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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
San Francisco Field Office
Sacramento County Jail
Sacramento, California

March 27 - 29, 2012

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**COMPLIANCE INSPECTION
SACRAMENTO COUNTY JAIL
SAN FRANCISCO FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO), conducted a Compliance Inspection (CI) of the Sacramento County Jail (SCJ), in Sacramento, California, from March 27 – 29, 2012. SCJ, an eight story high rise building located in downtown Sacramento, is owned and operated by the Sacramento County Sheriff's Office (SCSO). SCJ opened in April 1989. U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at SCJ in April 2010 under an Intergovernmental Service Agreement (IGSA). Male and female detainees of all security classification levels (lowest threat; medium threat; highest threat) are detained at SCJ for periods in excess of 72 hours. SCJ has a total bed capacity of 2,432. ICE has access to 175 beds at SCJ with one pod containing 80 beds designated for ICE detainees only. At the time of the CI, SCJ housed 121 ICE detainees: 113 males, and eight females. The average length of stay is 43 days. The average daily detainee population is 109. Additional bed space at SCJ is reserved for prisoners received from area law enforcement jurisdictions. Food service is provided by Sacramento County employees and is supervised by a Food Service Administrator. ICE detainees do not work in food service. Medical care is provided by Correctional Health Services. SCJ holds no accreditations.

The ICE, ERO, Field Office Director (FOD), San Francisco, CA (FOD/San Francisco), is responsible for ensuring SCJ is in compliance with ICE policies and the ICE National Detention Standards (NDS). ICE personnel are not physically located at SCJ. The ERO Sacramento Sub-Office oversees daily operations at SCJ and compliance with the NDS. The Sacramento Sub-Office is comprised of an Assistant Field Office Director (AFOD), (b)(7)(e) Supervisory Detention and Deportation Officers (SDDO), and (b)(7)(e) Supervisory Immigration Enforcement Agent (SIEA). SCJ employs (b)(7)(e) non-ICE personnel. Sworn SCSO Deputies fill (b)(7)(e) of these positions. The Jail Commander is the highest ranking official at SCJ and is responsible for oversight of operations. The Jail Commander supervises (b)(7)(e) Lieutenants, (b)(7)(e) Sergeants, (b)(7)(e) full time SCSO Deputies, and (b)(7)(e) non-law enforcement positions.

In February 2011, ODO conducted a Quality Assurance Review (QAR) at SCJ and identified 49 deficiencies in 17 of the 24 NDS inspected.

In October 2011, the ERO Detention Standards Compliance Unit contractors, MGT of America, Inc., conducted an annual review of the ICE NDS at SCJ. The facility received an overall rating of "Acceptable" and was found to be in compliance with all 35 standards reviewed.

During this CI, ODO reviewed a total of 18 NDS. Six standards were fully compliant; 42 deficiencies were found in the remaining 12 standards: Admission and Release (3 deficiencies), Correspondence and Other Mail (6), Detainee Classification System (1), Detainee Grievance Procedure (1), Detention Files (4) Environmental Health and Safety (9), Food Service (9) Funds and Personal Property (2), Medical Care (2) Special Management Unit -Administrative Segregation (1), Special Management Unit -Disciplinary Segregation (3), and Use of Force (1).

This report details all deficiencies and refers to specific, relevant sections of the NDS. ERO will be provided a copy of the report to assist in developing corrective actions to resolve the 42

identified deficiencies. ODO identified deficiencies that are significant to the health and well-being of ICE detainees and staff; these deficiencies were discussed with SCJ personnel on-site during the inspection, as well as during the close-out briefing conducted on March 29, 2012.

During the review of the Admission and Release NDS at SCJ, ODO reviewed ten randomly selected detainee custody files. One of these files contained a certified copy of a Mexican driver's license, which had not been inventoried or forwarded to ERO for placement in the Alien File, as required by the NDS. ODO confirmed SCJ does not require its officers to inventory identity documents (passports, birth certificates, etc.) and forward these identity documents to ERO. Implementation of such a procedure could potentially expedite the removal process of detainees from the U.S. Of the ten custody files reviewed, two of ten files did not contain an Order to Detain or Release (Form I-203/I-203A); the other did not bear the appropriate official signature. A properly executed Order to Detain or Release grants authority to lawfully detain or release aliens.

Review of the Correspondence and Other Mail NDS confirmed that SCJ staff reads detainee mail labeled as legal correspondence, which complies with SCJ policy, but does not comply with the NDS. SCJ personnel do not notify detainees when outgoing or incoming mail is rejected or confiscated, and there is no log to document such action. SCJ staff does not keep a written record of items removed from detainee correspondence. SCJ does not forward identity documents for inclusion in detainee A-files. SCJ has no system in place to document the discovery or disposition of contraband.

ODO review of the Detainee Classification System NDS confirmed that when detainees arrive at SCJ, staff determines security classifications using the forms and classification worksheets provided by ERO. However, further inspection verified that the Booking Department originates two files. One is maintained in central booking, and the second is maintained in the classification department. Review of 17 detainee classification files in the classification department confirmed that 8 of 17 (47 percent) did not contain Form I-213, Record of Deportable/Inadmissible Alien (used to classify detainees). SCJ classification staff indicated that approximately half of the files received from the Booking Department are missing an ICE classification worksheet and an I-213. As a result, SCJ utilizes National Crime Information Center criminal history checks that are often missing information critical to classification determinations such as final dispositions, convictions, incarcerations, and disciplinary histories.

ODO reviewed the Detainee Grievance Procedures NDS at SCJ and audited grievances submitted by detainees between March 2011 and March 2012. SCJ maintains an electronic grievance log to document and track formal grievances filed by detainees. According to the grievance log, SCJ received and processed 86 formal detainee grievances. ODO verified that all of these grievances, excluding the eight misconduct grievances, were addressed and/or resolved in a timely manner as required by the NDS. ODO verified that the eight grievances alleging officer misconduct had not been forwarded to ERO as required by the NDS. ODO confirmed that ICE ERO had no knowledge of their existence. ERO promptly reported the eight grievances containing allegations of officer misconduct to the Joint Intake Center (JIC) for further investigation. The Detainee Grievance Procedures standard states that IGSA facilities must

forward detainee grievances alleging officer misconduct to ICE, and ICE will investigate every officer misconduct allegation.

ODO review of the Detention Files NDS confirmed that SCJ does not maintain detention files as a single repository for all detainee-related records. ODO reviewed ten randomly selected active custody files, all of which had no notations activating the records. ODO also reviewed ten randomly selected archived custody files, and none had notations closing the records. ODO also confirmed that SCJ does not maintain a log to track detention files removed and replaced by departments requiring them for disciplinary hearings or other proceedings.

ODO review of the Environmental Health and Safety NDS confirmed there is no running inventory of chemicals used in the property/booking room or detainee housing units. ODO found an inventory of chemicals stored in a cabinet near the second floor nursing station did not reflect the actual physical inventory. SCJ staff working in the property/booking room, nursing station, and detainee housing units could not produce Material Safety Data Sheets (MSDS) for the chemicals stored in those areas. Flammable or combustible liquids are not stored in a flammable liquids storage cabinet. ODO identified two unlabeled spray bottles in the laundry area that contained Pure Bright bleach. ODO located additional unlabeled spray bottles in housing unit closets and on a cleaning cart used by the staff custodial officer. In the event of an emergency, proper labeling assures responders can quickly identify potential hazards.

ODO noted that evacuation maps are not posted throughout the facility including those areas ICE detainees have access to. SCJ management stated that exit/evacuation maps are not posted for security reasons, because maps can facilitate escape. The SCJ safety officer stated that emergency keys are not drawn during fire drill, which would verify the operability of emergency keys and assure expeditious egress in the event of an emergency necessitating evacuation. ODO verified that fire inspections are conducted quarterly instead of monthly. These are all potentially critical life-safety issues. SCJ staff confirmed that facility drinking water and wastewater are not tested as required by the NDS. ODO confirmed that power generators are tested on a monthly basis rather than bi-weekly, and the emergency electrical generator is not serviced quarterly by an external company as required by NDS. Emergency generators serve a vital life-safety function in the event of a power outage; therefore, the prescribed preventive maintenance and testing done by an independent third party are essential. ODO tested the sink in an area used for barbering and found that the hot water tap was inoperable. SCJ management stated that a work order would be initiated for repair of the faucet.

ODO review of the Food Service NDS confirmed SCJ food service operation is managed by employees of the Sacramento County Jail, who are supported by a crew of county inmate workers. ICE detainees do not work in food service. The facility has a satellite system of meal service involving preparation in the central kitchen and delivery to housing units. A registered dietitian certifies all menus at SCJ. Religious and medically prescribed meals are provided and properly documented. SCJ food service staff does not receive training in custody matters or the ICE NDS as required by the NDS. ODO confirmed during interviews of food service workers and security staff [REDACTED]

(b)(7)e

ODO observed SCJ dry storage area items stored against a wall, which did not meet the two-inch clearance required by the standard. Food items were stacked approximately four inches below fire sprinkler system deflectors in the dry storage room, which did not meet the 18-inch clearance as required by the NDS. ODO observed a 20-inch section of a steam pipe to the dishwashing machine that was not insulated or covered. The section was within seven feet of the floor posing a hazard for inmate workers and food service staff.

Due to limited storage area, SCJ can only accommodate a three-day food supply on site and not a 15 day food supply as required by the NDS. The FSA stated SCJ receives deliveries of refrigerated food items every three days, and dry goods are delivered as needed, which is usually twice a week. ODO observed that all walk-in refrigerated storage areas are continually unlocked. The NDS requires that refrigeration units be locked when not in use. SCJ staff stated that the locks were removed more than 15 years ago. ODO also observed that there are no interior release mechanisms on any of the walk-in refrigeration units. A method to open the doors from the inside is required. Without an interior release mechanism, it is possible to become trapped inside a refrigeration unit despite the lack of an exterior lock. Additionally, a properly installed interior release mechanism remains effective despite an exterior lock. Whether new or after-market, egress must be provided should someone become accidentally trapped inside a refrigerated box. This is a life-safety issue.

ODO review of the Funds and Personal Property NDS confirmed SCJ has numerous operational orders that address funds and personal property procedures, but the procedures lack specific requirements delineated within the NDS. No provisions have been made for lost or damaged property, allowable property items detainees may retain in their possession, or procedures for claiming property upon release, transfer, or removal.

Medical clinic staffing is sufficient to meet detainee needs. Initial intake screenings are performed in a timely manner and in accordance with the standard. Registered Nurses (RN), who have completed training approved by the physician, perform physical examinations. A physician reviews and co-signs examinations performed by an RN. ODO confirmed all 26 medical records reviewed requiring chronic care treatment did not contain consent for treatment forms. ODO also examined 11 non-chronic care medical files. One of 11 files (9 percent) documented that the initial physical was completed 24 days after detainee admission, which is ten days beyond the 14-day limit required by the NDS.

ODO review of the Special Management Unit - Administrative Segregation NDS verified that SCJ does not use the designation "administrative segregation." Detainees who cannot mix with the general population for administrative reasons are placed on "Total Separation" (TSEP) or "Protective Custody" (PC) status. Per facility policy, all detainees who state that they are homosexual, former gang members, or have previous convictions for sex crimes are placed in PC. This is done to ensure the safety of detainees, visitors, and staff, and to support the secure and orderly operation of the facility; however, guidance from ERO HQ directs that Field Office Directors must ensure that vulnerable, special needs, Lesbian, Gay, Bisexual, and Transgender detainees are not placed in segregated housing solely because of their affiliation and identification. ODO considers blanket placement of identified homosexuals in segregation to be an area of concern requiring immediate address by both ERO and SCJ management. During the CI,

ODO identified seven detainees on TSEP and PC status. Under facility policy, detainees in PC are kept in their actual assigned housing unit located in the general population, but are only allowed out for recreation and other activities under escort. These detainees are not commingled with the general population during such times. ODO has determined that this meets the definition of administrative segregation in the NDS; therefore, a written order documenting the reason(s) for placing a detainee in segregation should be executed, which is currently not the procedure.

Although SCJ does not have a separate unit for administrative segregation, there is disciplinary segregation for both detainees and inmates. ODO learned that a detainee under disciplinary sanctions within a general housing unit during the CI had previously been placed in the disciplinary segregation unit on the eighth floor of the SCJ. ODO conducted a tour of the disciplinary segregation area on the eighth floor and observed it to be unsanitary and in disarray. Deputies escorting ODO put on plastic gloves before entering the unit, and advised ODO not to touch anything. ODO observed remnants of spilled food on all the cell door slots, which are used for food service. Food was on the ceiling and walls outside of one cell, and water had pooled on the walkway in front of the cells. Graffiti and gang signs were observed on the interior walls inside four cells. There was excessive trash, and paper covered the inside of the doors and windows of several cells. ODO recommends that detainees not be placed in this unit until conditions are significantly improved. The detainee previously in disciplinary segregation was moved to a general housing unit soon after the new ICE Detainee Protocols dated March 13, 2012, became effective. ODO confirmed the detainee was transferred to another detention facility prior to conclusion of the CI.

SCJ policy provides that a Sergeant or Lieutenant can serve as designated disciplinary hearing officers and they both have investigative and punitive powers, including the authority to impose disciplinary segregation by written order. SCJ does not have an Institutional Disciplinary Committee as required by the NDS. The CI also confirmed that detainees in disciplinary segregation do not receive recreation or social visits, and phone privileges are limited to legal and consular calls.

During the closeout briefing, ODO determined that telephone access was not reasonable and documented this as a deficiency. However, after further evaluation and consultation with SCJ and ERO staff, ODO determined that ICE detainees have telephone access during the time that they are released from their cells. ODO also determined that when a detainee requests access to a telephone to make a call that is legal in nature, SCJ staff allows access regardless of the time of day or segregation status. This meets the requirements of the Telephone Access NDS.

ODO review of the Use of Force standard verified that there were no calculated uses of force, but there were four immediate use of force incidents involving detainees during the previous 12 months. ODO reviewed the After Action Report and video recording of one of the four incidents involving an immediate use of force. A stationary security camera recorded the deployment of Oleoresin Capsicum (OC) spray by an SCJ officer after a detainee disobeyed an order to place a paper bag in a trash can. Prior to the deployment of OC, the detainee became belligerent when given verbal commands to pick the trash up. The SCJ officer attempted to restrain the detainee by grabbing the detainee's arm. Unable to get the detainee to comply with orders, the officer

deployed OC spray with his free hand, took the detainee to the floor, restrained the detainee, and placed the detainee in a cell. After the OC spray was deployed, SCJ staff failed to decontaminate and render medical attention to the detainee as required by the NDS. SCJ forwarded the After Action Report related to the incident to ERO as required by the NDS.

ODO identified two areas that are considered best practices. SCJ allows detainees to receive e-mail from the public by way of the facility's computer system. As with general correspondence, e-mail is read for security reasons, then is printed and delivered to detainees. This form of communication saves time and effort on the part of staff, and allows detainees to receive the correspondence timely. Additionally, the pharmacy uses robotic technology to package detainee medications in individual dose packages. This method of packaging produces detainee bar-coded identification which streamlines the medication dispensing process. The nursing staff uses a scanner to access the medication administration record of the electronic medical file for each detainee. This reduces the risk of medication errors and supports accurate record keeping.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE Performance Based National Detention Standards (PBNDs), as applicable. The NDS apply to SCJ. In addition, ODO may focus its inspection based on detention management information provided by the ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at SCJ to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at SCJ.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. Specific deficiencies and areas of concern are identified in bold with sequential numbers in this report. OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions should be forwarded to the Deputy Division Director, OPR, ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c

Special Agent (Team Lead)
Special Agent
Special Agent
Contract Inspector
Contract Inspector
Contract Inspector

ODO, Phoenix
ODO, Phoenix
ODO, Phoenix
Creative Corrections
Creative Corrections
Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the SCJ Commander of the Main Jail Division, SCJ Operations Commander, and the ICE AFOD assigned to the ERO Sacramento Sub-Office. Most of the SCJ Senior Management, to include the Jail Commander, Operations Commander, and the Administrative Sergeant were all in their first week of newly assigned positions. SCJ management had not received training on the ICE NDS. SCJ describes the working relationship with ICE personnel as good with no issues. Some of the obstacles expressed by SCJ staff are reductions in both County and State budgets which are affecting staffing levels and morale. For example, SCJ Deputies are assigned to the jail for longer rotations before they are assigned to street patrol than in previous years due to the current budget.

The AFOD stated that although his office is understaffed, morale is excellent, and SCJ management is responsive to ICE personnel.

DETAINEE RELATIONS

ODO interviewed ten randomly-selected detainees from all three levels of security classification to assess their perspective of the detention conditions at the SCJ. Two of the 10 detainees (20 percent) were females. All interviewed detainees confirmed they were issued a sufficient supply of personal hygiene items upon admission to the facility and are current with necessary personal hygiene items. All expressed satisfaction with the cleanliness of the facility, and each was content with the law library and food service.

Seven male detainees (88 percent) stated they were strip-searched during intake. ODO reviewed the detention files for all seven detainees and found no forms documenting a strip search had occurred. None of the seven could provide names of intake officers on duty during their in-processing at SCJ. ODO confirmed that SCJ has a policy against strip-searches of detainees unless the strip search is justified, documented, and has supervisory concurrence, which complies with the requirements of the NDS.

Five detainees (50 percent) stated they did not know the identity of their assigned Deportation Officer. ODO observed the ERO schedule conspicuously posted in the detainee housing unit and examined copies of the completed Weekly Facility Liaison Visitation Checklist required by the Model Protocol on Staff-Detainee Communication, dated June 2007, which verified ERO staff compliance with the NDS.

Two detainees (20 percent) complained that medical personnel at SCJ have been unresponsive to their medical requests. ODO verified with Medical Services that subsequent to their medical requests, both detainees had been seen by medical personnel within the time frame required by the NDS.

ICE NATIONAL DETENTION STANDARDS

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

- Access to Legal Material
- Detainee Handbook
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Telephone Access
- Terminal Illness, Advance Directives, and Death

As these standards were compliant at the time of the review, a synopsis for these areas was not prepared for this report.

ODO found deficiencies in the following 12 standards:

- Admission and Release
- Correspondence and Other Mail
- Detainee Classification System
- Detainee Grievance Procedures
- Detention Files
- Environmental Health and Safety
- Food Service
- Funds and Personal Property
- Medical Care
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Use of Force

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

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release NDS at SCJ to determine if procedures are in place to protect the health, safety, security and welfare of each person during the admission and release process. During the review, ODO interviewed detainees and staff members, reviewed detention files, facility policy and the detainee handbook, and observed admission and release procedures.

During the admission process ICE ERO is required to provide a Form I-213 (Record of Deportable/Inadmissible Alien), which is used to classify every alien admitted to SCJ. SCJ Booking Department personnel place the I-213 into a Custody File, which is prepared in the intake area of the facility. The SCJ Booking Department produces a custody file and a classification file. Custody files stay within the Booking Department; classification files are forwarded to the Classification Office located on the eighth floor of the facility. Classification officers stated that in approximately half of all cases the I-213 and the classification worksheet are not being forwarded to the Classification Office. Due to this omission, classification is being determined solely on information obtained through the National Crime Information Center (NCIC), Interstate Identification Index (III) (**Deficiency AR-1**). This can prevent relevant disciplinary incidents from being considered during the classification of ICE detainees transferred to SCJ from other locations. This deficiency is also addressed under **DCS-1**.

The SCJ admission process has resulted in the misclassification of detainees. SCJ officials stated they have identified classification errors. During the CI, ODO verified that SCJ officials incorrectly classified a detainee as a Level II (medium threat) while ICE databases (EADM) identified the detainee as a Level III (highest threat).

ODO confirmed that SCJ has a procedure for inventory and receipt of detainee personal property. SCJ does not have a written procedure requiring their officers to inventory identity documents, such as passports, birth certificates, etc., and provide them to a deportation officer for placement in the detainee's A-file (**Deficiency AR-2**). When questioned about the handling of identity documents, SCJ officials stated they place those documents with the detainee's property instead of turning them over to ICE as required. ODO found a certified copy of a Mexican driver's license in the custody file of an ICE detainee. Failure to comply with this requirement can delay obtaining travel documents necessary to facilitate deportation, which increases detention costs.

ODO reviewed ten randomly-selected custody (detention) files in order to verify they contained the admission and release documentation required by the NDS. Two of the ten files (20 percent) reviewed did not contain an Order to Detain or Release (Form I-203/I-203A). One of the ten detention files (10 percent) reviewed contained an I-203; however, the Form I-203 did not bear the appropriate official signature (**Deficiency AR-3**). A properly executed form I-203/I-203A is the document that grants authority to an IGSA to lawfully detain aliens pending immigration proceedings.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE NDS, Admission and Release, section III(B), the FOD must ensure Admission staff will use the documentation accompanying each new arrival (see section III.I., below) for identification and classification purposes. If the classification officers are not INS employees, INS will provide only the information needed for classification-processing. Under no circumstances shall non-INS personnel have access to the detainee's A-file. (See the "Detainee Classification System" Standard.)

DEFICIENCY AR-2

In accordance with the ICE NDS, Admission and Release, section III(E), the FOD must ensure each facility has a procedure for inventory and receipt of detainee baggage and personal property (other than funds and valuables) in accordance with the "Funds and Personal Property" Standard.

Identity documents, such as passports, birth certificates, etc., will be inventoried, then given to a deportation officer/ICE for placement in the detainee's A-file.

DEFICIENCY AR-3

In accordance with the ICE NDS, Admission and Release, section III(H), the FOD must ensure an order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature accompanies the newly arriving detainee, IGSA facilities shall forward the detainee's A-file or temporary work file to the ICE office with jurisdiction. Staff shall prepare specific documents in conjunction with each new arrival to facilitate timely processing, classification, medical screening, accounting of personal effects, and reporting of statistical data.

CORRESPONDENCE AND OTHER MAIL (C&OM)

ODO reviewed the Correspondence and Other Mail NDS at SCJ to determine if detainees have the opportunity to send and receive correspondence in a timely manner, subject to limitations required for the safety and orderly operation of the facility. ODO interviewed the mail room deputy and detainees, and reviewed the detainee handbook and SCJ ICE Detainee Protocols.

Interviews with detainees and staff and review of the detainee handbook indicated detainees are not provided with required information concerning mail privileges. The handbook does not include instructions on the proper labeling of special correspondence (**Deficiency C&OM-1**). Unless special correspondence such as legal mail is properly labeled, it will be treated as general correspondence. The facility handbook does not include procedures for obtaining writing materials such as paper and envelopes (**Deficiency C&OM-2**). Though not addressed in the handbook, SCJ management stated that detainees can purchase writing materials from the commissary. Detainees determined to be indigent are provided limited amounts of paper or envelopes at no cost. Detainees having two dollars or less in their accounts are considered indigent. ODO recommends incorporation of this information in the facility handbook.

The facility handbook states "Officers will read the greeting line of outgoing legal mail in your presence to ensure it is in fact legal mail." Discussion with the mail room deputy and housing unit deputies indicates this procedure applies to ICE detainees as well as inmates. Additional portions of correspondence may be read to ensure information posing a security threat is not communicated. This does not comply with the NDS (**Deficiency C&OM-3**), and may also violate attorney-client privilege.

The mail room deputy stated that SCJ does not notify detainees when incoming or outgoing mail is confiscated or withheld, and does not issue a receipt for these items (**Deficiency C&OM-4**). The rejection of incoming and outgoing mail without notification denies the detainee knowledge of the attempted correspondence and eliminates accountability by correctional officers. The mail room deputy stated that SCJ does not maintain a written record of items removed or confiscated from detainee correspondence (**Deficiency C&OM-5**). There is no system in place to verify the accuracy of records documenting the discovery and disposition of contraband. This deficiency was also cited during the February 2011 QAR.

ODO confirmed that identity documents received in the mail room are returned to sender and not forwarded to ERO for inclusion in the detainee's A-file (**Deficiency C&OM-6**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY C&OM-1

In accordance with the ICE NDS , Correspondence and Other Mail, section (III)(B)(5), the FOD must ensure the facility shall notify detainees of its policy on correspondence and other mail through the detainee handbook or equivalent provided to each detainee upon admittance.

At a minimum, the notification shall specify:

The definition of special correspondence, including instructions on the proper labeling for special correspondence, without which it will not be treated as special mail [sic]. The notification shall clearly state that it is the detainee's responsibility to inform senders of special mail of the labeling requirement.

DEFICIENCY C&OM-2

In accordance with the ICE NDS, Correspondence and Other Mail, section (III)(B)(8), the FOD must ensure the facility notifies detainees of its policy on correspondence and other mail through the detainee handbook or equivalent provided to each detainee upon admittance.

At a minimum, the notification shall specify:

How to obtain writing implements, paper and envelopes

DEFICIENCY C&OM-3

In accordance with the ICE NDS, Correspondence and Other Mail, section (III)(F)(2), the FOD must ensure outgoing special correspondence will not be opened, inspected, or read.

DEFICIENCY C&OM-4

In accordance with the ICE NDS, Correspondence and Other Mail, section (III)(G), the FOD must ensure all facilities shall implement policies and procedures addressing the issue of acceptable and non-acceptable mail. Procedures shall cover the rejection of incoming and outgoing mail rejected for reasons of facility order and security. Incoming and outgoing general correspondence and other mail may be rejected by the OIC to protect the security, good order, or discipline of the institution; to protect the public; or to deter criminal activity.

The affected detainees shall be notified when incoming or outgoing mail is confiscated or withheld (in whole or in part). The detainee shall receive a receipt for the confiscated or withheld items(s).

DEFICIENCY C&OM-5

In accordance with the ICE NDS, Correspondence and Other Mail, section (III)(H)(1-6), the FOD must ensure when an officer finds an item that must be removed from a detainee's mail, he/she shall make a written record. This shall included [sic]:

1. The detainee's name and A-number;
2. The name of the sender and recipient;
3. A description of the mail in question;
4. A description of the action taken and the reason for it (including significant dates);
5. The disposition of the item and the date of disposition; and
6. The signature of the officer.

DEFICIENCY C&OM-6

In accordance with the ICE NDS, Correspondence and Other Mail, section (III)(H)(2), the FOD must ensure prohibited items discovered in the mail will be handled in the following manner:

Identity documents (passports, birth certificates, etc.) will be placed in the detainees A-file. Upon request, the detainee will be provided with a copy of the document, certified by an INS officer to be a true and correct copy.

NOTE: Under section (III)(H) of this standard, the number two occurs twice. This citation refers to the second number two.

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System NDS at SCJ to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data. ODO toured the booking area and classification department, interviewed staff, and reviewed classification documentation.

Newly arrived ICE detainees are initially classified by SCJ Booking Department staff. ODO verified ICE ERO supplies all information and forms necessary for the classification process. This includes the I-213 and the classification worksheet. The Booking Department originates two files. One is maintained in the Booking Department and contains all forms provided by ERO. The second is a classification file forwarded to the Classification Department. Review of 17 detainee classification files confirmed eight (47 percent) did not contain a Form I-213 Record of Deportable/Inadmissible Alien (**Deficiency DCS-1**). ODO verified the forms were in the booking files, but copies were not forwarded with the classification file to assist with subsequent classification decisions. Classification staff indicated that approximately half of the files received from booking are missing an I-213. Due to this omission, SCJ personnel have relied on criminal histories extracted from NCIC. NCIC typically is missing information critical to classification determinations such as dispositions of charges, convictions, and periods of incarceration.

The ODO close-out report stated that ICE detainees of all classification levels, as well as those assigned to protective custody, were housed together in the same housing unit at SCJ. This was cited as a deficiency. The SCJ facility is constructed of two man cells contained within larger housing units. Upon further discussion with SCJ and ERO staff, ODO determined ICE detainees are appropriately housed in two man cells with detainees of compatible classification levels. However, two man cells housing Level I detainees are in close proximity to cells holding Level III detainees. ODO has determined that SCJ is meeting the intent of the NDS. ODO now cites the proximity of Level I to Level III detainees as an area of concern rather than a deficiency.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System, section (III)(D), the FOD must ensure that staff shall use the most reliable, objective information from the detainee's A-file or work-folder during the classification process. "Objective" information refers to facts, e.g., current offense, past offenses, escapes, institutional disciplinary history, violent episodes/incidents, etc. Opinion, even informed opinion (based on profiling, familiarity, personal experience, etc.) is different from fact, and therefore irrelevant for detainee classification.

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedures NDS at SCJ to determine if a process to submit formal or emergency grievances exists, and if responses are provided in a timely manner without fear of reprisal. In addition, ODO will determine if detainees have an opportunity to appeal responses and if accurate records are maintained. ODO interviewed staff and reviewed local policies and procedures, the detainee handbook, detention files, and grievance logs.

Detainees at SCJ are encouraged to resolve grievances informally, but are provided the option to pursue formal grievances. Detainees are able to appeal grievance decisions. All grievances are recorded electronically in a log and are reviewed by the grievance officer.

ODO reviewed grievances submitted by ICE detainees between March 2011 and March 2012. ODO identified eight grievances alleging officer misconduct. ODO verified that SCJ personnel had not forwarded detainee grievances alleging officer misconduct to ERO personnel (**Deficiency DGP-1**). ODO confirmed that ERO had not received any of the identified grievances and had no knowledge of their existence. Upon notification, ERO promptly reported the eight grievances alleging officer misconduct to the Joint Intake Center (JIC) for investigation.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(F), the FOD must ensure CDFs and IGSA facilities must forward detainee grievances alleging officer misconduct to INS. INS will investigate every allegation of officer misconduct.

DETENTION FILES (DF)

ODO reviewed the Detention Files NDS at SCJ to determine if files are created containing all significant information on detainees housed at the facility for over 24 hours. ODO reviewed detention files to make sure they contain copies and in some cases, the originals of documents including, among other things, the classification sheet, medical questionnaire, property inventory sheet and disciplinary records. ODO also reviewed logbooks, policies and procedures, toured the admissions and release area and property room, and interviewed staff.

SCJ does not maintain detention files as a single repository for all detainee-related records. Instead, SCJ creates a custody file (detention file) and a classification file when a detainee is admitted to the facility. The custody file is produced and maintained at intake/booking on the ground level. The custody file contains the following ICE ERO provided forms at initial intake according to SCJ procedures: the Inmate Booking Information Sheet; Arrest Sheet/Probable Cause Sheet; Arrestee Data Sheet; ICE Form I-203/I-203a Order to Detain/Release Alien; ICE Form I-213 Record of Removable/Inadmissible Alien; Medical Screening and Medical Special Needs Forms; Detainee/Inmate Request Forms; Institution Disciplinary Documentation; ICE Form I-385 Alien Booking Record with photo attached. Some of these documents are forwarded to other departments within SCJ. When this occurs, copies are not maintained in the custody file.

ODO reviewed ten randomly selected active custody files, all of which did not contain annotations activating the files (**Deficiency DF-1**). Nine (90 percent) did not contain a Form I-385 Alien Booking Card. Classification documents and documents related to detainee funds and personal property are not maintained in custody files; they are forwarded as separate files and maintained in a cabinet in the property area, which is located on the ground floor adjacent to intake/booking, and to the Classification Department, which is located on the 8th floor of SCJ. Facility officials do not maintain housing identification cards in custody files; those items are kept in a binder in the control room of each housing unit (**Deficiency DF-2**). This is inefficient, because most of the required documentation is maintained elsewhere. Classification Officers stated that classification files received from the Booking Department do not contain a classification worksheet or an I-213.

ODO reviewed ten archived electronic detention files and verified that none had the required file close-out annotation (**Deficiency DF-3**). The information collected in the SCJ system of records is not consolidated until the detainee is booked out of the facility, at which time the information is captured electronically and archived. Personnel assigned to each duty location (property room, classifications, etc.) have access only to the information stored at each location. All personnel are granted access to custody files, but SCJ does not maintain a log to track detention files removed by other departments requiring them for disciplinary hearing or other proceedings (**Deficiency DF-4**). A log would maintain accountability for personnel accessing custody files.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DF-1

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

DEFICIENCY DF-2

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

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

- a. I-385, Alien Booking Record; one or more original photograph(s) attached;
- b. Classification Work Sheet;
- c. Personal Property Inventory Sheet;
- d. Housing Identification Card;
- e. G-589, Property Receipt; and
- f. I-77, Baggage Check(s).

DEFICIENCY DF-3

In accordance with the ICE NDS, Detention Files, section (III)(E)(3), the FOD must ensure the officer closing the detention file will make a notation (on the acknowledgement form, if applicable) that the file is complete and ready for archiving.

DEFICIENCY DF-4

In accordance with the ICE NDS, Detention Files, section (III)(F)(2)(a-e), the FOD must ensure staff shall accommodate all requests for detainee detention files from other departments, which may need the material for disciplinary hearings or other proceedings. A representative of the department requesting the file is responsible for obtaining the file, logging it out, and ensuring its return. Unless the CDEO or equivalent determines otherwise, borrowed file(s) shall be returned by the end of the administrative workday.

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;
- c. Signature of person removing the file, including title and department;
- d. Date and time returned; and
- e. Signature of person returning the file.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

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

ODO verified sanitation is maintained at an acceptable level throughout the facility, except for the Special Management Unit (SMU). SCJ last housed an ICE detainee in the SMU in February 2012. As discussed in the SMU section of this report, the officers who escorted ODO to the area donned plastic gloves before entering and instructed ODO not to touch anything. ODO observed remnants of spilled food on all cell door food slots. ODO observed food on the ceiling and walls outside one of the cells. ODO noticed pooling water on the walkway in front of the cells. ODO observed graffiti, gang signs and excessive trash inside certain cells of the SMU. Cluttered and unsanitary conditions can promote pest infestation and food-borne illness. ODO found an inaccurate inventory of chemicals stored in the cabinet near the second floor nursing station. Specifically, the inventory reflected there were five full one gallon bottles of non-diluted bleach, though only three were on hand. In the same chemical cabinet, nine bottles of all-purpose cleaner were reflected on the inventory but ODO verified that there were ten in the cabinet. ODO also found two large open containers containing "detergent balls." The containers were listed on the inventory; however, the number of detergent balls was not accounted for (**Deficiency EH&S-1**). Staff working in the property/booking room, nursing station, and detainee housing units could not produce Material Safety Data Sheets (MSDS) for the chemicals stored in these areas (**Deficiency EH&S-2**). ODO previously identified deficiencies in the same areas during the February 2011 QAR. ODO confirmed there are no running inventories of chemicals used in the property/booking room or detainee housing units.

ODO identified two areas within the facility where flammable or combustible chemicals are not being stored in a storage cabinet designed for flammables. In the property/booking room closet, ODO located 26 spray cans of SPAR-SAN Q (aerosol disinfectant), which contained ethyl alcohol; two cans of BLITZ- Air Borne (insect spray), clearly marked flammable; one can of Dust Destroyer, marked "may explode if heated;" and a container of instant sanitizer marked "high flammability." In the nursing station closet ODO located Lysol disinfectant, hand sanitizer, and rubbing alcohol, all marked flammable (**Deficiency EH&S-3**). ODO cited a failure to store flammables and combustibles in specially designed and labeled storage cabinets in the February 2011 QAR.

ODO identified two unlabeled spray bottles in the laundry area that contained Pure Bright bleach. ODO located additional unlabeled spray bottles in housing unit closets and on a cleaning cart used by the staff custodial officer (**Deficiency EH&S-4**). ODO noted the spray bottles were secondary containers. The contents had been transferred from the original containers. ODO cited this deficiency in the February 2011 QAR. In the event of an emergency, proper labeling assures responders can quickly identify potential hazards.

The SCJ fire prevention, control and evacuation plan does not meet all requirements of the NDS. ODO inspected all visible and secured fire extinguishers and verified they did not have any

documentation of routine inspection to verify they are charged as required by the National Fire Prevention Act (NFPA). NFPA 10(98), Section 4-3.4 requires that records be kept of all extinguishers inspected, including those needing corrective action. The date the inspection was performed and the initials of the person performing the inspection must be recorded on a tag or label attached to each extinguisher. As an alternative, the NFPA states monthly inspections may be recorded on an inspection checklist maintained on file or in an electronic system that provides a permanent record. ODO interviewed the safety officer who stated fire extinguishers are not inspected on any scheduled basis. SCJ does not conduct monthly fire inspections. Fire inspections are conducted on a quarterly basis. Exit/evacuation maps are not posted throughout the facility including areas where ICE detainees have access (**Deficiency EH&S-5**). The safety officer stated that exit/evacuation maps will not be posted for security reasons, because maps can be used to facilitate escape. This deficiency was also cited during the February 2011 QAR.

Fire drills are conducted quarterly rather than monthly as required by the standard. SCJ deputies and the safety officer stated that emergency keys are not drawn and tested during fire drills (**Deficiency EH&S-6**). Verifying the operability of emergency keys assures expeditious egress in the event of an emergency necessitating evacuation. This deficiency was also cited during the February 2011 QAR.

The safety officer informed ODO the facility's drinking water and wastewater are not tested to ensure compliance with applicable standards (**Deficiency EH&S-7**). SCJ informed ODO the power generators are tested on a monthly basis rather than bi-weekly as required; further, that the emergency electrical generator does not undergo quarterly servicing by an external company (**Deficiency EH&S-8**). This deficiency was also cited during the February 2011 QAR.

Barbering services are provided in a large general area between housing units. The area has a single unit, stainless toilet/sink combination with push buttons to access hot and cold water. ODO tested the sink and found that the hot water button was not functioning. SCJ management stated that a work order would be initiated for repair of the sink. ODO verified disinfectant solution was available to sanitize barbering tools, however, there were not any cabinets designated for storing barbering equipment, waste containers, or disposable headrest covers (**Deficiency EH&S-9**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

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

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(B), the FOD must ensure every area using hazardous substances will maintain a self-contained file of the

corresponding Material Safety Data Sheets (MSDSs). The MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to the MSDSs for the substances with which they are working while in the work area.

Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary.

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.

DEFICIENCY EH&S-3

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(F)(1), the FOD must ensure any liquid or aerosol labeled "Flammable" or "Combustible" must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property.

DEFICIENCY EH&S-4

In accordance with ICE NDS, Environmental Health and Safety, section (III)(J)(4), the FOD must ensure the OIC individually assigns the following responsibilities associated with the labeling procedure: placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label.

DEFICIENCY EH&S-5

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(3)(d-e)(g-h), the FOD must ensure every institution develops a fire prevention, control, and evacuation plan to include, among other thing [sic], the following: Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc.; Monthly fire inspections; 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; Conspicuously posted exit diagram conspicuously posted for and in each area.

DEFICIENCY EH&S-6

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4)(a)(c), the FOD must ensure monthly fire drills will be conducted and documented separately in each department. 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. 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. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.

DEFICIENCY EH&S-7

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(N), the FOD must ensure a state laboratory will test samples of drinking and wastewater to ensure compliance with applicable standards.

DEFICIENCY EH&S-8

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary.

The biweekly test of the emergency electrical generator will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation. The emergency generator will also receive quarterly testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output.

DEFICIENCY EH&S-9

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1)(2), the FOD must ensure sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact by towels, combs and clippers. The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees. Each barbershop will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care. Each shop will be provided with appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths.

FOOD SERVICE (FS)

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

The food service operation is managed by employees of the Sacramento County Jail, supported by a crew of county inmate workers. ICE detainees do not work in food service. The facility has a satellite system of meal service involving preparation in the central kitchen and delivery to the housing units. ODO verified food service personnel and inmate food service workers had received medical clearance. Documented inspections and temperature logs confirmed compliance with the standard. A registered dietitian certifies all the menus. Religious and medically prescribed meals are provided and properly documented.

The facility training coordinator stated that the food service staff had received training in sexual harassment, but had not received training related to custody matters and the ICE detention standard (**Deficiency FS-1**).

Food service and security staff stated that the food service area (b)(7)e
An officer is assigned to the laundry room, which is adjacent to food service. The laundry officer

(b)(7)e

ODO observed a food service worker taking a food cart containing sandwiches into a housing unit. The sandwiches were in a plastic bag, in an uncovered container, on an open food cart. ODO observed that the carts used to transport thermal food trays are boxed and have doors, but cannot be locked (**Deficiency FS-3**). This deficiency was cited during the ERO November 2010 annual inspection.

Sack meals prepared for bus service consist of two peanut butter and jelly sandwiches, two pieces of fruit, and a serving of milk. While two pieces of fruit exceeds the NDS requirement, a sandwich containing meat is not provided (**Deficiency FS- 4**). Staff stated sack meals do not include meat items due to the lack of refrigeration on the transport buses.

ODO observed food items were stacked approximately four inches below fire sprinkler deflectors in the dry storage room. This failed to meet the 18-inch clearance required by the standard (**Deficiency FS-5**). ODO observed a 20-inch section of a steam pipe connected to the dishwasher was not insulated or covered. The section was within seven feet of the floor and within reaching distance. This poses a hazard for inmate workers and food service staff (**Deficiency FS-6**).

During inspection of the dry storage area, items were found stored against a wall. This did not meet the two-inch clearance required by the standard (**Deficiency FS-7**). Due to limited storage space, SCJ maintains a three-day food supply on site and not the 15 day food supply as required

by the standard (**Deficiency FS-8**). The FSA stated SCJ receives deliveries of refrigerated food items every three days and dry goods as needed, which is usually twice a week.

All walk-in refrigerated storage areas were unlocked. Food service staff stated the original locking mechanisms were removed more than 15 years ago. As a result, the units remain unlocked and are not equipped with safety locks to open from the inside (**Deficiency FS-9**). This deficiency was also cited during the November 2010 ERO annual inspection.

ODO notes one area of concern. There is a significant water drip from the ceiling directly over the dishwasher. Food service staff stated that the water leak is from an overhead pipe in the ceiling. A large aluminum tray was placed over the top electrical box of the dishwasher to keep the dripping water from making contact with electrical parts. This condition poses a safety hazard and according to the FSA, was cited during a County health and safety code inspection on February 22, 2012. The FSA stated that a contract for repairs is imminent. ODO recommends repair be accomplished as soon as possible, because the leak presents a serious safety concern.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(B)(1), the FOD must ensure the facility training officer will devise and provide appropriate training to all food service personnel in detainee custodial issues. Among other things, this training will cover INS's detention standards.

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(B)(5), the FOD must ensure all facilities must establish

(b)(7)e

(b)(7)e

(b)(7)e

Unless directed otherwise by facility policy or special instructions, staff shall prevent detainees from leaving the food service department with any food item.

DEFICIENCY FS-3

In accordance with the ICE NDS, Food Service, section (III)(C)(2)(g), the FOD must ensure food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-feeding carts. Food carts must have locking devices.

All food safety provisions (sanitation, safe-handling, storage, etc.) apply without exception to food in transit.

DEFICIENCY FS-4

In accordance with the ICE NDS, Food Service, section (III)(G)(6)(c), the FOD must ensure sack meals are provided for: detainees being transported from the facility; detainees arriving/departing between scheduled meal hours; and detainees in the SMU, as provided above.

Each sack shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork). Commercial bread or rolls may be preferable because they include preservatives. To ensure freshness, fresh, facility-made bread may be used only if made on the day of lunch preparation. Sandwiches should be individually wrapped or bagged in a secure fashion, to prevent the food from deteriorating. Meats, cheeses, etc., should be freshly sliced the day of sandwich preparation. Leftover cooked meats shall not be used after 24 hours.

DEFICIENCY FS-5

In accordance with the ICE NDS, Food Service, section (III)(H)(5)(e), the FOD must ensure all facilities will meet the following environmental standards: Eighteen-inch clearance (minimum) underneath sprinkler deflectors.

DEFICIENCY FS-6

In accordance with the ICE NDS, Food Service, section (III)(H)(12)(b), the FOD must ensure all steam lines within seven feet of the floor or working surface, and with which a worker may come in contact, shall be insulated or covered with a heat-resistant material, or be otherwise guarded from contact. Inaccessible steam lines (guarded by location) need not be protected from contact.

DEFICIENCY FS-7

In accordance with the ICE NDS, Food Service, section (III)(J)(3)(e), the FOD must ensure the following procedures apply when receiving or storing food: Store food items at least two inches from the walls and at least 6 inches above the floor.

DEFICIENCY FS-8

In accordance with the ICE NDS, Food Service, section (III)(J)(4), the FOD must ensure, while the FSA shall base inventory levels on facility needs, each facility will at all times stock a 15-day-minimum food supply.

DEFICIENCY FS-9

In accordance with the ICE NDS, Food Service, section (III)(J)(7)(b), the FOD must ensure 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 incorporates, the interior release-mechanism must open the door with the same amount of pressure even when locks or bars are in place.

Whether new or after-market, the inside lever of a hasp-type lock must be able to disengage locking devices and provide egress. The FSA, along with the Safety Manager, will review the walk-in freezer(s) and refrigerator(s) to ensure they operate properly.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property NDS at SCJ to determine if controls are in place to inventory, receipt, and store and safeguard detainees' personal property. During the review, ODO interviewed SCJ staff members and ICE officials, reviewed detention files, facility policy and the detainee handbook, and observed property room activities.

As a matter of practice, ERO officials secure detainee property and valuables at the local Sacramento ERO Sub-Office and provide each detainee with a receipt. ICE detainees arrive at SCJ with only the clothing they are wearing and funds retained on their person. At intake, the detainees relinquish their funds and clothing to SCJ officers who inventory and provide a receipt for the clothing and funds via a Property and Clothing Record form (PCR). The PCR is filed in a cabinet located in the property office on the ground level adjacent to intake/booking. SCJ booking officers count detainee funds and secure them in a locked drop box. The cashier is the only individual with access to the drop box. The cashier empties its contents periodically throughout the tour of duty, and the contents of the drop box are placed in a locked safe in the cashier's office. The cashier's office, which is secured with a cipher lock, is accessible by any SCJ employee having the cipher lock combination. The safe is only accessible by the cashier and an accountant employed by Sacramento County. The accountant is responsible for depositing the funds in an account, which detainees can use to purchase commissary items during their detention.

SCJ has numerous operational orders that address funds and personal property procedures; however, the procedures lack specific requirements delineated within the NDS. The SCJ procedure for lost/damaged property does not specify that supervisory staff will conduct an investigation, that ICE detainees will be promptly reimbursed for all validated property losses caused by facility negligence, that the facility will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated property loss or damage claim, or that a designated ICE officer will immediately be notified of all claims and the disposition of detainee reports of lost or damaged property (**Deficiency F&PP-1**).

Upon review of the SCJ Detainee Handbook, ODO verified that it informs detainees to contact ICE officials if they have a question or concern regarding their property, but it does specify which property items detainees may retain in their possession, the procedure for claiming property upon release, transfer, or removal, and the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE NDS, Funds and Personal Property, section (III)(H)(2)(5)(6)(7), the FOD must ensure each facility has a written policy and procedures for detainee property reported missing or damaged. All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly receipted detainee property, as follows: Supervisory Staff will conduct the investigation; The [sic] will promptly reimburse detainees for all validated property losses caused by facility negligence; The [sic] will not arbitrarily impose a ceiling on the amount to be

reimbursed for a validated claim; and The senior contract officer will immediately notify the designated INS officer of all claims and outcomes.

NOTE: There are multiple sets of the repeated numbers under section (H) of this standard.

DEFICIENCY F&PP-2

In accordance with the ICE NDS, Funds and Personal Property, section (III)(J)(1)(4)(5), the FOD must ensure the detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including : Which items they may retain in their possession; The procedure for claiming property upon release, transfer, or removal; The procedures for filing a claim for lost or damaged property.

MEDICAL CARE (MC)

ODO reviewed the Medical Care NDS at SCJ to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner. ODO toured the medical clinic, reviewed policies and procedures, examined detainee medical records, verified medical staff credentials, and interviewed staff.

The clinic is operated by Correctional Health Services and holds no accreditations. ODO verified staffing is sufficient to meet detainee needs. Initial intake screenings of detainees are performed in a timely manner and in accordance with the NDS. A random review of 11 medical files confirmed that one physical (9 percent) was completed 24 days after the detainee had arrived at SCJ, which is outside the 14-days required by the standard (**Deficiency MC-1**). Physical examinations are completed by a Registered Nurse (RN) that has completed physician-approved training. A physician reviews and co-signs examinations performed by the RN. With the exception of the deficiency, ODO verified all other Immigration Health Services Corps Performance Improvement criteria were met.

ICE detainees request health care services by submitting written request forms available in English and Spanish. The forms are picked up from the housing units by medical staff twice daily when medication is dispensed. Non-medical staff does not handle detainee sick call forms. ODO verified requests are triaged within 24 hours, and detainees are seen the same day or an appointment is scheduled for a future date. Examination rooms are available on each floor of the facility to expedite the sick call process. Sick call is available five days per week. ODO notes that detainees are charged a medical co-pay of \$3.00 per sick call visit when initially seen at medical. Medical staff does not know who is a detainee or who is an inmate; therefore, once a detainee is identified, accounting issues a reimbursement to the detainee, which negates the charge for medical services. Detainees do not pay for medical services, and receive medical attention regardless of the amount of money on account at the time of the visit to the clinic.

The pharmacy utilizes robotic technology to package detainee medications in individual dose packages. This method of packaging has detainee bar-coded identification, which streamlines the medication dispensing process. The nursing staff uses a scanner to access the medication administration record of the electronic medical file for each detainee. ODO cites this as a best practice, because it reduces the risk of medication errors and supports accurate record keeping.

A review by ODO of training records for (b)(7)e custody staff and (b)(7)e medical staff confirmed that they had all been certified for first aid and cardiopulmonary resuscitation (CPR).

ODO did not find any consent for treatment forms in any of the 26 medical records reviewed for compliance with chronic care requirements (**Deficiency MC-2**). The Director of Nursing (DON) informed ODO that detainees sign a consent form prior to medical and surgical procedures. In the records reviewed, consent was not obtained prior to tuberculosis skin testing, or physical examinations. Informed consent is required to ensure medical treatment is not provided against the will of a detainee.

The DON and Medical Director stated that procedures are not in place to assure notification of ICE when detainee medical records are released for any reason. This deficiency is not cited, because ODO did not find any cases where detainee medical records had been released. Development of a policy by SCJ is recommended to assure ICE is notified in the event detainee records are released in the future.

STANDARD/ POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure the health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. 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.

DEFICIENCY MC-2

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

SPECIAL MANAGEMENT UNIT (SMU) Administrative Segregation (AS)

ODO reviewed the Special Management Unit (SMU) - Administrative Segregation NDS at SCJ to determine if the facility has procedures in place to temporarily segregate detainees for administrative reasons. ODO toured the facility, reviewed policies, interviewed staff, and reviewed detainee files for required documentation.

SCJ does not operate a separate unit for detainees requiring segregation from the general population for administrative reasons. Detainees requiring administrative segregation are confined in their cells and are only allowed out for recreation and other activities under escort. These detainees do not mix with the general population during these times.

Detainees who cannot live among the general population for administrative reasons are placed in "Total Separation" (TSEP), or "Protective Custody" (PC). ODO identified seven detainees on TSEP and PC status during the review. Per SCJ policy, all detainees who are gang members, have been convicted of sexually based offenses, or have confirmed their homosexuality are assigned to PC. TSEP and PC require separation from the general population. ODO finds this meets the definition of administrative segregation in the NDS. This is done to ensure the safety of detainees, visitors, and staff, and to support the secure and orderly operation of the facility; however, guidance from ERO HQ directs that Field Office Directors must ensure that vulnerable, special needs, Lesbian, Gay, Bisexual, and Transgender detainees are not placed in segregated housing solely because of their affiliation and identification. ODO considers blanket placement of identified homosexuals in segregation to be an area of concern requiring immediate address by both ERO and SCJ management. SCJ does not issue or maintain written orders documenting the reason for placement of a detainee in administrative segregation (**Deficiency SMU AS-1**). Written, approved segregation orders support due process and inform detainees of the reason(s) for assignment or placement in Administrative Segregation.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU AS-1

In accordance with the ICE NDS, Special Management Unit -Administrative Segregation, section (III)(B), the FOD must ensure a written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.

SPECIAL MANAGEMENT UNIT (SMU) Disciplinary Segregation (DS)

ODO reviewed the Special Management Unit - Disciplinary Segregation NDS at SCJ to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary reasons. ODO toured the SMU, interviewed staff, and reviewed policies and other pertinent documentation.

SCJ operates an SMU for disciplinary segregation. ODO conducted a tour of the area and confirmed that a detainee had been housed in the disciplinary SMU for a brief time during the month prior to the inspection. ODO observed the conditions in the disciplinary SMU to be unsanitary and in disarray. Deputies escorting ODO wore plastic gloves, and advised ODO team members not to touch anything. There were remnants of spilled food on the small openings in all the cell doors where detainees receive meals. Food was on the ceiling and walls, and water had pooled on a walkway. Graffiti and gang signs were observed on the interior walls inside four cells. There was excessive trash, and paper covered the inside of the doors and windows of several cells. ODO recommends SCJ management cease placement of ICE detainees in this unit until conditions are significantly improved.

One ICE detainee was serving disciplinary sanctions within a general housing unit during the CI. SCJ transferred the detainee to another ICE facility during this inspection. SCJ disciplinary policy states that a Sergeant or Lieutenant can serve as designated disciplinary hearing officers that have both investigative and punitive powers, including the authority to impose disciplinary segregation by written order (**Deficiency SMU DS-1**). SCJ does not have an Institutional Disciplinary Committee as required by the NDS. A committee, in the place of a single person charged with both investigating and imposing sanctions, would support due process.

Detainees in disciplinary segregation, regardless of location, are denied recreation and the denials are not logged or documented (**Deficiency SMU DS -2**). Visitation in disciplinary segregation is also restricted or denied, but not logged (**Deficiency SMU DS-3**). ODO confirmed that the ICE detainee who had been on disciplinary segregation at the start of review had been under these restrictions. ODO notes the new SCJ ICE Detainee Protocols, dated March 13, 2012, have addressed these issues.

STANDARD POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU DS-1

In accordance with the ICE NDS, Special Management Unit - Disciplinary Segregation, section (III)(A), the FOD must ensure, to provide detainees in the general population a safe and orderly living environment, facility authorities shall discipline anyone whose behavior does not comply with facility rules and regulations. This may involve temporary confinement apart from the general population, in the Special Management Unit (SMU). A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Committee, after a hearing in which the detainee has been found to have committed a prohibited act.

DEFICIENCY SMU DS-2

In accordance with the ICE NDS, Special Management Unit - Disciplinary Segregation, section (III)(D)(13), the FOD must ensure recreation shall be provided to detainees in disciplinary segregation in accordance with the "Recreation" standard. The standard provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee's recreation privileges may be withheld temporarily after a severely disruptive incident.

Staff shall document by memorandum and logbook(s) notation every instance when a detainee is denied recreation. The memorandum shall be placed in the detainee's detention file.

DEFICIENCY SMU DS-3

In accordance with the ICE NDS, Special Management Unit - Disciplinary Segregation, section (III)(D)(17), the FOD must ensure the facility shall follow the "Visitation" standard in setting visitation rules for detainees in disciplinary segregation.

As a rule, a detainee retains visiting privileges while in disciplinary segregation. The determining factor is the reason for which the detainee is being disciplined.

USE OF FORCE (UOF)

ODO reviewed the Use of Force NDS at SCJ to determine if necessary use of force is utilized only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility. ODO toured the facility, viewed use of force videos, inspected equipment, and reviewed the local policies, training records, and other pertinent documentation.

A search of the facility's database and staff interviews showed there were no calculated and four immediate use of force incidents involving ICE detainees during the twelve months prior to the CI. Video of one of the immediate force incidents captured by a stationary security camera showed a detainee grabbing a paper bag out of a trash can upon entry into a housing unit. The correctional officer assigned to the unit stopped the detainee at the entrance and attempted to restrain the detainee by grabbing the detainee's arm. The detainee became belligerent when given verbal commands to pick the trash up. Unable to get the detainee to comply with orders, the officer deployed OC spray with his free hand, took the detainee to the floor, restrained the detainee, and placed the detainee in a cell. The officer's written report stated the detainee refused commands to place the paper bag back in the trash can. The officer's report stated the detainee made no complaint of pain, nor did he request to wash his face due to exposure to the OC spray. The officer's report stated the OC spray grazed the left side of the detainee's neck, and the detainee showed no signs of being affected by the OC spray. The detainee was not decontaminated or examined by medical personnel (**Deficiency UOF-1**). A medical examination following a use of force incident assures that a detainee receives proper evaluation for any injuries, even those not evident, and protects the facility from future litigation resulting from alleged injuries. ODO verified that SCJ completed an After Action Report and ERO officials were notified as required by the NDS.

One area of concern is that the SCJ written Use of Force policy does not address all requirements governing calculated force and the use of force team technique. ODO was informed the recently appointed Operations Sergeant has been charged with overall responsibility for detainee-related matters and as part of that responsibility is in the process of updating facility policies to comply with NDS requirements. ODO recommends that the SCJ Sergeant expedite revision of the Use of Force policy to achieve compliance with the NDS prior to the occurrence of a calculated use of force on a detainee.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(G)(2), the FOD must ensure, after any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented.