



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

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

**Rensselaer County Correctional Facility  
Troy, New York**

**December 14-16, 2021**

**COMPLIANCE INSPECTION**  
**of the**  
**RENSSELAER COUNTY CORRECTIONAL FACILITY**  
Troy, New York

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## COMPLIANCE INSPECTION TEAM MEMBERS



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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 Rensselaer County Correctional Facility (RCCF) in Troy, New York, from December 14 to 16, 2021.<sup>1</sup> The facility opened in 1992 and is owned and operated by the Rensselaer County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RCCF in 2017 under the oversight of ERO's Field Office Director (FOD) in ERO Buffalo. The facility operates under the National Detention Standards (NDS) 2000.

ERO does not have any staff assigned to the facility. A Rensselaer County Sheriff's Office chief of corrections handles daily facility operations and manages █████ support personnel. The facility staff provides food services, WellPath provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the New York State Sheriffs' Association in September 2015.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of December 14, 2021)	█████
Adult Female Population (as of December 14, 2021)	█████

This was ODO's first compliance inspection of RCCF.

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

<sup>2</sup> Data Source: ERO Facility List as of December 13, 2021.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.<sup>4</sup>

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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an average daily population (ADP) of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 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. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which 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 (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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 its decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Detainee Services</b>	
Food Service	15
Issuance and Exchange of Clothing, Bedding, and Towels	2
<b>Sub-Total</b>	<b>17</b>
<b>Part 2 - Security and Control</b>	
Detention Files	4
Environmental Health and Safety	19
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
<b>Sub-Total</b>	<b>24</b>
<b>Part 3 - Health Services</b>	
Hunger Strikes	0
Medical Care	3
Suicide Prevention and Intervention	2
<b>Sub-Total</b>	<b>5</b>
<b>Other Standards Reviewed</b>	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>46</b>

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

<sup>6</sup> 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.

## DETAINEE RELATIONS

ODO requested to interview the one detainee housed at RCCF, but she declined ODO's request for an interview. The facility received no other detainees during the week of the on-site inspection.

## COMPLIANCE INSPECTION FINDINGS

### DETAINEE SERVICES

#### FOOD SERVICE (FS)

ODO interviewed the RCCF FS manager, reviewed a 10-day cycle menu, and found detainees did not receive two hot meals every day. Specifically, RCCF served a cold breakfast and a cold lunch for 5 days from December 2 to 10, 2021 (**Deficiency FS-70**<sup>7</sup>).

ODO observed a voluntary worker preparing lunch trays with his gloved hands only instead of using serving utensils (**Deficiency FS-78**<sup>8</sup>).

ODO observed RCCF's FS carts and found they did not have locking devices (**Deficiency FS-86**<sup>9</sup>).

ODO interviewed the RCCF food service manager, reviewed a 10-day cycle menu for December 1 to 10, 2021, and found the RCCF dietitian did not certify the menu before implementation. Specifically, the dietitian certified and signed the cycle menu on December 7, 2021 (**Deficiency FS-120**<sup>10</sup>).

ODO interviewed the RCCF FS manager, reviewed the common fare menu, and found RCCF did not have special menus for the 10 federal holidays (**Deficiency FS-194**<sup>11</sup>).

ODO interviewed the RCCF FS manager and chaplain and found RCCF did not develop a ceremonial-meal schedule for the current year nor the next calendar year (**Deficiency FS-226**<sup>12</sup>).

Since the facility did not develop a ceremonial-meal schedule for the next calendar year, they did not have a ceremonial-meal schedule that includes the date, religious group, estimated number of participants, and special foods required (**Deficiency FS-227**<sup>13</sup>).

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<sup>7</sup> "Detainees shall be served at least two hot meals every day." See ICE NDS 2000, Standard, Food Service, Section (III)(C)(1).

<sup>8</sup> "They must use tongs, forks, spoons, ladles, or other such utensils to serve any food or beverage; serving with hands along, with no utensil, is strictly prohibited." See ICE NDS 2000, Standard, Food Service, Section (III)(C)(2)(c).

<sup>9</sup> "Food carts must have locking devices." See ICE NDS 2000, Standard, Food Service, Section (III)(C)(2)(g).

<sup>10</sup> "Menus must be certified by the dietitian before implementation." See ICE NDS 2000, Standard, Food Service, Section (III)(D)(2).

<sup>11</sup> "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(2).

<sup>12</sup> "The Chaplain, in consultation with the local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the next calendar year, providing it to the OIC." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(10).

<sup>13</sup> "The Chaplain, in consultation with the local religious leaders, if necessary, shall develop the ceremonial-meal

ODO inspected the food service department's voluntary worker restroom and found the FS manager had not posted hand washing signs in the restroom (**Deficiency FS-292**<sup>14</sup>).

ODO observed garbage/refuse containers in the FS area and found RCCF did not keep them covered (**Deficiency FS-320**<sup>15</sup>). ODO interviewed the RCCF FS manager and chief of corrections and found the facility removed the lids from the containers for security concerns.

ODO observed RCCF's FS area and found an unlabeled sink with four compartments, which FS staff used for manual washing, rinsing, and sanitizing (**Deficiency FS-347**<sup>16</sup>).

ODO inspected the food service department's voluntary worker restroom and found the restroom did not have any signs, which directed personnel to wash their hands after using the toilet (**Deficiency FS-381**<sup>17</sup>).

ODO inspected the RCCF's hazardous material storage area and found RCCF staff did not conduct separate running inventories for each hazardous material, nor did they list the on-hand quantities of toxic, flammable, or caustic materials. Specifically, the list included all chemicals on one sheet and no dates for items received, issued, returned, nor the remaining balance (**Deficiency FS-388**<sup>18</sup>).

ODO interviewed the RCCF FS manager and found RCCF staff does not check nor record daily water temperatures (**Deficiency FS-414**<sup>19</sup>).

ODO interviewed the RCCF FS manager and found RCCF staff does not document daily checks of the dishwasher water temperatures after every meal (**Deficiency FS-419**<sup>20</sup>).

ODO inspected RCCF's FS dry storeroom with the RCCF FS manager and found staff does not document the temperature in the dry storeroom to ensure the facility maintains the dry storeroom's

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schedule for the next calendar year, providing it to the OIC. This schedule shall include the date, religious group, estimated number of participants, and special foods required." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(10).

<sup>14</sup> "Staff and detainees shall not resume work after visiting the toilet facility without first washing their hands with soap or detergent. The FSA shall post signs to this effect." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(2)(a).

<sup>15</sup> "... j. Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect- and rodentproof." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(j).

<sup>16</sup> "A sink with at least three labeled compartments is required for manually washing, rinsing, and sanitizing utensils and equipment." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(f)(1).

<sup>17</sup> "Signs shall be prominently displayed directing all personnel to wash hands after using the toilet." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(9)(a).

<sup>18</sup> "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).

<sup>19</sup> "Staff shall check refrigerator and water temperatures daily, recording the results." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

<sup>20</sup> "Daily checks of equipment temperatures shall follow this schedule: ...

• Dishwashers: every meal;"

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(c).



temperature between 45–80 degrees Fahrenheit (**Deficiency FS-449**<sup>21</sup>).

## **ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS (IECBT)**

ODO reviewed RCCF’s detainee detention files and found detainees signed for the receipt of clothing, bedding, and linen during the intake process; however, the facility did not hold detainees accountable for those items upon their release from RCCF. Specifically, RCCF did not document in the detainee detention files that detainees returned clothing, bedding, and linen to facility staff, nor did the facility have detainees sign documentation acknowledging they returned the items (**Deficiency IECBT-11**<sup>22</sup>).

ODO interviewed RCCF staff and found the facility did not exchange socks and undergarments daily. Specifically, detainees requested socks and undergarments as needed, and the facility staff laundered socks and undergarments on Wednesdays and Sundays (**Deficiency IECBT-20**<sup>23</sup>).

## **SECURITY AND CONTROL**

### **DETENTION FILES (DF)**

ODO reviewed █ RCCF detainee DFs and found the admissions officer had not noted in any of the █ files that he/she had activated the files (**Deficiency DF-5**<sup>24</sup>).

ODO reviewed █ RCCF detainee DFs and found none of the █ files contained the detainee’s Alien Booking Record form (Form I-385) (**Deficiency DF-9**<sup>25</sup>).

ODO reviewed █ RCCF detainee DFs and found █ files did not contain the signed returned-property sheet (**Deficiency DF-22**<sup>26</sup>).

ODO interviewed RCCF staff members and found they did not keep a logbook for the removal of active detainee DFs from the cabinet in the classification area, the location the facility uses to store

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<sup>21</sup> “Proper care and control of the dry storeroom involves the following:

1. Keeping it dry and cool (45-80 degrees F) to prevent swelling of canned goods from swelling and general spoilage.”

See ICE NDS 2000, Standard, Food Service, Section (III)(J)(7)(a)(1).

<sup>22</sup> “Detainees shall be held accountable for these items.” See ICE NDS 2000, Standard, Issuance and Exchange of Clothing, Bedding and Towels, Section (III)(C).

<sup>23</sup> “Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly.” See ICE NDS 2000, Standard, Issuance and Exchange of Clothing, Bedding and Towels, Section (III)(E).

<sup>24</sup> “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 ICE NDS 2000, Standard, Detention Files, Section (III)(A)(2).

<sup>25</sup> “The file will, at a minimum, contain the following:

a. I-385, Alien Booking Record; one or more original photograph(s) attached.”

See ICE NDS 2000, Standard, Detention Files, Section (III)(B)(1)(a).

<sup>26</sup> “Staff will insert into the released detainee’s detention file copies of completed release documents, the original close-out receipts for property and valuables, the original I-385 and other documentation.” See ICE NDS 2000, Standard, Detention Files, Section (III)(E)(2).

active files (**Deficiency DF-30**<sup>27</sup>).

## ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected RCCF's FS, laundry, and maintenance departments and found each department did not maintain a running inventory of the hazardous, flammable, toxic, or caustic substances used and stored in those areas (**Deficiency EHS-2**<sup>28</sup>).

ODO observed RCCF's FS, laundry, and maintenance departments and found each department did not separately maintain inventory records for each substance, with entries for each substance logged on a separate card (or equivalent) (**Deficiency EHS-3**<sup>29</sup>).

ODO observed RCCF's FS, laundry, and maintenance departments and found each department did not separately maintain its hazard materials inventory records nor did they file them alphabetically by substance (dates, quantities, etc.) (**Deficiency EHS-4**<sup>30</sup>).

ODO reviewed RCCF's master safety data sheet (MSDS) book in their health services department and found the department did not maintain the latest issuance from the manufacturers' relevant substances nor did they update the MSDS files as necessary. Specifically, ODO found missing safety data, missing pages, and pages issued prior to 2012 with outdated information (**Deficiency EHS-7**<sup>31</sup>).

ODO reviewed RCCF's MSDS files in FS, maintenance, and health services and found the files did not contain plant diagrams with a legend, showing storage locations of hazardous substances (**Deficiency EHS-8**<sup>32</sup>).

ODO interviewed RCCF staff and found the staff did not provide the local fire jurisdiction a copy of the master material safety data index of all hazardous substances in the facility, including their locations (**Deficiency EHS-11**<sup>33</sup>).

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<sup>27</sup> "At a minimum, a logbook entry recording the file's removal from the cabinet will include:

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

*See* ICE NDS 2000, Standard, Detention Files, Section (III)(F)(a-f).

<sup>28</sup> "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>29</sup> "Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent)." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>30</sup> "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).

<sup>31</sup> "Staff review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

<sup>32</sup> "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." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

<sup>33</sup> "Does he/she 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).

ODO interviewed RCCF staff, reviewed the MSDS files, and found no documentation of semiannual reviews in the MSDS master file (**Deficiency EHS-12**<sup>34</sup>).

ODO inspected RCCF's FS, laundry, and maintenance departments and found each department did not keep current inventory records of hazardous substances before, during, and after each use. Specifically, each department did not maintain running inventories of its chemicals and did not maintain separate records for each hazardous substance (**Deficiency EHS-18**<sup>35</sup>).

ODO interviewed RCCF staff and found RCCF did not meet the standards of the National Fire Codes and the American Correctional Association's mandatory standards. Specifically, RCCF had not distributed the fire plan to the local fire jurisdiction; posted exit diagrams, which include locations of fire equipment; posted safe areas of refuge signs in both English and Spanish; and implemented monthly fire and safety inspections. Additionally, RCCF provided ODO with no documentation, which showed they had completed fire/evacuation drills since July 2019 (**Deficiency EHS-57**<sup>36</sup>).

ODO attempted to review the facility's monthly safety inspection records, interviewed RCCF staff, and found the maintenance supervisor had never completed a monthly inspection of the facility (**Deficiency EHS-61**<sup>37</sup>).

ODO reviewed RCCF's fire prevention, control, and evacuation plans, interviewed RCCF staff, and found the plans did not include all the required information. Specifically, the plans did not include monthly fire inspections nor did RCCF provide copies of the revised plans to the local fire department (**Deficiency EHS-64**<sup>38</sup>).

ODO reviewed the facility's fire drill records, interviewed RCCF staff, and found RCCF did not conduct monthly fire drills for each department. Specifically, RCCF had not conducted monthly fire drills since July 2019 (**Deficiency EHS-65**<sup>39</sup>).

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<sup>34</sup> "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).

<sup>35</sup> "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).

<sup>36</sup> "Every facility will comply with standards and regulations issued by the American Correctional Association's "mandatory" standards, local and national fire safety codes." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(1).

<sup>37</sup> "Maintenance (safety) staff will conduct monthly inspections." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

<sup>38</sup> "Every institution will develop a fire prevention, control, and evacuation plan to include, among other things, the following: ...

e. Monthly fire inspections

g. Accessible, current floor plans (buildings and rooms); prominently posted evacuation maps/plans; exit signs and directional arrows for traffic flow; with a copy of each revision filed with the local fire department;"

*See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(3)(e)(g).

<sup>39</sup> "Monthly fire drills will be conducted and documented separately in each department." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

Additionally, ODO found:

- RCCF did not conduct fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours (**Deficiency EHS-66**<sup>40</sup>);
- RCCF had not regularly conducted fire drills since July 2019; therefore, they did not evacuate detainees during fire drills (**Deficiency EHS-67**<sup>41</sup>);
- RCCF did not conduct staff-simulated drills in areas where the facility did not evacuate detainees (**Deficiency EHS-68**<sup>42</sup>);
- RCCF did not include emergency key drills in each fire drill (**Deficiency EHS-69**<sup>43</sup>); and
- RCCF staff did not draw emergency keys during fire drills to unlock at least one set of emergency exit doors not in daily use (**Deficiency EHS-70**<sup>44</sup>).

ODO interviewed RCCF staff and reviewed exit diagrams throughout the facility. The exit diagrams contained directional routes and listing of primary and secondary evacuation routes; however, the facility did not post the diagrams in Spanish, and the diagrams lacked "You Are Here" markers and emergency equipment locations (**Deficiency EHS-71**<sup>45</sup>).

ODO inspected RCCF's barbershop and found no detailed hair care sanitation regulations posted in the barbershop (**Deficiency EHS-95**<sup>46</sup>).

## USE OF FORCE (UOF)

ODO interviewed RCCF staff and found ERO Buffalo had not reviewed nor approved their UOF incident after-action review procedures (**Deficiency UOF-103**<sup>47</sup>).

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<sup>40</sup> "Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours will be timed so that employees on each shift participate in an annual drill." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(a).

<sup>41</sup> "Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

<sup>42</sup> "Staff-simulated drills will take place instead in the areas where detainees are not evacuated." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

<sup>43</sup> "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).

<sup>44</sup> "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).

<sup>45</sup> "In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. "You Are Here" markers;
- c. Emergency equipment locations."

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

<sup>46</sup> "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).

<sup>47</sup> "INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

## **HEALTH SERVICES**

### **MEDICAL CARE (MC)**

ODO reviewed [REDACTED] RCCF medical care staff credential files and found [REDACTED] files lacked some form of current license, certification, primary source verification, and/or credential (**Deficiency MC-18**<sup>48</sup>).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] medical records, the detainees did not receive a health appraisal and physical examination within 14 days of the detainees' arrival at RCCF. Specifically, RCCF completed the health appraisals between 18 and 40 days after the detainees' arrival to RCCF (**Deficiency MC-23**<sup>49</sup>).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] medical records, the detainees did not receive an initial dental screening exam within 14 days of the detainees' arrival to RCCF. Specifically, RCCF did not complete a dental screening exam for all [REDACTED] detainees (**Deficiency MC-50**<sup>50</sup>).

### **SUICIDE PREVENTION AND INTERVENTION (SPI)**

ODO reviewed [REDACTED] staff training records and found in [REDACTED] records, the RCCF staff did not periodically receive training in the following areas: recognizing signs of suicidal thinking, to included suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt. Specifically, staff only received the initial suicide prevention and intervention training (**Deficiency SPI-1**<sup>51</sup>).

ODO reviewed [REDACTED] RCCF staff training records and found in [REDACTED] records, staff did not periodically receive training to keep current on the proper course of intervention and referral for a detainee who showed signs of suicide risk. Specifically, staff only received the initial suicide prevention and intervention training (**Deficiency SPI-6**<sup>52</sup>).

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<sup>48</sup> “The health care staff will have a valid professional licensure and or certification.” See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

<sup>49</sup> “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. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.” See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

<sup>50</sup> “An initial dental screening exam should be performed within 14 days of the detainee’s arrival.” See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

<sup>51</sup> “All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt.” See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).

<sup>52</sup> “All staff working with detainees will keep current on the proper course of intervention and referral for a detainee who shows signs of suicide risk.” See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(B).

## **OTHER STANDARDS REVIEWED**

### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed the facility's SAAPI program and noted the following observations as **Areas of Concern**:

- RCCF's Prison Rape Elimination Act (PREA) policy did not contain written policy and procedures for internal administrative investigations, requiring the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with ICE OPR;
- RCCF's memorandum of understanding with the local hospital for a rape crisis line was outdated;
- RCCF's detainee handbook and orientation documentation had no instruction for detainees to contact consular officials or the Department of Homeland Security (DHS) Office of the Inspector General (OIG);
- The facility did not have anything that explained to detainees how to report allegations of sexual abuse or assault to the ICE Detention and Reporting Information Line, the DHS OIG, nor ICE OPR;
- RCCF's PREA policy did not discuss or address the facility's requirement to cooperate with all ICE/ERO audits;
- The facility did not inform detainees during the intake process about reporting any sexual assault incidents to the DHS OIG and/or the DHS Joint Intake Center;
- RCCF's PREA policy contained no details for coordinating with ICE/ERO and other appropriate investigative agencies to ensure the completion of an administrative and/or criminal investigation for all allegations of sexual abuse and assault;
- RCCF's detainee handbook and detainee orientation documentation did not provide detainees with the name of the facility's PREA program coordinator or other designated staff member, nor information on how to contact him or her;
- RCCF's PREA policy did not include a requirement to immediately report sexual abuse allegations through the facility's chain of command, from the reporting official to the highest facility official, and then notifying ICE/ERO;
- RCCF's PREA policy did not include a method for the facility to receive third-party reports of sexual abuse and assault in its facility, nor how to make this reporting information available to the public on behalf of a detainee;
- RCCF's PREA policy did not contain written procedures for retention of administrative reports for as long as the facility detains or employs the alleged abuser, plus 5 years;
- The facility's website does not list their PREA protocols;
- Eight detainee-designated housing units had out-of-date PREA postings or no required postings at all; and
- ERO Buffalo has not reviewed nor approved RCCF's PREA policy.

*Corrective Action:* RCCF staff uploaded their sexual abuse and assault awareness notice to each of the detainee tablets. The facility provided a tablet to the one detainee they housed during the inspection and required the detainee to acknowledge the notification. Additionally, the facility placed a paper copy of their awareness notice at the officer's station of each housing unit (C-1).

## CONCLUSION

During this inspection, ODO assessed RCCF's compliance with 10 standards under NDS 2000, 1 standard under NDS 2019, and found the facility in compliance with 4 of those standards. ODO found 46 deficiencies in the remaining 7 standards. The facility's contractual requirements do not include NDS 2019 SA-API, which is why ODO noted all findings in that standard as **Areas of Concern**. ODO commends RCCF staff for its responsiveness during this inspection. ODO recommends ERO Buffalo work with RCCF to resolve any deficiencies that remain outstanding in accordance with contractual obligations. A uniform corrective action plan was not required for RCCF as this was ODO's first inspection of RCCF.

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 (NDS 2000/ NDS 2019)</b>	<b>FY 2022 (NDS 2000/ NDS 2019)</b>
Standards Reviewed	N/A	10/1
Deficient Standards	N/A	7
Overall Number of Deficiencies	N/A	46
Repeat Deficiencies	N/A	0
Areas of Concern	N/A	14
Corrective Actions	N/A	1
Facility Rating	N/A	Acceptable