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**Office of Detention Oversight
Special Review
2023-003-139**

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

**New Hanover County Jail
Castle Hayne, North Carolina**

May 23-25, 2023

**SPECIAL REVIEW
of the
NEW HANOVER COUNTY JAIL
Castle Hayne, North Carolina**

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SPECIAL REVIEW TEAM MEMBERS



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Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a special review of the New Hanover County Jail (NHCJ) in Castle Hayne, North Carolina, from May 23 to 25, 2023.¹ The facility opened in 2004 and is owned by New Hanover County and operated by the New Hanover County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees in 2004 under the oversight of ERO’s Field Office Director in Atlanta (ERO Atlanta). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of May 8, 2023. NHCJ was inspected against the NDS 2000, and ODO’s assigned rating is for ERO’s informational purposes only.

ERO has assigned a deportation officer (DO) part-time to the facility who conducts unscheduled weekly visits. An NHCJ major handles daily facility operations and manages [REDACTED] support personnel. Summit Food Service provides food services, Wellpath provides medical care, and McDaniel Supply Company provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care and the American Correctional Association in 2021.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of May 23, 2023)	[REDACTED]
Adult Female Population (as of May 23, 2023)	[REDACTED]

This was ODO’s first compliance inspection of the New Hanover County Jail.

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

² Data Source: ERO Facility List as of May 8, 2023.

³ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, 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 *Special Review Compliance Inspection Findings* section of this report.

In fiscal year (FY) 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-to-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each review, 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 its 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 NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Detainee Services	
Admission and Release ⁷	1
Detainee Grievance Procedures	3
Food Service	2
Staff-Detainee Communication ⁸	1
Sub-Total	7
Part 2 - Security and Control	
Environmental Health and Safety	18
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	2
Use of Force	0
Sub-Total	20
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	28

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁷ ODO found the deficiency in the Admission and Release standard while conducting detainee interviews; however, ODO did not review the Admission and Release standard in its entirety.

⁸ ODO found the deficiency in the Staff-Detainee Communication standard while conducting interviews with ERO Atlanta staff; however, ODO did not review the Staff-Detainee Communication standard in its entirety.

DETAINEE RELATIONS

ODO interviewed two out of two detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Both detainees reported satisfaction with facility services except for the concern listed below.

Admission and Release: Two detainees stated they did not receive the facility-specific detainee handbook nor the ICE National Detainee Handbook (INDH).

- Action Taken: ODO reviewed the detainees' detention files, interviewed facility staff, and found the facility did not issue the detainees copies of the facility-specific detainee handbook nor copies of the INDH. Instead, the facility requires detainees to request physical copies of the facility-specific detainee handbook and INDH. On May 24, 2023, a DO issued INDH copies to both detainees, but the detainees had already departed the facility before facility staff could issue them facility-specific handbooks. ODO cited this as a deficiency in the *Admission and Release* section of the report.

SPECIAL REVIEW FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO interviewed two detainees and facility staff, reviewed two detainee detention files, and found the facility did not provide the detainees a facility-specific detainee handbook upon intake (**Deficiency AR-65⁹**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the facility-specific detainee handbook and found the facility does not allow detainees to bypass or terminate the informal grievance process and proceed directly to the formal grievance stage. Specifically, the handbook states detainees must resolve the grievance with the staff member directly involved in the situation prior to filing a grievance (**Deficiency DGP-9¹⁰**).

ODO interviewed two detainees and facility staff, reviewed two detainee detention files, and found facility staff did not provide the detainees a copy of the facility-specific detainee handbook upon intake (**Deficiency DGP-71¹¹**).

⁹ "Upon admission every detainee will receive a detainee handbook." See ICE NDS 2000, Standard, Admission and Release, Section (III)(K).

¹⁰ "The detainee is free to bypass or terminate the informal grievance process and proceed directly to the formal grievance stage." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(1).

¹¹ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G).

ODO reviewed the facility-specific detainee handbook and found the grievance section of the handbook does not notify detainees of the following: the availability of assistance in preparing a grievance; the policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance; and the opportunity to file a complaint about officer misconduct directly with the Justice Department by telephone or in writing (**Deficiency DGP-72**¹²).

FOOD SERVICE (FS)

ODO interviewed the food service director (FSD), observed the FS chemical storage area, and found staff members did not know the location and on-hand quantities of toxic, flammable, or caustic material, nor the requirements for controlled use and daily accountability. Specifically, staff did not maintain inventories for Lime Away, Swisher Freezer Cooler Cleaner, Swisher Heavy Duty Degreaser, and Swisher Aerosol Stainless Steel Cleaner (**Deficiency FS-388**¹³).

ODO interviewed the FSD, reviewed temperature logs from January to April 2023 for the facility's refrigerator, freezer, dry storage, and water temperatures, and found staff did not check nor record refrigerator and water temperatures daily. Specifically, ODO found the facility did not record temperature checks for the following dates: January 30 to 31, 2023; February 26 to 28, 2023; March 29 to 31, 2023; and April 30, 2023 (**Deficiency FS-414**¹⁴).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed an ERO Atlanta DO, toured detainee living areas, and found an ERO Atlanta DO visit schedule was not posted in the detainee living areas (**Deficiency SDC-14**¹⁵).

¹² "The grievance section of the detainee handbook will provide notice of the following: ...

2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance.
3. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved. The level above the CDF-OIC is the INS-OIC...
5. The policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance.
6. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to: Department of Justice, P.O. Box 27606, Washington, DC 20038-7606."

See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(1-6).

¹³ "All staff members shall know where and how much toxic, flammable, or caustic material is on hand, aware that their use must be controlled and accounted-for daily." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(b).

¹⁴ "Staff shall check refrigerator and water temperatures daily, recording the results." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

¹⁵ "Facility or District deportation staff in the jurisdiction where these facilities are located shall conduct these scheduled visits." *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(2).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the FSD, observed all chemical storage areas, and found the FS department did not maintain the following:

- A running inventory of hazardous (flammable, toxic, or caustic) substances for Lime Away, Swisher Freezer Cooler Cleaner, Swisher Heavy Duty Degreaser, and the Swisher Aerosol Stainless Steel Cleaner (**Deficiency EHS-2**¹⁶);
- Separate inventory records for each hazardous substance, with entries for each logged on a separate card (or equivalent) for Lime Away; Swisher Freezer Cooler Cleaner; Swisher Heavy Duty Degreaser; and Swisher Aerosol Stainless Steel Cleaner (**Deficiency EHS-3**¹⁷); and
- Inventory records for hazardous substances in alphabetical order, with date and quantities, for Lime Away, Swisher Freezer Cooler Cleaner, Swisher Heavy Duty Degreaser, and Swisher Aerosol Stainless Steel Cleaner (**Deficiency EHS-4**¹⁸).

ODO interviewed the key control and tool room officer, reviewed the material safety data sheets (MSDS) files, observed all chemical storage areas, and found the facility had:

- No MSDS files along with a plant diagram and legend, locating storage locations of hazardous materials (**Deficiency EHS-8**¹⁹);
- No master index by the maintenance supervisor or designate of all hazardous substances in the facility, including locations, along with a master file of MSDSs (**Deficiency EHS-10**²⁰); and
- No MSDS master index of all hazardous substances by the maintenance supervisor or designate in the safety office along with a master file of MSDSs. Since the facility did not maintain the index, staff could not send a copy to the local fire department (**Deficiency EHS-11**²¹).

¹⁶ “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.)” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹⁷ “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.)” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹⁸ “That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹⁹ “The MSDS file in each area should include a list of all areas where hazardous substances are stored, along with a plant diagram and legend. Staff will provide a copy of this information and all MSDSs contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor or designate.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

²⁰ “The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

²¹ “The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility,

- No documentation of facility semiannual hazardous substance reviews in MSDS master file (**Deficiency EHS-12²²**);
- No comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.) (**Deficiency EHS-13²³**); and
- No inventory of records for all hazardous substances current before, during, and after each use. Specifically, FS did not maintain inventories for the following hazardous substances: Lime Away, Swisher Freezer Cooler Cleaner, Swisher Heavy Duty Degreaser, and Swisher Aerosol Stainless Steel Cleaner (**Deficiency EHS-18²⁴**).

ODO interviewed a facility lieutenant, reviewed 25 fire drill logs, and found in 25 out of 25 logs, no timed, emergency-key drills in each fire drill (**Deficiency EHS-69²⁵**).

Additionally, facility staff did not use the emergency keys to unlock one set of emergency exit doors not in daily use in 25 out of 25 fire drills (**Deficiency EHS-70²⁶**).

ODO interviewed the key and tool room officer, reviewed exit diagrams throughout the facility, and found no English and Spanish instructions on the exit diagrams nor emergency equipment locations in the kitchen, main corridor, administration building, intake, and the housing unit F hallway (**Deficiency EHS-71²⁷**).

ODO interviewed the key control and tool room officer, observed the space used for barbershop operations, and found the facility did not locate and designate a separate room for the sole purpose of a barbershop. Specifically, detainees received barber kits and cut their own hair in the housing units (**Deficiency EHS-84²⁸**).

including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

²² “Documentation of the semi-annual reviews will be maintained in the MSDS master file.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

²³ “The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

²⁴ “Inventory records for a hazardous substance must be kept current before, during, and after each use.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(E)(4).

²⁵ “Emergency-key drills will be included in each fire drill, and timed.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

²⁶ “Emergency-key drills will be included in each fire 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.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

²⁷ “In addition to a general area diagram, the following information must be provided on existing signs:

- English and Spanish instructions; ...
- Emergency equipment locations.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(a-c).

²⁸ “Sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to:

- The operation will be located in a separate room not used for any other purpose.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

ODO interviewed facility staff, observed barbershop operations, and found:

- No appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels, nor haircloths for barbershop operations (**Deficiency EHS-92²⁹**);
- No hair care sanitation regulations posted in a conspicuous location for the use of all barbershop personnel and detainees (**Deficiency EHS-95³⁰**); and
- No disinfectant solution nor container for immersing the clipper blades and agitating for a period of not less than 15 seconds before use on any other detainee (**Deficiency EHS-97³¹**).

ODO interviewed the health services administrator (HSA), observed the medical department, and found storage and disposal of hazardous infectious waste did not meet all applicable federal and state regulations. Specifically, ODO found three unlabeled waste containers used for the disposal of infectious waste in the medical department (**Deficiency EHS-171³²**).

ODO interviewed the HSA, observed the medical department, and found facility staff did not separate infectious waste from the general waste stream nor clearly label the waste as infectious. Specifically, ODO found three unlabeled waste containers used for the disposal of infectious waste in the medical department (**Deficiency EHS-172³³**).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMUAS)

While the facility did not house any detainees in administrative segregation during the inspection review period, ODO interviewed facility staff, reviewed the facility's SMUAS policy, and found no procedure in place to provide administrative segregation orders to detainees within 24 hours. ODO noted this as an **Area of Concern**.

²⁹ "Each shop will be provided with appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(2).

³⁰ "Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(4).

³¹ "After cleaning, the clipper blades will be immersed in the disinfectant solution and agitated for a period of not less than 15 seconds before use on any other detainee. The solution will be replaced as often as necessary." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(4)(b).

³² "Infectious and hazardous waste generated at a medical facility will be stored and disposed of safely and in accordance with all applicable federal and state regulations." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(5).

³³ "Infectious waste must be separated from the general waste stream and clearly labeled as infectious." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(5)(b).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMUDS)

While the facility did not house any detainees in disciplinary segregation during the inspection review period, ODO interviewed facility staff, reviewed the facility's SMUDS policy, and found:

- Two dry cell units which staff use as part of the disciplinary segregation unit (**Deficiency SMUDS-24**³⁴);
- No time allocated for law library access in the schedule for detainees in disciplinary segregation. ODO found the facility provided no modified access to the law library for detainees while in the disciplinary segregation unit (DSU). Instead, the facility restored access upon the detainee's departure from the DSU (**Deficiency SMUDS-48**³⁵); and
- Differing correspondence privileges of detainees in disciplinary segregation compared to detainees in general population. Specifically, ODO found detainees only receive legal mail while in the DSU, which ODO noted as an **Area of Concern**.

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed ■ health care staff training records and ■ non-health care staff training records and found in ■ out of ■ health care staff records, no documented completion of first aid and cardiopulmonary resuscitation training (**Deficiency MC-72**³⁶).

OTHER STANDARDS REVIEWED

NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policies and procedures, interviewed a facility lieutenant, and noted the following observations as **Areas of Concern**:

- NHCJ Prison Rape Elimination Act (PREA) policy did not include written procedures for the training of all employees, contractors, and volunteers of agency and facility zero tolerance policies and their responsibilities under those policies;

³⁴ "Dry cells may not be a part of the disciplinary segregation unit. Dry cells will be a part of the medical facility and under the supervision and control of the medical staff." *See* ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(5).

³⁵ "Access to legal and non-legal reading material shall be as follows: ...

- e. When developing the schedule for law library-access, the OIC will set aside blocks of time for the detainees in disciplinary segregation. These detainees will be afforded legal access comparable to, but not the same as, that of the general population."

See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(15)(e).

³⁶ "Detention staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following: ...

2. The administration of first aid and cardiopulmonary resuscitation (CPR)."

See ICE NDS 2000, Standard, Medical Care, Section (III)(H)(2).

- NHCJ's PREA policy did not include written procedures for immediate reporting of sexual abuse and assault allegations through the facility's chain of command, from the reporting official to the highest official; procedures for notifying ERO Atlanta and a method by which staff can report outside the chain of command; referrals to law enforcement agencies and a method to receive third-party reports of sexual abuse and assault in its facility;
- NHCJ's PREA policy did not include written procedures for offering immediate protection, including prevention of retaliation, a plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse and assault, and methods for addressing the alleged victim's future safety;
- NHCJ's PREA policy did not include written procedures for investigation and discipline of assailants;
- NHCJ's PREA policy did not include written procedures for coordinating with ERO Atlanta and to ensure the completion of an administrative and/or criminal investigation for all allegations of sexual abuse and assault;
- NHCJ's PREA policy did not include written procedures for coordination with OPR;
- NHCJ's PREA policy did not include written procedures for disciplinary sanctions for staff, up to and including termination, when there is a substantiated allegation of sexual abuse and assault, or when staff has violated agency sexual abuse and assault policies;
- NHCJ's PREA policy did not include written procedures for data collection and reporting, nor the requirement to cooperate with all ERO Atlanta audits and monitoring of facility compliance with sexual abuse and assault policies and standards;
- ERO Atlanta has not reviewed nor approved NHCJ's PREA policy;
- The facility did not conduct SA-API refresher training biannually;
- The facility's employee training did not include the requirement to limit reporting of sexual abuse and assault to personnel with a need to know to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes, nor prevention, recognition and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities;
- The facility did not provide specialized training on sexual abuse and assault and effective cross-agency coordination to all facility investigators who conduct investigations into allegations of sexual abuse and assault;
- The facility's SA-API program did not include instruction to detainees on reporting sexual abuse and assault to the ICE Detention and Reporting Information Line, the DHS Office of Inspector General (OIG) nor OPR, prohibition against retaliation, including an explanation that reporting sexual abuse and assault shall not negatively impact the detainee's immigration proceedings;
- The facility did not provide detainees with the name of the SA-API program coordinator or designated staff member and information on how to contact him or her;
- The facility did not inform detainees they may report any incident or situation regarding sexual abuse and assault, or intimidation to the DHS OIG, and the DHS Joint Intake Center;
- The facility did not post the ICE/ERO-provided sexual abuse and assault awareness

notice on any detainee housing-unit bulletin boards, to include the name of the facility PSA Compliance Manager, nor distribute the ICE/ERO-provided “Sexual Assault Awareness Information” pamphlet;

- The facility did not provide all facility specific PREA postings in Spanish;
- The facility administrator did not maintain a memorandum of understanding or other agreements with community service providers specializing in legal advocacy and confidential emotion support services for immigrant victims of crime; and
- NHCJ did not prepare a negative report after having no reports of sexual abuse and assault during its annual reporting period and therefore forwarded no negative report to ERO Atlanta.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 11 standards under NDS 2000 and 1 standard under the NDS 2019 and found NHCJ in compliance with 5 of those standards. ODO found 28 deficiencies in the remaining 7 standards. This was ODO’s first inspection of NCHJ, and therefore, this report includes no trend analysis. ODO recommends ERO Atlanta work with the facility to resolve any deficiencies that remain outstanding in accordance with the contractual obligations.

Compliance Inspection Results Compared	FY 2022 (NDS 2000)/ (NDS 2019)	FY 2023 Special Review (NDS 2000)/ (NDS 2019)
Standards Reviewed	N/A	12
Deficient Standards	N/A	7
Overall Number of Deficiencies	N/A	28
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	21
Corrective Actions	N/A	0
Facility Rating	N/A	Good