



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

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**Office of Detention Oversight  
Compliance Inspection**

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

**Strafford County Corrections  
Dover, New Hampshire**

**June 22-25, 2020**

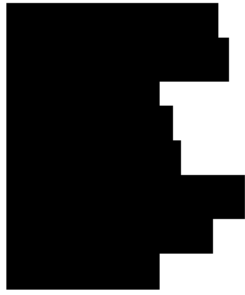
**COMPLIANCE INSPECTION**  
**of the**  
**STRAFFORD COUNTY CORRECTIONS**  
Dover, New Hampshire

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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 Stafford County Corrections (SCC) in Dover, New Hampshire, from June 22 to 25, 2020.<sup>1</sup> The facility opened in 2004 and is owned and operated by Strafford County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCC in 2004 under the oversight of ERO's Field Office Director (FOD) in Boston (ERO Boston). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has not assigned Deportation Officers and a Detention Services Manager to the facility. An SCC superintendent handles daily facility operations and is supported by █████ personnel. SCC provides food services, American Institutional Medical Group provides medical care, and Oasis Commissary provides commissary services at the facility. The facility has no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	125
Average ICE Detainee Population <sup>3</sup>	81
Male Detainee Population (as of 6/22/2020)	58
Female Detainee Population (as of 6/22/2020)	1

During its last inspection, in Fiscal Year (FY) 2017, ODO found 32 deficiencies in the following areas: Environmental Health and Safety (5), Classification System (3), Funds and Personal Property (2), Special Management Units (2), Staff Detainee Communication (7), Use of Force and Restraints (1), Food Service (2), Medical Care (2), Personal Hygiene (1), Telephone Access (4), Detainee Handbook (2), and Law Libraries and Legal Material (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of June 8, 2020.

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

## COMPLIANCE INSPECTION PROCESS

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

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

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

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

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

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 – Security</b>	
Admission and Release	4
Custody Classification System	4
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention <sup>6</sup>	1
Special Management Units	4
Staff-Detainee Communication	5
Use of Force and Restraints	3
<b>Sub-Total</b>	<b>22</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	3
Suicide Prevention and Intervention	2
<b>Sub-Total</b>	<b>5</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	3
Visitation	1
<b>Sub-Total</b>	<b>4</b>
<b>Part 6 – Justice</b>	
Grievance System	1
Law Libraries and Legal Material	1
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>35</b>

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

<sup>6</sup> The facility is contractually obligated to comply with the requirements of ICE PBNDs 2011 (Revised 2016), Sexual Abuse and Assault Prevention and Intervention.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Medical Care:* One detainee stated he does not have access to distilled water for his continuous positive airway pressure (CPAP) machine for his sleep apnea.

- Action Taken: ODO discussed the issue with the facility medical staff, reviewed the facility's Chart Medication Administration Record and determined the detainee received distilled water on June 3<sup>rd</sup>, 6<sup>th</sup>, 8<sup>th</sup>, 13<sup>th</sup>, 15<sup>th</sup>, 18<sup>th</sup>, 19<sup>th</sup>, and 21<sup>st</sup>, 2020. ODO determined the detainee was seen on June 19, 2020, for his complaint stating his CPAP filter was dirty, he was not receiving distilled water for his treatments, and was also educated on medication pass for his distilled water. Additionally, detainee flow records showed he was monitored on June 8<sup>th</sup>, 10<sup>th</sup>, and 15<sup>th</sup>, 2020, and his oxygen saturation was stable. Prior to the completion of the inspection, the facility was in the process of replacing the detainee's CPAP filter.

*Medical Care:* One detainee stated he had a small lump on his back and saw a facility doctor for the lump two months ago but was not told of the outcome of the lump on his back.

- Action Taken: ODO discussed the complaint with the facility medical staff and determined the detainee was first seen for a physical on March 9, 2020, at which time no complaints were presented by the detainee. On April 19, 2020, the detainee submitted a sick call request for back, leg, and shoulder pain due to exercise and mattress. The detainee was seen on the same day and given Ibuprofen. On May 6, 2020, the detainee submitted a second sick call request for a bump on his left shoulder blade. The detainee was examined and found he had no limitation when extending his left arm and was given Motrin as standard protocol. The detainee was again seen for a follow-up consultation on May 7, 2020, at which time he was told he had a benign Lipoma (fatty lump) and did not need treatment. Before ODO's departure from the facility, the medical staff again informed the detainee the benign Lipoma was a cosmetic issue and did not need treatment.

*Environmental Health and Safety:* One detainee complained the indoor and outdoor recreation areas in his housing unit are not being sanitized after use. He stated because of COVID-19 the facility should institute a process for sanitizing all recreation areas.

- Action Taken: ODO spoke with facility leadership about the issue and determined the facility had instituted sanitation protocols throughout the facility. These protocols include sanitizing housing units, multiple times per day and overnight as well. ODO determined the cleansing of these housing units included indoor and outdoor recreation areas such as tables, library carts, board games, tablets, indoor and outdoor railings and door handles, and pull up and dip bars.

*Detainee Handbook:* Seven out of 12 detainees stated they had not received copies of the ICE National Detainee Handbook and/or facility inmate handbook.

- Action Taken: ODO spoke with facility leadership and determined all detainees are given access to tablets for use at the facility and are given basic instructions on how to operate tablets during intake. The facility provided pictures of tablet screens which effectively showed all tablets have current versions of the ICE National Detainee Handbook and facility inmate handbook in English, Spanish and most prevalent language.



# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

The facility did not use or document the use of emergency keys during fire drills (**Deficiency EH&S-1<sup>7</sup>**).

██████████ fire drills were not being conducted in all facility locations. In addition, since March 2020, SCC had not conducted fire drills due to COVID-19 social distancing restrictions (**Deficiency EH&S-2<sup>8</sup>**).

## SECURITY

### ADMISSION AND RELEASE (A&R)

The facility did not provide supporting documentation to ODO that showed booking staff received adequate training on the SCC admissions process during annual training (**Deficiency A&R-1<sup>9</sup>**).

ODO reviewed 13 detainee files and found 13 out of 13 files contained an Order to Detain or Release, Form I-203; however, two out of 13 forms did not bear an ERO official signature (**Deficiency A&R-2<sup>10</sup>**).

ODO determined the SCC's detainee orientation procedures had not be reviewed and approved by the local ICE/ERO Boston (**Deficiency A&R-3<sup>11</sup>**).

*Corrective Action:* Prior to completion of the inspection, the local ICE/ERO Boston issued a memorandum on June 24, 2020, approving the orientation procedures at SCC (**C-1**).

Also, ODO determined SCC's detainee release procedures had not been reviewed and approved

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<sup>7</sup> "Emergency-key drills shall be included in each fire drill, and timed. Emergency keys shall 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 ██████████ for drawing keys and unlocking emergency doors. However, when conducting fire drills emphasis will be placed on safe and orderly evacuation rather than speed." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(3).

<sup>8</sup> "Fire drills shall be conducted and documented at least ██████████ in all facility locations including administrative areas." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D).

<sup>9</sup> "All facilities shall have in place a written policy and procedure related to the admissions process, which shall include intake and admissions forms and screening forms. Staff members shall be provided with adequate training on the admissions process at the facility." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(1).

<sup>10</sup> "An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/DRO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(E).

<sup>11</sup> "All facilities shall have a method to provide ICE/DRO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F). **This is a Priority Component.**

by the local ICE/ERO Boston (**Deficiency A&R-4<sup>12</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the local ICE/ERO Boston issued a memorandum on June 24, 2020, approving the release procedures at SCC (**C-2**).

## **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed 13 detainee files and found four out of 13 detainees who required reassessments were not reassessed. ODO determined two detainees had been housed at SCC more than 60 days, and two detainees had been housed at SCC more than 90 days, without a reassessment (**Deficiency CCS-1<sup>13</sup>**).

The facility handbook did not explain classification levels, or conditions and restrictions applicable to each classification level (**Deficiency CCS-2<sup>14</sup>**).

SCC was unable to provide documentation to substantiate classification staff received training in the facility's classification process (**Deficiency CCS--3<sup>15</sup>**).

ODO reviewed 13 detainee files and housing records and found one Level 1 female detainee housed in the same unit as a Level 3 detainee (**Deficiency CCS-4<sup>16</sup>**).

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

The facility did not have written procedures to audit detainee funds, valuable, and personal property (**Deficiency F&PP-1<sup>17</sup>**).

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

ODO determined the facility's written policies and procedures regarding the SAAPI program had

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<sup>12</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, checking wants and warrants, etc. ICE/DRO shall approve IGSA release procedures." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H).

<sup>13</sup> "First Reassessment. A Classification Reassessment shall be completed 60 to 90 days after the date of the initial assessment." See ICE PBNDS 2008, Standard, Classification System, Section (V)(B). **This is a Repeat Deficiency.**

<sup>14</sup> "The Detainee Handbook Standard section on classification shall include: -An explanation of the classification levels, with the conditions and restrictions applicable to each. -The procedures by which a detainee may appeal his or her classification." See ICE PBNDS 2008, Standard, Classification System, Section (V)(J). **This is a Repeat Deficiency.**

<sup>15</sup> "All facility staff assigned to classification duties shall be adequately trained in the facility's classification process." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

<sup>16</sup> "Housing Detainees of Different Classification Levels. When a facility is at capacity and it becomes necessary to house detainees of different classification levels in the same housing unit, the following guidelines shall apply: -Level 3 detainees may not be housed with Level 1 detainees." See ICE Performance-Based National Detention Standards (PBNDS) 2008, Standard, Classification System, Section (V)(G).

<sup>17</sup> "All detention facilities are required to have written policies and procedures to: 4. Inventory and audit detainee funds, valuables, and personal property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(1)(a)(4).

not been reviewed and approved the Field Office Director (**Deficiency SAAPI-1<sup>18</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the local ICE/ERO Boston issued a memorandum on June 24, 2020, approving the facility's SAAPI policies and procedures (**C-3**).

## **SPECIAL MANAGEMENT UNITS (SMU)**

ODO determined detainees in SMU are issued a hardened plastic spork, which the facility did not consider disposable. The detainees were expected to wash and maintain the sporks for as long as they are housed in SMU (**Deficiency SMU-1<sup>19</sup>**).

SMU facility policy states detainees are offered one hour of recreation per day. However, the hour afforded included the detainee's only opportunity to shower (**Deficiency SMU-2<sup>20</sup>**).

ODO determined the facility unilaterally restricts all visitation privileges, except for attorney visits, for detainees housed in SMU (**Deficiency SMU-3<sup>21</sup>**).

ODO reviewed two days (May 2-3, 2020) of the facility's Offender Management System entries and found male and female detainee observations by staff exceeded [REDACTED] on both days (**Deficiency SMU-4<sup>22</sup>**).

## **STAFF-DETAINEE COMMUNICATION (SDC)**

The ICE/ERO Boston supervisory staff did not conduct frequent unannounced, unscheduled visits to the facility at least [REDACTED], nor were policy and procedures in place to conduct the visits (**Deficiency SDC-1<sup>23</sup>**).

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<sup>18</sup> "The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A).

<sup>19</sup> "Detainees in SMUs shall be provided three nutritionally adequate meals per day, according to the general population meal schedule and ordinarily from the same menu; however, for reasons of safety and security, detainees in SMUs shall eat with disposable utensils." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(10).

<sup>20</sup> "Nevertheless, detainees in the SMU shall be offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(19).

<sup>21</sup> "In accordance with the Detention Standard on Visitation, while in an SMU, a detainee ordinarily retains visiting privileges." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(13). **This is a Repeat Deficiency.**

<sup>22</sup> "Detainees in SMUs shall be personally observed at least every [REDACTED]. For cases that warrant increased observation, the SMU personnel will personally observe them accordingly. (See also Suicide Prevention and Searches of Detainees, section on dry cells)." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(7). **This is a Priority Component.**

<sup>23</sup> "Each field office shall have policy and procedures to ensure and document that the ICE/DRO assigned supervisory staff conduct frequent unannounced, unscheduled visits to the SPC, CDF, and IGSA facility's living and activity areas to informally observe living and working conditions and encourage informal communication among staff and detainees. These unannounced visits shall be conducted at least [REDACTED]. Each facility shall develop a method to document the unannounced visits and ICE/DRO staff shall document their visits to IGSA's." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

The local ICE/ERO Boston had not developed written schedules and procedures for [REDACTED] contact visits by field office staff (**Deficiency SDC-2<sup>24</sup>**).

ODO found telephone serviceability worksheets had not been provided by ICE/ERO Boston to the facility for weekly testing (**Deficiency SDC-3<sup>25</sup>**). Additionally, ODO found the Model Protocol Forms had not been used by ICE/ERO Boston to document weekly liaison visits (**Deficiency SDC-4<sup>26</sup>**).

ODO reviewed the detainee request logs covering the past six months and found 12 instances where response times exceeded three business days (**Deficiency SDC-5<sup>27</sup>**).

## **USE OF FORCE AND RESTRAINTS (UOF&R)**

The facility did not have post orders nor other directives specifically designating an individual responsible for maintaining cameras and other audiovisual equipment. Additionally, SCC lacked documentation of testing to ensure equipment was in working order and back-up supplies were on hand (**Deficiency UOF&R-1<sup>28</sup>**).

ODO reviewed one calculated UOF video from an incident within 12 months preceding the inspection and found team members did not remove their [REDACTED] [REDACTED] during the briefing and debriefing of the incident (**Deficiency UOF&R-2<sup>29</sup>**).

ODO reviewed SCC policy and found the facility did not have a written procedure for after-action review of UOF incidents which meet or exceed the requirement of ICE/ERO's process (**Deficiency**

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<sup>24</sup> "The Field Office Director shall develop written schedules and procedures for [REDACTED] contact visits by ICE/DRO Field Office staff and ensure the schedules are posted in detainee living and other appropriate areas. Each Field Office Director shall have specific written procedures for documenting each visit." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(2)(b). **This is a Repeat Deficiency.**

<sup>25</sup> "Field Office Directors shall ensure that all phones for detainee use are tested at least weekly. Staff shall document each serviceability test on a form that has been provided by DRO, and each field office shall maintain those forms, organized by month, for three years." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(C). **This is a Repeat Deficiency.**

<sup>26</sup> "In accordance with the required frequency of liaison visits described above in the section on Scheduled Contact with Detainees, Model Program forms shall be: Completed weekly for SPCs, CDFs, and regularly used IGSA facilities, and for each visit to intermittently used IGSA facilities. Submitted annually with the required Annual Detention Reviews." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(E).

<sup>27</sup> "Each detainee request shall be forwarded to the ICE/DRO office of jurisdiction within two business days and answered as soon as possible and practicable, in person or in writing, but no longer than within three business days of receipt." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(1)(b). **This is a Repeat Deficiency.**

<sup>28</sup> "Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for: • Maintaining cameras and other audiovisual equipment; Regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and Keeping back-up supplies on hand (batteries, tapes or other recording media, lens cleaners, etc.)." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(K).

<sup>29</sup> "Calculated use-of-force incidents shall be audio-visually recorded in the following order: 2. Faces of all team members should briefly appear [REDACTED] one at a time, identified by name and title." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(2)(2). **This is a Priority Component.**

UOF&R-3<sup>30</sup>).

## CARE

### MEDICAL CARE (MC)

Four out of 15 detainee health assessments were not completed within 14 days of arrival to facility (**Deficiency MC-1<sup>31</sup>**).

ODO reviewed 15 detainee medical records and found the clinical medical authority did not review each detainee screening form within 24 hours nor the next business day to assess the priority for treatment (**Deficiency MC-2<sup>32</sup>**).

ODO reviewed 15 detainee medical records and found health assessments were completed by trained registered nurses; however, 15 out of 15 detainee files had not been reviewed and co-signed by the medical authority to assess the priority of treatment (**Deficiency MC-3<sup>33</sup>**).

### SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO found one detainee placed on suicide watch was not evaluated in accordance with SCC policy and approved procedure. A mental health evaluation was not conducted within 24 hours (**Deficiency SP&I-1<sup>34</sup>**), mental health evaluations were not performed daily, nor was follow-up care provided (**Deficiency SP&I-2<sup>35</sup>**).

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<sup>30</sup> “All facilities shall have ICE/ERO-approved written procedures for After-Action Review of use-of-force incidents (immediate or calculated) and applications of restraints. The primary purpose of an After-Action Review is to assess the reasonableness of the actions taken and determine whether the force used was proportional to the detainee’s actions. IGSA’s shall model their incident review process after ICE/ERO’s process and submit it to ICE/ERO for ERO review and approval. The process must meet or exceed the requirements of ICE/ERO’s process.” See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(1).

<sup>31</sup> “Each facility’s health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. If there is documentation of one within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required.” See ICE PBNDS 2008, Standard, Medical Care, Section (V)(J). **This is a Priority Component and a Repeat Deficiency.**

<sup>32</sup> “The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment....” See ICE PBNDS 2008, Standard, Medical Care, Section (V)(I)(1).

<sup>33</sup> “The clinical medical authority shall be responsible for review of all health appraisals to assess the priority for treatment.” See ICE PBNDS 2008, Standard, Medical Care, Section (V)(J).

<sup>34</sup> “Detainees who are identified as being “at risk” for suicide shall immediately be referred to the mental health provider or other appropriately trained medical staff member for evaluation. The evaluation will take place within 24 hours. Until this evaluation takes place, security staff will place the detainee in a secure environment on a constant one-to-one visual observation.” See ICE PBNDS 2008, Standard, Suicide Prevention and Intervention, Section (V)(C). **This is a Priority Component.**

<sup>35</sup> “Appropriately trained and qualified medical staff shall evaluate the detainee within 24 hours of the referral. This evaluation will be documented in the medical record and include: -relevant history, -environmental factors, -lethality of suicide plan, -psychological factors, -a determination of level of suicide risk, -level of supervision needed, -referral/transfer for inpatient care (if needed), -instructions to medical staff for care, and -reassessment time frames.” See ICE PBNDS 2008, Standard, Suicide Prevention and Intervention, Section (V)(D). **This is a Priority Component.**

## ACTIVITIES

### TELEPHONE ACCESS (TA)

Facility officers are instructed in the post orders to conduct telephone functionality checks daily; however, the results of those checks were not logged by facility staff (**Deficiency TA-1**<sup>36</sup>).

Telephone Serviceability Worksheets were not maintained by the local ICE/ERO Boston (**Deficiency TA-2**<sup>37</sup>).

The facility did not have written policy on the monitoring of detainee telephone calls (**Deficiency TA-3**<sup>38</sup>).

### VISITATION (V)

The facility did not maintain separate logs for general visitors and legal visitors (**Deficiency V-1**<sup>39</sup>).

## JUSTICE

### GRIEVANCE SYSTEM (GS)

The SCC detainee handbook did not provide a listed telephone number for the Department of Homeland Security, Office of Inspector General (**Deficiency GS-1**<sup>40</sup>).

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<sup>36</sup> “Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. This information will be logged.” *See* ICE PBNDS 2008, Standard, Telephone Access, Section (V)(A)(3). **This is a Repeat Deficiency.**

<sup>37</sup> “In accordance with the Detention Standard on Staff-Detainee Communication, designated ICE field office staff members are required to verify the serviceability of all telephones at least weekly. Therefore, Field Office Directors shall ensure that all phones for detainee use are tested at least [REDACTED] by visiting ICE staff. To verify the serviceability of all telephones in detainee housing units, ICE/DRO staff shall: Make random calls to test pre-programmed numbers for the OIG, free legal service providers, consulates, attorneys, and other numbers as determined by ICE/DRO; Interview a sampling of detainees regarding telephone services, and Review written detainee complaints regarding telephone services. Weekly accuracy checks of consulate phone numbers will be performed by the national phone service provider. Staff shall report any telephone serviceability problem within 24 hours to the appropriate ICE point of contact. Staff shall document each serviceability test on a form that has been provided by DRO, and each field office shall maintain those forms, organized by month, for three years. The form will record, at a minimum, any problems or irregularities detected in the system and the action taken to remedy those issues. The Detention Standards Compliance Unit shall conduct random audits of field office compliance. The national phone service provider and/or ICE shall update the free telephone number list as needed.” *See* ICE PBNDS 2008, Standard, Telephone Access, Section (V)(A)(4)(b). **This is a Repeat Deficiency.**

<sup>38</sup> “Each facility shall have a written policy on the monitoring of detainee telephone calls.” *See* ICE PBNDS 2008, Standard, Telephone Access, Section (V)(B). **This is a Repeat Deficiency.**

<sup>39</sup> “Each facility shall maintain a log of all general visitors, and a separate log of legal visitors, as described below.” *See* ICE PBNDS 2008, Standard, Visitation, Section (V)(D).

<sup>40</sup> “The facility shall provide each detainee, upon admittance, a copy of the Detainee Handbook / local supplement, in which the grievance section provides notice of: The opportunity to file a complaint about staff misconduct, physical or sexual abuse, or civil rights violations at any point directly to the Department of Homeland Security Inspector General by calling (800) 323-8603 or by writing to: Department of Homeland Security Washington, DC 20528 Attn:

## LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

The SCC detainee handbook did not inform detainees on the rules and procedures governing access to Lexis/Nexis nor were instructions available on the use of Lexis/Nexis (**Deficiency LL&LM-1<sup>41</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under PBNDS 2008 and one standard under PBNDS 2011 and found the facility in compliance with two of those standards. ODO found 35 deficiencies in the remaining 15 standards. ODO commends facility staff for their responsiveness and cooperation during this contingency inspection and notes there were three instances where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2017 (PBNDS 2008)</b>	<b>FY 2020 (PBNDS 2008)</b>
Standards Reviewed	15	16
Deficient Standards	12	15
Overall Number of Deficiencies	32	35
Deficient Priority Components	5	6
Repeat Deficiencies	6	10
Corrective Actions	5	2
<b>Compliance Inspection Results Comparison of SA-API</b>	<b>FY 2017 (PBNDS 2011)</b>	<b>FY 2020 (PBNDS 2011)</b>
Deficiency(s)	0	1
Deficient Priority Component	0	0
Corrective Actions	0	1
Repeat Deficiency(s)	0	0

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Office of the Inspector General.” See ICE PBNDS 2008, Standard, Grievance System, Section (V)(B).

<sup>41</sup> “The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: If applicable, that Lexis/Nexis is being used at the facility and that instructions for its use are available.” See ICE PBNDS 2008, Standard, Law Libraries and Legal Materials, Section (V)(O)(8).