Units (1); Staff-Detainee Communication (2); Use of Force and Restraints (1); Medical Care (9); Telephone Access (3); Grievance System (1); and Law Libraries and Legal Materials (2).

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

² Data Source: ERO Facility List Report as of February 24, 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.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. 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.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	3
Sub-Total	3
Part 2 – Security	
Admission and Release	5
Classification System	4
Funds and Personal Property	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	3
Use of Force and Restraints	2
Sub-Total	18
Part 4 – Care	
Food Service	2
Medical Care	3
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation ⁶	2
Sub-Total	7
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	2
Visitation	4
Sub-Total	6
Part 6 – Justice	
Grievance Systems	2
Law Libraries and Legal Materials	0
Sub-Total	2
Total Deficiencies	36

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

⁶ This standard inspected under PBNDs 2011 (Revised 2016).

DETAINEE RELATIONS

ODO interviewed 24 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services except for the medical concerns listed below.

Medical Care: One detainee complained she would like to receive nose surgery and is not satisfied with the nasal spray provided by medical staff.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file and determined an initial physical examination was completed on October 30, 2018, and an annual physical examination was performed in 2019. She was evaluated by an Ear, Nose, and Throat consultant and a nasal septal deviation was diagnosed with surgical correction recommended. However, a nasal septal deviation is not a medical necessity, so conservative treatment such as nasal sprays is acceptable care.

Medical Care: One transgender detainee complained she is not satisfied with medical services provided because she has a ruptured breast implant.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file and determined the detainee is a 31-year-old male that identifies himself as female. The detainee arrived at ICDC on January 7, 2020, with medical intake documenting hormonal replacement and surgical breast augmentation. The detainee received appropriate evaluations from the medical staff and mental health. A review of the medical records and medication administration records (MARS) revealed the detainee did not receive prescribed medications from January 7-28, 2020, which delayed and interrupted medical care. On February 19, 2020, the detainee was evaluated for a self-reported chest pain, so she underwent an emergency mammogram to be evaluated for possible ruptured saline breast implants. The next day, a mammogram revealed changes consistent with a possible rupture of one of the breast implants and an MRI was recommended for further evaluation. The detainee was scheduled to undergo a breast MRI on March 6, 2020.

Medical Care: Another detainee complained about thyroid pain and not receiving appropriate medical care. The detainee also complained about delayed dental care due to the endocrinologist facing multiple lawsuits.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file. This detainee was diagnosed as having hypothyroidism as he was undergoing evaluations by the endocrinologist. The detainee received a thyroid scan on February 23, 2020, and a thyroid biopsy was completed on February 6, 2020. As of March 3, 2020, the biopsy results were not available at ICDC, so ODO advised the Director of Nursing (DON) to request the biopsy results from the ICDCF medical clinic and to follow-up with the endocrinologist. The detainee also reported the reason for delay of medical care was that the consultant endocrinologist is faced with a multitude of

legal actions. These allegations were not validated by ODO; however, the DON stated ICDC utilizes more than one community endocrinologist.

Medical Care: One detainee complained about back pain after falling in the shower and receiving only Tylenol as medication.

- Action Taken: ODO reviewed the detainee's medical record and noted the detainee has a history of hypertension, hypokalemia, and uses a C-Pap machine for sleep apnea. There were no notes of an evaluation or treatment for a back injury in the medical record. Based on review of the medical record and concerns, the DON requested the detainee come to medical for an evaluation.

Medical Care: One detainee complained about receiving a pap smear while [REDACTED], and she only received three-days of a five-day medication prescription.

- Action Taken: ODO reviewed the detainee's medical record and noted the detainee was evaluated and treated for Trichomonas Vaginitis. She received treatment with Flagyl for one week, which was appropriate. Regarding the [REDACTED] there is no medical reason for [REDACTED] to be removed for a non-pregnant female vaginal examination.

Medical Care: One detainee complained about constipation and not receiving an adequate diet for the issue.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file, which revealed the detainee was evaluated on October 18, 2019. The detainee was treated by the medical staff for constipation and the stool softener Colace and Fiber were prescribed. On January 29, 2020, the detainee requested discontinuation of the prescribed treatment. There is no medical indication to prescribe a medical diet for constipation.

Medical Care: One detainee stated he had pain while urinating. The detainee stated he was seen by medical, but his issue was not resolved.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee reported having pain while urinating and was evaluated during sick call on October 31, 2019. The detainee's urine specimen revealed normal urine results, with a trace of protein. The facility's medical staff advised the detainee to increase fluid intake and the detainee had no further complaints. On December 9, 2019, the detainee was evaluated during sick call for fungus on his toenail and treated based on approved treatment protocol. He was reevaluated on January 27, 2020, and prescribed topical medications for his fungal infection on his toenail. A review of MARS showed the prescribed medication was dispensed and available on January 28, 2020, but the detainee did not show up to the pill line for daily treatment. Hence, the detainee received appropriate medical care, but he failed to comply with treatment.

Medical Care: Another detainee stated she complained to the medical staff about her constipation. She stated the medical staff provided her with medicine, which did not help, and they also stopped responding to her medical requests.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file and determined the detainee arrived at ICDC on July 29, 2019, and complained of constipation. The detainee received an abdominal x-ray which revealed a large amount of fecal material without any intestinal obstruction. The medical staff provided the detainee milk of magnesia and prescribed Colace, a stool softener. The medical records revealed the detainee did not report to the pill line to receive the prescribed maintenance medication. The detainee did receive the appropriate evaluation and treatment for constipation.

Medical Care: One detainee complained she needed glasses. She submitted a medical request but was not assisted until she submitted a grievance approximately four months later, at which time she was finally helped.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee reported she needed glasses on August 6, 2019. The next day, she underwent a physical examination, but a visual acuity assessment was not completed. She submitted a sick call request on September 21, 2019, for glasses, but no eye examination was completed. On February 13, 2020, she was evaluated during sick call due to blurred vision. An eye examination revealed an acuity reading of 20/50, but did not specify right eye, left eye or both eyes. She was finally evaluated by the optometrist on February 20, 2020, and it was determined the detainee had a valid complaint. ICDC failed to perform the appropriate base line eye examination and delayed referral to the optometrist. Before ODO departed, there was no documentation provided pertaining to whether the detainee received glasses.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the housing units and observed graffiti on the walls; vents, lights and windows were covered with paper; and additional cleaning is required in the toilet/shower areas (**Deficiency EH&S-1⁷**).

ODO reviewed the inventories of the [REDACTED] and found the inventories were accurate; however, ODO found the documentation did not support the Health Service Administrator conducted [REDACTED] (**Deficiency EH&S-2⁸**).

ODO toured the medical department and observed the medical records room had not been cleaned due to the number of staff utilizing the space. Additionally, medical records were stored on the floor and across the desks throughout the area (**Deficiency EH&S-3⁹**).

ODO noted an **Area of Concern** by observing the roof leaking in several places throughout the facility, due to inclement weather during the inspection. The facility staff placed blankets around some of the doorways to help mitigate water leaking. ICDC has a flat roof, which was leaking around the skylights in two housing units and in one inside recreation area. An interview with the maintenance supervisor found he was aware of the concern and stated they had a plan to fix the roof as soon as weather permitted.

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's orientation procedures and found the procedures were not approved by the local ICE/ERO Atlanta (**Deficiency A&R-1¹⁰**)

Corrective Action: The facility initiated corrective action by obtaining approval for orientation procedures from the local ICE/ERO Atlanta on March 5, 2020 (**C-1**).

ODO interviewed the detainee services administrator and found the "Know Your Rights" video is

⁷ "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE 2008 PBNDS, Standard, Environmental Health and Safety, Section (V)(C). **This is a Repeat Deficiency.**

⁸ "Items that pose a security risk, such as [REDACTED] shall be inventoried and checked [REDACTED] by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." See ICE 2008 PBNDS, Standard, Environmental Health and Safety, Section (VIII)(D).

⁹ "Environmental cleanliness will prevent, reduce and control nosocomial infections due to contaminated environmental surfaces. The HSA or designee is responsible for ensuring the cleanliness of the medical facility." See ICE 2008 PBNDS, Standard, Environmental Health and Safety, Section (VIII)(F). **This is a Repeat Deficiency.**

¹⁰ "Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction." See ICE 2008 PBNDS, Standard, Admission and Release, Section (V)(F). **This is a Priority Component and Repeat Deficiency.**

available in English and Spanish; however, is not provided to the detainees to view as required, although a written video transcript is available (**Deficiency A&R-2¹¹**).

ODO reviewed 25 detainee detention files and found nine files were missing documentation that the detainees received the ICE National Handbook upon arrival to the facility between March 2019 through May 2019. The facility implemented a new form for documenting receipt of the ICE National Handbook and local supplement in June 2019 (**Deficiency A&R-3¹²**).

ODO reviewed the facility's release procedures and found the procedures were not approved by the local ICE/ERO Atlanta (**Deficiency A&R-4¹³**)

Corrective Action: The facility initiated corrective action by obtaining approval for release procedures from the local ICE/ERO Atlanta on March 5, 2020 (**C-2**).

ODO reviewed five detention files for detainees who had been released and found four files were missing an Order to Release (Form I-203a), and four were missing documentation verifying the return of detainee funds in accordance with the standard and ICDC policy (**Deficiency A&R-5¹⁴**).

ODO noted a **Best Practice** that the review of the orientation procedures at ICDC found case management staff conduct an in-person orientation in lieu of a facility specific video. ODO observed this program during the inspection and found the staff were thorough, providing a hands-on approach by explaining the local procedures and policies. Detainees were permitted to ask questions throughout the orientation and staff addressed the questions.

CLASSIFICATION SYSTEM (CS)

ODO reviewed 25 detainee detention files and found classification is performed and approved by ICE/ERO Atlanta using the ICE Risk Classification Assessment or the Classification Worksheet; however, two files did not have supervisory approval of detainees' classification level (**Deficiency CS-1¹⁵**).

ODO interviewed the booking and property supervisor and found classification training was not conducted, but the ICDC staff relied upon ICE/ ERO Atlanta classification assignments for the detainees. Training is necessary to review the detainees' classification, ensure proper housing

¹¹ "Availability of pro bono legal services, and how to pursue such services in the facility, including accessing "Know Your Rights" presentations." See ICE 2008 PBNDS, Standard, Admission and Release, Section (V)(F)(4).

¹² "In accordance with the Detention Standard on Detainee Handbook, every facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and the local supplement that fully describes all policies, procedures, and rules in effect at the facility." See ICE 2008 PBNDS, Standard, Admission and Release, Section (V)(G)(1).

¹³ "ICE/DRO shall approve ISGA release procedures." See ICE 2008 PBNDS, Standard, Admission and Release, Section (V)(H).

¹⁴ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, checking wants and warrants, etc." See ICE 2008 PBNDS, Standard, Admission and Release, Section (V)(H).

¹⁵ "Each detainee's classification shall be reviewed and approved by a classification specialist, first-line supervisor, or classification supervisor." See ICE 2008 PBNDS, Standard, Classification System, Section (V)(A).

assignments, and perform reclassification for detainees as needed (**Deficiency CS-2¹⁶**).

ODO reviewed detainee files requiring reclassification and found 2 out of 22 files did not have evidence a reassessment was conducted after 60, 90, or 120 days. Prior to detainees being released from the special management unit (SMU), 10 out of 11 files did not have a special reassessment completed within 24 hours (**Deficiency CS-3¹⁷**).

ODO observed several detainees throughout the facility not wearing the color-coded wristband issued during the booking process. (**Deficiency CS-4¹⁸**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO observed detainees being provided a plastic storage bin to hold their personal property in the housing unit; however, the bins are not able to be locked or secured (**Deficiency F&PP-1¹⁹**).

ODO interviewed the booking and property supervisor and found foreign currency is placed in an envelope and stored with the small valuables in the detainee's personal property and then stored in the property room. Foreign currency is not accounted for nor documented on the G-589, Property Receipt Form or Form G-589 (**Deficiency F&PP-2²⁰**).

ODO interviewed the booking and property supervisor and determined large valuables are not tagged with the Form G-589 and a Baggage Check Form I-77, nor are they recorded in a G-589 Property Receipt Logbook (**Deficiency F&PP-3²¹**).

¹⁶ "All facility staff assigned to classification duties shall be adequately trained in the facility's classification process." See ICE 2008 PBNDS, Standard, Classification System, Section (V)(A).

¹⁷ "Forms and Time Requirements

- Initial assessment. An Initial Assessment Scale is to be used for all detainees after completion of the In-Processing Health Screening form (DIHS-794 or equivalent). Detainees shall be processed for housing assignments within twelve (12) hours of arrival at the facility. Ordinarily, the initial assessment process shall be completed within twelve (12) hours of admission to the facility. If the process takes longer, documentation will be maintained as to what delayed the process and the detainee will be housed appropriately.

- First Reassessment. A Classification Reassessment shall be completed 60 to 90 days after the date of the initial assessment.

- Subsequent Reassessments. At SPCs and CDFs, subsequent reassessments are to be completed at 90 to 120-day intervals from the first reassessment. Detainees in IGSA facilities shall be offered subsequent classification reassessments at similar intervals.

- Special Reassessment. A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation, and at any other time when additional, relevant information becomes known. Reclassification may occur as a result of an assault, a criminal act, or victimization."

See ICE 2008 PBNDS, Standard, Classification System, Section (V)(B). **This is a Repeat Deficiency.**

¹⁸ "This single system of color-coding permits staff to identify a detainee's classification on sight thus eliminating confusion, preventing miscommunication with potentially serious consequences, and facilitating consistent treatment of detainees." See ICE 2008 PBNDS, Standard, Classification System, Section (V)(C).

¹⁹ "Every housing area shall have lockers or other securable space for storing detainees authorized personal property." See ICE 2008 PBNDS, Standard, Funds and Personal Property, Section (V)(E)(4).

²⁰ "For recordkeeping and accounting purposes, use of the G-589 property Receipt form is mandatory to inventory any funds removed from a detainee's possession, and a separate form G-589 is required for each kind of currency and negotiable instrument." See ICE 2008 PBNDS, Standard, Funds and Personal Property, Section (V)(G)(1).

²¹ "2. Small Valuables, including jewelry. The G-589 shall describe each item of value. Jewelry shall be described in general terms (for example, ring – yellow/white metal with red/white stone), with no mention of brand name or

SPECIAL MANAGEMENT UNITS (SMU)

ODO toured the facility's segregation units and found a permanent log was not available (**Deficiency SMU-1²²**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by creating a permanent logbook, placing it in the SMU on March 5, 2020. (**C-3**).

ODO noted an **Area of Concern** by observing medical and custody supervisory staff signing SMU records before they visited the unit for their [REDACTED] checks.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility ICE visitation logs and found ICE supervisory staff did not consistently conduct [REDACTED] visits (**Deficiency SDC-1²³**).

ODO reviewed the ICE telephone serviceability logs and found the local ICE/ERO staff did not check teletypewriter phones to ensure they are working and available for hearing-impaired detainees. (**Deficiency-SDC-2²⁴**).

ODO reviewed the model protocol form log and found local ICE/ERO Atlanta staff did not consistently complete the Model Protocol Form (**Deficiency SDC-3²⁵**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed documented video footage for all 21 UOF incidents from [REDACTED] cameras throughout the facility; however, eight calculated UOF incidents were not audio-visually recorded

monetary value. The detainee and two processing officers shall sign the G-589, with copies distributed as above. The officers shall then place the valuables (and pink copy of G-589) in a clear envelope, which they shall secure by heat-sealing or other approved techniques for tamper-proofing. The processing officer shall record the issuance of this G-589 in the G-589 Property Receipt Logbook. ...

3. Large valuables. The large valuables shall then be tagged with a copy of the G-589 and a Baggage Check (Form I-77). The officers shall attach a copy of the G-589 and the center portion of the I-77 to the detainee's booking card or detention file. The processing officer shall record the G-589 issuance in the facility's G-589 Property Receipt Logbook and secure the item(s) in the designated area."

See ICE 2008 PBNDS, Standard, Funds and Personal Property, Section (V)(G)(2)(3).

²² "A permanent log shall be maintained in the SMU to record all activities concerning the SMU detainees, such as the meals served, recreational time, and visitors." See ICE 2008 PBNDS, Standard, Special Management Units, Section (V)(E)(1). **This is a Repeat Deficiency.**

²³ "Each field office shall have policy and procedures to ensure and document that the ICE/DRO assigned supervisory staff conduct [REDACTED] visits. ... These [REDACTED] shall be conducted at least [REDACTED]." See PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

²⁴ "To verify the serviceability of all telephones in the detainee housing units, ICE/DRO staff shall: ... Check that TTY or other reasonable accommodation (e.g. Federal Relay Service) is working and available for hearing-impaired detainees." See PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(C).

²⁵ "Model Program forms shall be completed weekly for SPCs, CDFs, and regularly used IGSA facilities, and for each visit to intermittently used IGSA facilities." See PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(E).

with the [REDACTED] (Deficiency UOF&R-1²⁶).

ODO reviewed eight calculated UOF incidents and found UOF team members were not clothed in protective gear, except for [REDACTED] (Deficiency UOF&R-2²⁷).

CARE

FOOD SERVICE (FS)

ICDC's registered dietitian certified the common fare, kosher, and therapeutic (medical) menus on January 20, 2020; however, a complete nutritional analysis of the menus was not completed by the dietitian (Deficiency FS-1²⁸).

Walk-in freezers and coolers did not have an emergency release mechanism installed on the inside of the doors (Deficiency FS-2²⁹). This is a potential risk for staff and voluntary detainee food service workers of being unable to escape from the freezers or coolers if the doors accidentally close behind them after they enter.

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by removing the [REDACTED] and installing the [REDACTED],

²⁶ "Calculated use-of-force incidents shall be audio-visually recorded in the following order:

1. Introduction by Team Leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
2. Faces of all team members should briefly appear (with [REDACTED]), one at a time, identified by name and title.
3. Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance, and issues use-of-force order.
4. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
5. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.
6. Debrief the incident with a full discussion/analysis/assessment of the incident." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(2)(1)(2)(3)(4)(5) and (6). **This is a Priority Component and Repeat Deficiency.**

²⁷ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use-of-force [REDACTED] to prevent or diminish injury to staff and detainees and exposure to communicable disease. The technique usually involves [REDACTED] including [REDACTED] with [REDACTED] of the detainee." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(3).

²⁸ "A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietitian in that event. If the master-cycle menus change significantly during the year, the cycle should be reevaluated to ensure nutritional values are maintained." See ICE 2008 PBNDS, Standard, Food Service, Section (V)(E)(2). **This is a Priority Component.**

²⁹ "Refrigeration units shall be kept under lock and key when not in use. Walk-in boxes shall be equipped with safety locks that require no more than 15 pounds of pressure to open easily from the inside. If latches and locks are incorporated in the door's design and operation, the interior release mechanism must open the door with the same amount of pressure even when locks or bars are in place." See ICE 2008 PBNDS, Standard, Food Service, Section (V)(K)(8).

which have a release mechanism (C-4).

MEDICAL CARE (MC)

ODO inspected medical equipment in the examination rooms and found patient examination tables are torn beyond repair, making cleaning and decontamination impossible. Additionally, cabinets, drawers, and doors were broken and held together with tape (Deficiency MC-1³⁰).

ODO reviewed the medication room inventories and found there is no [REDACTED] being conducted (Deficiency MC-2³¹).

ODO reviewed email correspondence dated March 20, 2019, and May 12, 2019, requesting peer reviews to be conducted by an external state physician; however, ODO could not validate if peer reviews were ever completed (Deficiency MC-3³²).

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

ODO found the facility did not have postings to notify detainees about the facility's disability accommodations policy, and the facility handbook and orientation video do not notify detainees about reasonable accommodations or how to make a request for reasonable accommodations (Deficiency DIA&A-1³³).

ODO reviewed training files and found the staff was not current on initial training and annual refresher training (Deficiency DIA&A-2³⁴).

³⁰ "Management of biohazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety." See ICE 2008 PBNDS, Standard, Medical Care, Section (V)(C)(1).

³¹ "Each facility shall have written policy and procedures for the management of pharmaceuticals that include:

- A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.
- A method for promptly approving and obtaining medicines not on the formulary should be identified.
- Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed.
- Procurement, receipt, distribution, storage, dispensing, administration and disposal of medications.
- Secure storage and disposal and [REDACTED] of all controlled substances (DEA Schedule II-V), [REDACTED]

See ICE 2008 PBNDS, Standard, Medical Care, Section (V)(F).

³² "The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years." See ICE 2008 PBNDS, Standard, Medical Care, Section (V)(X)(3).

³³ "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," 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. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(J).

³⁴ "Training on the facility's Disability and Reasonable Accommodations procedures shall be provided to employees, volunteers, and contract personnel, and shall also be included in annual refresher training thereafter. New facility staff, including contractors and volunteers, shall receive this training as part of the Initial Orientation training required by

ACTIVITIES

TELEPHONE ACCESS (TA)

ICDC staff posted the Office of Inspector General poster in all housing units; however, it is not current (**Deficiency TA-1**³⁵).

ODO interviewed facility staff and found staff did not test telephones daily to ensure detainees are able to make a call using the free call platform (**Deficiency TA-2**³⁶).

VISITATION (V)

ODO reviewed the facility's general visitation log and found the log did not record the visitor's address (**Deficiency V-1**³⁷).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by updating the general visitation log to ensure it recorded all required elements (**C-5**).

ODO inspected the detainee housing units and found facility staff posted the visitation rules and schedule in each housing unit; however, the facility did not post the legal visitation schedule (**Deficiency V-2**³⁸).

ODO inspected the facility lobby and found the facility did not have blank copies of the G-28, Notice of Entry of Appearance as Attorney or Accredited Representative or Form G-28 available in the legal visitation area for attorneys to complete, nor do they collect and forward the Form G-28 to the local ICE/ERO Atlanta (**Deficiency V-3**³⁹).

Corrective Action: Prior to the completion of inspection, the facility initiated corrective action by placing blank copies of the Form G-28 in the facility lobby (**C-6**).

Standard 7.3.” See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(I).

³⁵ “ICE/DRO Headquarters will maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates and OIG, as determined by ICE.” See ICE PBNDS 2008 Standard, Telephone Access, Section, (V)(A)(3).

³⁶ “Facility staff is responsible for ensuring on a daily basis that telephone systems are operational. Ensuring there is a dial tone is only part of what is required: when testing equipment, the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform. Any problems identified must be immediately be logged and reported to the appropriate facility and ICE staff personnel.” See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(A)(4)(a).

³⁷ “In SPCs and CDFs, staff shall record in the general visitors’ log: ... The visitor’s name and address.” See PBNDS 2008, Standard, Visitation, Section (V)(D).

³⁸ “The facility shall provide notification of the rules and hours for legal visitation as specified above. SPCs and CDFs shall prominently post this information in the waiting areas and visiting areas for general and legal visitors, in the recreation area and in the housing units.” See PBNDS 2008, Standard, Visitation, Section (V)(J)(2).

³⁹ “Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitation reception area. Staff shall collect completed forms and forward them to ICE/DRO.” See PBNDS 2008, Standard, Visitation, Section (V)(J)(8).

ODO reviewed the facility's legal visitation log and found the legal visitor log did not record the visitor's address (**Deficiency V-4**⁴⁰).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by updating the legal visitation log to ensure it recorded all required elements (**C-7**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility and medical grievance logs and found only grievances filed on paper were recorded in the logs. They did not include any of the grievances filed on the facility electronic tablet system as required (**Deficiency GS-1**⁴¹).

ODO reviewed grievances alleging staff misconduct and found the facility did not forward all grievances alleging staff misconduct to the local ICE/ERO Atlanta (**Deficiency GS-2**⁴²).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2008 and one under PBNDS 2011 (Revised 2016) and found the facility in compliance with five of those standards. ODO found 36 deficiencies in the remaining 13 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were seven instances where staff initiated immediate corrective action during the inspection.

Of particular concern were the multiple complaints in Detainee Relations pertaining to medical care. ODO also noted **Areas of Concern** in EH&S relating to several leaks in the roof throughout the facility and in the SMU involving supervisors signing SMU records before they conduct random checks in the housing units. ODO cited a **Best Practice** in A&R concerning case management staff conducting in-person detainee orientation. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

⁴⁰ "At SPCs and CDFs, the log entries shall include: the date; time of arrival; visitor's name; visitor's address; supervising attorney's name (if applicable); detainee's name and A-number; purpose of visit (e.g., pre-representation, representational, expedited-removal consultation); time visit began; time visit ended." See PBNDS 2008, Standard, Visitation, Section (V)(J)(15).

⁴¹ "Each facility shall devise a method for documenting detainee grievances, at a minimum, a Detainee Grievance Log. The documentation shall include the date of the grievance, nature of the grievance in detail, and the date the grievance was resolved. Medical grievances are maintained in the detainee's medical file." See ICE PBNDS 2008, Standard, Grievance System, Section, (V)(E).

⁴² "Staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/DRO." See ICE PBNDS 2008, Standard, Grievance System, Section, (V)(G). **This is a Priority Component.**

Compliance Inspection Results Compared	FY 2017 (PBNS 2008)	FY 2020 (PBNS 2008)
Standards Reviewed	15	18
Deficient Standards	10	13
Overall Number of Deficiencies	26	36
Deficient Priority Components	8	4
Repeat Deficiencies	4	5
Corrective Actions	2	7