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

**Office of Detention Oversight
Compliance Inspection**

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

**Strafford County Corrections
Dover, New Hampshire**

March 29-April 2, 2021

COMPLIANCE INSPECTION
of the
STRAFFORD COUNTY CORRECTIONS
Dover, New Hampshire

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	9
SAFETY	9
Emergency Plans.....	9
Environmental Health and Safety	9
SECURITY	10
Admission and Release	10
Classification System.....	11
Facility Security and Control	13
Funds and Personal Property	13
Special Management Units	14
Staff-Detainee Communication	15
Use of Force and Restraints	16
CARE	17
Food Service	17
Medical Care.....	17
ACTIVITIES	18
Telephone Access	18
JUSTICE.....	18
Grievance System	18
CONCLUSION	18

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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 Strafford County Corrections (SCC) in Dover, New Hampshire, from March 29 to April 2, 2021.¹ The facility opened in 2004, is owned by Strafford County, and is operated by the Strafford County Board of County Commissioners. 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 assigned deportation officers to the facility. An SCC superintendent handles daily facility operations and is supported by █ personnel. Strafford County Corrections provides food services, Strafford County provides medical care, and Oasis Commissary provides commissary services at the facility. The facility holds no accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	As Needed
Average ICE Detainee Population ³	█
Male Detainee Population (as of March 29, 2021)	█
Female Detainee Population (as of March 29, 2021)	█

During its last inspection, in Fiscal Year (FY) 2020, ODO found 35 deficiencies in the following areas: Environmental Health and Safety (2); Admission and Release (4); Custody Classification System (4); Funds and Personal Property (1); Sexual Abuse and Assault Prevention and Intervention (1); Special Management Units (4); Staff-Detainee Communication (5); Use of Force and Restraints (3); Medical Care (3); Suicide Prevention and Intervention (2); Telephone Access (3); Visitation (1); Grievance System (1); and Law Libraries and Legal Material (1).

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

² Data Source: ERO Facility List Report as of March 29, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

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

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” 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.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	1
Environmental Health and Safety	6
Sub-Total	7
Part 2 – Security	
Admission and Release	5
Classification System	13
Facility Security and Control	3
Funds and Personal Property	3
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	6
Staff-Detainee Communication	3
Use of Force and Restraints	6
Sub-Total	39
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Medical Care	7
Suicide Prevention and Intervention	0
Sub-Total	8
Part 5 – Activities	
Religious Practices	0
Telephone Access	1
Sub-Total	1
Part 6 – Justice	
Grievance Systems	1
Law Libraries and Legal Material	0
Sub-Total	1
Other Standards Reviewed	
Federal Performance-Based Detention Standards (FPBDS), Section A.7	0
Sub-Total	0
Total Deficiencies	56

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

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 conducted detainee interviews via video teleconference.

Medical Care: One detainee stated he has been dealing with a stomach issue and high blood pressure, and the medication prescribed to him makes him feel worse (nausea). He also stated he informed the facility's medical staff of his issue and hasn't heard anything back from them in about 2 months.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee's medical record, and found the detainee arrived at the facility on November 3, 2020. When the medical staff screened the detainee, he indicated a medical history of high blood pressure, joint and back pain, and upset stomach. The detainee stated that his previous doctor had placed him on medication for high blood pressure about two years prior, but subsequently discontinued the medication. During the screening the nurse noted the detainee's blood pressure was mildly elevated, referred the detainee to the medical provider for follow-up, prescribed the detainee blood pressure medication, and placed the detainee on daily blood pressure checks for 2 weeks. The medical staff monitored the detainee's blood pressure on a regular basis and noted a return to normal levels; however, the detainee refused to continue with the prescribed blood pressure medication after 2 weeks of monitoring. The medical staff counseled him regarding the consequences of refusing this medication. On November 29, 2020, medical staff conducted a physical examination on the detainee, and the detainee stated he was not taking any of his prescribed medication for high blood pressure. The medical staff noted he had not taken the medications for the past 3 days. On the following day, the medical staff met with the detainee to review his compliance with the medications, and the detainee stated he did not need the medications. Since that encounter until January 21, 2021, the detainee did not comply with his blood pressure medication, taking it an average of only 50% of the time as prescribed. Despite his inconsistency with the prescribed medication, the detainee's blood pressure continued to decline and to remain within a normal level. On January 21, 2021, the medical provider discontinued the detainee's medication as his blood pressure had remained normal without it.

Medical staff treated the detainee on multiple occasions for ear pain, flushed his ears, prescribed a nasal spray to decrease congestion, and counseled the detainee on several occasions regarding the need to use this medication. Other than the initial complaint of nausea caused by the blood pressure medication, ODO found no other documentation regarding abdominal pain or discomfort. The medical staff advised the detainee to submit a sick call request if he had any other issues or concerns.

Grievance System: One detainee stated he filed a grievance in December 2020, regarding a facility staff member revealing details of his criminal record to another detainee

- Action Taken: ODO staff reviewed the facility's grievance log for December 2020 and found no grievance submitted by the detainee for the alleged incident in question. ODO spoke with the facility's superintendent about the detainee's complaint, and he stated he in fact does recall the incident in question. The facility's superintendent stated the detainee did not submit a grievance; however, while he was in the booking department making his rounds, a facility staff member approached him and informed him the detainee would like to speak to him. The detainee informed him a staff member told another detainee about his criminal charges. The facility's superintendent stated he told the detainee he would investigate the issue. The facility's superintendent informed ODO he contacted the facility's Information Technology Department and ordered a search on all terminals to determine if facility staff conducted any searches pertaining to the detainee and his criminal charges. The facility's superintendent said the Information Technology Department's search resulted in no findings of staff online inquiries of the detainee nor his criminal charges. The facility's superintendent stated he then informed the detainee his claim was not substantiated. The facility's superintendent told ODO the detainee was not satisfied with the outcome. The facility's superintendent informed ODO he will reiterate to the detainee there were no findings of facility staff conducting any searches of any kind into the detainee's past and his claim is not substantiated.

COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the facility's Emergency Plans and found they did not include procedures for rendering emergency assistance to another ICE/ERO facility (**Deficiency EP-7⁶**).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the assistant superintendent, reviewed chemical inventories, and found the perpetual inventories for all the chemicals in food service were not maintained separately for each substance (**Deficiency EHS-40⁷**).

ODO interviewed the assistant superintendent, reviewed chemical inventories, and found the perpetual inventories for all the chemicals in food service were not maintained separately in alphabetical order for each substance (**Deficiency EHS-41⁸**).

ODO interviewed the fire safety officer, reviewed 12 fire drill reports, and found the facility neither used nor documented the use of [REDACTED] during fire drills (**Deficiency EHS-110⁹**). **This is a repeat deficiency.**

ODO interviewed the fire safety officer, reviewed 12 fire drill reports, and found the facility did not draw nor use emergency keys during fire drills (**Deficiency EHS-111¹⁰**). **The is a repeat deficiency.**

⁶ "Every facility shall designate the individual(s) responsible for developing and implementing emergency contingency plans. All plans shall comply with the ICE/DRO standards for confidentiality, accountability, review, and revision included in this section. Each plan shall include procedures for rendering emergency assistance to another ICE/DRO facility, for example, supplies, transportation, and temporary housing for detainees, personnel, and/or TDY staff." See ICE PBNDS 2008, Standard, Emergency Plans, Section (V)(C)(1)(a).

⁷ "Every area shall maintain a current inventory of the hazardous substances (flammable, toxic, or caustic) used and stored there. Inventory records shall be maintained separately for each substance. Entries for each shall be logged on a separate card (or equivalent) filed alphabetically by substance. The entries shall contain relevant data, including purchase dates and quantities, use dates and quantities, and quantities on hand." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VI)(C).

⁸ "Every area shall maintain a current inventory of the hazardous substances (flammable, toxic, or caustic) used and stored there. Inventory records shall be maintained separately for each substance. Entries for each shall be logged on a separate card (or equivalent) filed alphabetically by substance. The entries shall contain relevant data, including purchase dates and quantities, use dates and quantities, and quantities on hand." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VI)(C).

⁹ [REDACTED] shall be included in each fire drill, and timed. [REDACTED] NFPA recommends a limit of [REDACTED]. 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).

¹⁰ [REDACTED] NFPA recommends a limit of [REDACTED]. 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).

ODO interviewed the assistant superintendent, reviewed the facility's emergency fire exit plans, and found "You Are Here" markers were not identified on the diagrams for Housing Pod 1, Housing Pod 2, and Unit J (**Deficiency EHS-112**¹¹).

ODO interviewed the assistant superintendent, reviewed the facility's emergency fire exit plans, and found "Areas of Safe Refuge" were not identified nor explained on the diagrams (**Deficiency EHS-113**¹²).

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed the booking and classification lieutenant and training sergeant and found the facility did not train staff members on the admissions process at the facility (**Deficiency AR-10**¹³). **This is a repeat deficiency.**

ODO reviewed 18 detainee files, interviewed the records supervisor, and found the facility did not maintain detainee's acknowledgement of receipt of the facility's handbook (**Deficiency AR-73**¹⁴).

ODO reviewed 18 detainee files and found in 18 out of 18 files, there was no documentation the detainees acknowledged receipt of the facility's handbook (**Deficiency AR-74**¹⁵).

¹¹ "In addition to a general area diagram, the following information must be provided on signs:

- Instructions in English, Spanish and the next most prevalent language at the facility;
- "You Are Here" markers on exit maps; and
- Emergency equipment locations."

See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(E).

¹² "'Areas of Safe Refuge" shall be identified and explained on diagrams. Diagram posting will be in accordance with applicable fire safety regulations of the jurisdiction." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(E).

¹³ "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. Admission processes for a newly admitted detainee include, but are not limited to:

- Recording basic personal information;
- Criminal history check;
- Photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics;
- Medical and mental health screenings;
- Inventory of personal property." See ICE PBNDS 2008, Standard, Admission and Release, Section

(V)(B)(1).

¹⁴ "As part of the admissions process, the detainee shall acknowledge receipt of the Handbook by signing where indicated on the back of the I-385 (or on a separate form)." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(G)(4).

¹⁵ "As part of the admissions process, the detainee shall acknowledge receipt of the Handbook by signing where indicated on the back of the I-385 (or on a separate form).

- The designated spot on the back of the I-385 may be a stamped entry containing the date of issue; handbook number, if applicable; initials and ID number of the issuing officer; detainee-signature line; and space for date of return and the receiving officer's initials and ID number.
- The stamp used for the handbook issuance may contain an identical section for locker-key issuance.
- If a form is used instead of a stamp or comparable notation on the back of the I-385, the officer must record

ODO reviewed five released detainee files and their associated funds account information and found the facility released three out of five detainees without returning the detainees' funds to them. The detainees' funds remained on their accounts at the facility (**Deficiency AR-100**¹⁶).

ODO found the facility returned the detainees' funds for two detainees; however, there was no documentation with the detainee's signature confirming receipt of the funds in their respective files (**Deficiency AR-101**¹⁷).

CLASSIFICATION SYSTEM (CS)

ODO reviewed the facility's CS policy, interviewed staff, reviewed 18 detainee files, and found the facility had not developed nor implemented a system for classifying detainees in accordance with the CS standard (**Deficiency CS-1**¹⁸).

ODO interviewed a facility captain and found ERO Boston had not approved the facility's locally established classification system and procedures (**Deficiency CS-2**¹⁹).

ODO interviewed the booking and classification lieutenant and found the facility administrator did not require all facility staff assigned classification duties to be adequately trained in the facility's classification process (**Deficiency CS-3**²⁰). **This is a repeat deficiency.**

ODO interviewed the booking and classification lieutenant and found staff members with detainee in-processing responsibilities did not receive on-site training for techniques to identify and record data from A-files and related records needed for classification purposes nor for procedures on preparing and filing classification forms (**Deficiency CS-4**²¹).

the detainee's name and A-number in addition to the above-required information. The form is maintained in the detainee's detention file." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(G)(4).

¹⁶ *"The processing officer shall compare the blue and pink copies of the G-589 with the white copy presented by the detainee. If the detainee's documentation is in order, the officer shall return the detainee's funds and secure the detainee's signature confirming receipt of the inventoried property on the blue copy of the G-589. The facility shall retain all three copies (blue, pink, and white) of the closed-out G-589 in the detainee's detention file."* See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(10).

¹⁷ *"The processing officer shall compare the blue and pink copies of the G-589 with the white copy presented by the detainee. If the detainee's documentation is in order, the officer shall return the detainee's funds and secure the detainee's signature, confirming receipt of the inventoried property on the blue copy of the G-589. The facility shall retain all three copies (blue, pink, and white) of the closed-out G-589 in the detainee's detention file."* See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(10).

¹⁸ "Each facility shall develop and implement a system for classifying detainees in accordance with this Detention Standard." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

¹⁹ "CDFs and IGSA facilities may use similar locally established systems, subject to DRO evaluation, as long as the classification criteria are objective and uniformly applied, and all procedures meet ICE/DRO requirements." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

²⁰ "Each facility administrator shall require that the facility's classification system ensures that: ...

- 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).

²¹ "... In SPCs and CDFs, every staff member with detainee in-processing responsibilities shall receive on-site training that includes:

ODO reviewed the detainee files for 16 detainees who were at the facility long enough to receive a first classification reassessment (60 to 90 days from initial assessment) and found in 16 out of 16 files the facility did not complete a classification reassessment (**Deficiency CS-13²²**). **This is a repeat deficiency.**

ODO reviewed the detainee files for six detainees who were at the facility long enough to receive a subsequent classification reassessment (90 to 120-day intervals from first reassessment) and found in six out of six files the facility did not offer the detainees subsequent classification reassessments (**Deficiency CS-15²³**).

ODO interviewed the booking and classification lieutenant and found a supervisor did not ensure classification staff assigned detainees to the appropriate housing units (**Deficiency CS-22²⁴**).

ODO reviewed rosters of the housing units and found the facility did not ensure they housed detainees according to their classification level. Specifically, ODO found the facility assigned one [REDACTED] detainee to a [REDACTED], one [REDACTED] detainee to a [REDACTED] housing unit, and two [REDACTED] detainees and two [REDACTED] to a [REDACTED] housing unit (**Deficiency CS-28²⁵**).

ODO reviewed facility housing unit rosters and found the facility housed one [REDACTED] detainee [REDACTED] with a [REDACTED] (**Deficiency CS-39²⁶**). **This is a repeat deficiency.**

ODO reviewed the facility's CS policy, interviewed staff, reviewed 18 detainee files, and found the facility's classification system did not ensure a detainee may be reassessed and/or reclassified (**Deficiency CS-40²⁷**).

ODO reviewed the detainee files for 16 detainees who were at the facility long enough to receive a first classification reassessment (60 to 90 days from initial assessment) and found in 16 out of

-
- *Techniques for identifying and recording data from A-files and related records needed for classification purposes and*
 - *Procedures for preparing and filing classification forms.*

See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

²² **"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).

²³ **"Subsequent Reassessments.** At SPCs and CDFs, subsequent reassessments are to be completed at 90 to 120-day intervals from the first reassessment. Detainees in IGSA facilities shall be offered subsequent classification reassessments at similar intervals." See ICE PBNDS 2008, Standard, Classification System, Section (V)(B).

²⁴ "The designated classification supervisor (if the facility has one) or first-line supervisor shall review the intake processing officer's classification files for accuracy and completeness. Among other things, the supervisor shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE PBNDS 2008, Standard, Classification System, Section (V)(D).

²⁵ "All facilities shall ensure that detainees are housed according to their classification level." See ICE PBNDS 2008, Standard, Classification System, Section (V)(F).

²⁶ "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:

- [REDACTED] detainees may not be housed with [REDACTED] detainees."

See ICE PBNDS 2008, Standard, Classification System, Section (V)(G).

²⁷ "All facility classification systems shall ensure that a detainee may be reassessed and/or reclassified." See ICE PBNDS 2008, Standard, Classification System, Section (V)(H).

16 files the facility did not complete a classification reassessment (**Deficiency CS-41**²⁸).

ODO reviewed the detainee files for six detainees who were at the facility long enough to receive a subsequent classification reassessment (90 to 120-day intervals from first reassessment) and found in six out of six files the facility did not offer the detainees subsequent classification reassessments (**Deficiency CS-42**²⁹).

ODO reviewed the facility's detainee handbook and found it did not include an explanation of the classification levels with the conditions and restrictions applicable to each (**Deficiency CS-53**³⁰). **This is a repeat deficiency.**

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's visitor logbook and found the front entrance officer did not always log the time of the visitor's arrival, unusual requests, and time of departure (**Deficiency FSC-18**³¹).

ODO found the facility's visitor logbook does not have a location to record the detainee's name and A-number, the visitor's relationship to the detainee, immigration status, nor their address (**Deficiency FSC-19**³²).

ODO found the facility's visitor logbook does not have a location for the visitor to sign his or her name (**Deficiency FSC-20**³³).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the facility's booking and classification lieutenant and found the facility did not store detainee personal property in a manner that was tamper-resistant and only opened in the presence of the detainee (**Deficiency FPP-56**³⁴).

²⁸ "In SPCs and CDFs:

- The **first reassessment** shall be completed 60 to 90 days after the date of the initial assessment."

See ICE PBNDS 2008, Standard, Classification System, Section (V)(H).

²⁹ "**Subsequent reassessments** shall be completed at 90- to 120-day intervals after initial assessment." See ICE PBNDS 2008, Standard, Classification System, Section (V)(H).

³⁰ "The Detainee Handbook Standard section on classification shall include:

- An explanation of the classification levels, with the conditions and restrictions applicable to each."

See ICE PBNDS 2008, Standard, Classification System, Section (V)(J).

³¹ "Every entry in the logbook shall identify the person or department visited; date and time of visitor's arrival; purpose of visit; unusual requests; and time of departure." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(I)(b)(2).

³² "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, along with the visitor's relationship to the detainee, immigration status, and address" See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(I)(b)(3).

³³ "The post officer shall require the visitor to print and sign his or her name in the visitor logbook." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(I)(b)(3).

³⁴ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a manner that is tamper-resistant (such as by a tamperproof numbered tie strap) and shall only be opened in the presence of the detainee." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

ODO interviewed the facility's booking and classification lieutenant and found the facility did not maintain a logbook for logging detainee personal property in and out of the property room (**Deficiency FPP-57³⁵**).

ODO reviewed five released detainee files and their associated funds account information and found the facility released three out of five detainees without returning the detainees' funds to them. The detainees' funds remained on their accounts at the facility. Additionally, the facility returned the funds to the other two detainees; however, the facility did not maintain documentation with the detainees' signatures indicating receipt of their funds (**Deficiency FPP-69³⁶**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed a facility captain and found detainees in SMU did not retain visiting privileges as required by the Visitation standard. The facility permitted detainees in administrative segregation 1 hour of visitation per week and detainees in disciplinary segregation did not have visitation privileges (**Deficiency SMU-40³⁷**). **This is a repeat deficiency.**

ODO interviewed a facility captain and found the facility offered detainees in SMU 1 hour of recreation per day; however, the facility required detainees to shower during that 1-hour period (**Deficiency SMU-67³⁸**). **This is a repeat deficiency.**

ODO reviewed 12 detainee administrative segregation files and found in 1 out of 12 files the releasing officer did not indicate the date nor time of release on the Administrative Segregation Order (**Deficiency SMU-105³⁹**).

ODO reviewed 12 detainee administrative segregation files, interviewed a facility captain, and found in 12 out of 12 files the administrative segregation review did not include an interview with

³⁵ "A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued, and date returned." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

³⁶ "After the property check, the property shall be returned to the detainee. The detainee shall then sign the blue copy of the G-589, indicating his or her receipt of all funds and personal property due him/her. The property log and inventory sheets shall reflect the transaction." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(K).

³⁷ "**Visitation.** 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).

³⁸ "**Recreation.** Recreation for detainees housed in the SMU shall be separate from the general population. As necessary or advisable to prevent assaults and reduce management problems, recreation for some individuals will be alone and separate from all other detainees.

a. The facility administrator shall develop and implement procedures to ensure that detainees who must be kept apart never participate in activities in the same location at the same time as detainees housed in the general population. For example, recreation for detainees in protective custody shall be separate from other detainees. 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. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather appropriate equipment and attire." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(19)(a).

³⁹ "When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Administrative Segregation Order. The completed order is then forwarded to the chief of security for inclusion into the detainee's detention file." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(2)(g).

the detainee (**Deficiency SMU-114⁴⁰**).

ODO reviewed 11 detainee disciplinary segregation files and found in 11 out of 11 files the releasing officer did not indicate the date nor time of release on the Disciplinary Segregation Order (**Deficiency SMU-137⁴¹**).

ODO reviewed 11 detainee disciplinary segregation files, interviewed a facility captain, and found in 11 out of 11 files a security supervisor, or the equivalent, did not interview the detainee during the disciplinary segregation review process (**Deficiency SMU-139⁴²**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ERO Boston staff and found ERO Boston does not have a policy to ensure ERO Boston supervisory staff conduct frequent unannounced and unscheduled visits to the facility's living and activity areas to informally observe living and working conditions and encourage informal communication among staff and detainees (**Deficiency SDC-6⁴³**). **This is a repeat deficiency.**

ODO interviewed ERO Boston field office staff and a facility captain and found the FOD does not have specific written procedures for weekly contact visits to the facility (**Deficiency SDC-18⁴⁴**).

ODO reviewed the detainee request logs covering the past 6 months and found nine instances where detainee request response times exceeded 3 business days (**Deficiency SDC-28⁴⁵**). **This is a repeat deficiency.**

⁴⁰ “**Review of Detainee Status in Administrative Segregation.**

c. The review shall include an interview with the detainee, and a written record shall be made of the decision and its justification.” See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(3)(c).

⁴¹ “A copy of the completed Disciplinary Segregation Order shall be given to the detainee within 24 hours of placement in Disciplinary Segregation, unless delivery would jeopardize the safe, secure, or orderly operation of the facility. The order shall be maintained on file in the SMU until the detainee is released from the SMU. When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Disciplinary Segregation Order, then forward the completed order to the chief of security for insertion into the detainee’s detention file.” See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2)(b).

⁴² “A security supervisor, or the equivalent, shall interview the detainee and review his or her status in Disciplinary Segregation every seven days to determine whether the detainee:

- Abides by all rules and regulations; and,
- Is provided showers, meals, recreation, and other basic living standards, as required by this Detention Standard.”

See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(3)(a).

⁴³ “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.” See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

⁴⁴ “The Field Office Director shall develop written schedules and procedures for weekly contact visits by ICE/DRO Field Office staff and ensure the schedules are posted in detainee living and other appropriate areas.” See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(2)(b).

⁴⁵ “The staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt.” See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed 10 detainee immediate use of force (UOF) after-action review (AAR) files, interviewed a facility captain and ERO Boston staff, and found in 10 out of 10 files the facility did not send the report of incident to the FOD (**Deficiency UOFR-126⁴⁶**).

ODO found in 10 out of 10 files the facility did not send ERO Boston a copy of the audiovisual recordings for review (**Deficiency UOFR-133⁴⁷**).

ODO found in 10 out of 10 files the facility administrator, assistant facility administrator, FOD designee, and the HSA did not conduct the AAR. The facility's AAR team consisted of a facility captain, facility administrator designee, and a nurse (**Deficiency UOFR-142⁴⁸**).

ODO found in 2 out of 10 files the AAR team did not convene on the workday after the incident and instead, the AAR team convened 5 business days following one incident and 6 business days following the other incident (**Deficiency UOFR-143⁴⁹**).

ODO found in 2 out of 10 files the AAR team did not complete and submit its AAR report to the facility administrator within 2 business days of the detainee's release from restraints and instead, submitted one report 5 business days and the other report 6 business days following the detainee's release from restraints. Additionally, in 10 of 10 files the facility administrator did not sign the AAR report, acknowledging whether the instances in the use of force were appropriate or inappropriate (**Deficiency UOFR-148⁵⁰**).

ODO found in 10 out of 10 files the facility administrator did not submit a memorandum to the FOD, reporting the details and findings of appropriate or inappropriate use of force, nor if they concurred with the findings (**Deficiency UOFR-149⁵¹**).

⁴⁶ "Within two working days, copies of the report shall be placed in the detainee's A-File and sent to the Field Office Director." See ICE PBNDS 2008, Use of Force and Restraints, Section (V)(O)(1).

⁴⁷ "The facility administrator shall review the audiovisual recording within four working days of the incident and shall then send the Field Office Director a copy for review. The Field Office Director shall forward audiovisual recordings of questionable or inappropriate cases to the Deputy Assistant Director, Detention Management Division, for further review." See ICE PBNDS 2008, Use of Force and Restraints, Section (V)(O)(2).

⁴⁸ "The facility administrator, the assistant facility administrator, the Field Office Director's designee, and the Health Services Administrator shall conduct the After-Action Review." See ICE PBNDS 2008, Use of Force and Restraints, Section (V)(P)(2).

⁴⁹ "This four-member After-Action Review team shall convene on the workday after the incident." See ICE PBNDS 2008, Use of Force and Restraints, Section (V)(P)(2).

⁵⁰ "The After-Action Review Team shall complete and submit its After-Action Review report to the facility administrator within two working days of the detainee's release from restraints. The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate." See ICE PBNDS 2008, Use of Force and Restraints, Section (V)(P)(3).

⁵¹ "Within two working days of the After-Action Review Team's submission of its determination, the facility administrator shall report with the details and findings of appropriate or inappropriate use of force, by memorandum, to the Field Office Director and whether he or she concurs with the finding." See ICE PBNDS 2008, Use of Force and Restraints, Section (V)(P)(4).

CARE

FOOD SERVICE (FS)

ODO interviewed the assistant superintendent and food service manager and found the facility's security and food service policies did not have procedures for handling food items that posed a security threat (**Deficiency FS-21**⁵²).

MEDICAL CARE (MC)

ODO reviewed the medical files for six detainees who arrived at the facility with a history of mental health issues or required mental health medications and found in three out of the six files the health authority was not notified (**Deficiency MC-78**⁵³).

ODO reviewed 12 detainee medical files, interviewed the medical administrator, and found in 12 out of 12 files, the clinical medical authority did not review the health screening forms to assess the priority for treatment (**Deficiency MC-84**⁵⁴). **This is a repeat deficiency.**

ODO found in 1 out of 12 detainee medical files the facility did not perform a physical examination on the detainee (**Deficiency MC-92**⁵⁵). **This is a repeat deficiency.**

ODO reviewed the medical files for six detainees who required mental health evaluations based upon intake screening, medical documentation or subsequent observations by detention staff, and found in three out of the six files the administrative health authority did not refer the detainee with mental health needs to a mental health provider for a mental health evaluation (**Deficiency MC-99**⁵⁶).

ODO reviewed the medical files for five detainees the facility's medical staff had prescribed psychotropic medication and found in three out of five files there was not a signed informed consent form (**Deficiency MC-154**⁵⁷).

⁵² "All facilities shall have procedures for handling food items that pose a security threat." See ICE PBNDS 2008, Food Service, Section (V)(B)(4).

⁵³ "If at any time during the screening process there is an indication of need, or request for, mental health services, the health authority must be notified within 24 hours." See ICE PBNDS 2008, Medical Care, Section (V)(I)(1).

⁵⁴ "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 (for example, Urgent, Today, or Routine)." See ICE PBNDS 2008, Medical Care, Section (V)(I)(1).

⁵⁵ "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." See ICE PBNDS 2008, Medical Care, Section (V)(J).

⁵⁶ "Based on intake screening, medical documentation or subsequent observations by detention staff or medical personnel, the administrative health authority shall immediately refer any detainee with mental health needs to a mental health provider for a mental health evaluation." See ICE PBNDS 2008, Medical Care, Section (V)(K)(3).

⁵⁷ "As a rule, medical treatment shall not be administered against a detainee's will.

- Informed consent standards of the jurisdiction shall be observed, and consent forms shall either be in a language understood by the detainee or translation assistance shall be provided and documented on the form."

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

ODO interviewed the medical administrator and found the administrative health authority had not implemented an intra-organizational, external peer review program for all independently licensed medical professionals (**Deficiency MC-195⁵⁸**).

ODO interviewed the medical administrator and found the facility did not conduct external peer reviews (**Deficiency MC-196⁵⁹**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO interviewed the superintendent and found officers are instructed to inspect the telephones daily, to promptly report out-of-order telephones to the repair service, and to ensure required repairs are completed quickly; however, facility staff do not log issues found related to the detainee telephones (**Deficiency TA-8⁶⁰**). **This is a repeat deficiency.**

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's grievance logbook and the detainee files for 15 detainees who submitted grievances to the facility. ODO found the facility did not place a copy of the completed grievance disposition in 4 out of 15 detainee files reviewed (**Deficiency GS-91⁶¹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2008 and found the facility in compliance with 7 of those standards. ODO found 56 deficiencies in the remaining 13 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

⁵⁸ "The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years." See ICE PBNDS 2008, Medical Care, Section (V)(X)(3).

⁵⁹ "The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years." See ICE PBNDS 2008, Medical Care, Section (V)(X)(3).

⁶⁰ "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, Telephone Access, Section (V)(A)(3).

⁶¹ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee." See ICE PBNDS 2008, Grievance System, Section (V)(E).

Compliance Inspection Results Compared	FY 2020 (PBNDs 2008/PBNDs 2011)	FY 2021 (PBNDs 2008)
Standards Reviewed	16/1	20
Deficient Standards	15	13
Overall Number of Deficiencies	35	56
Repeat Deficiencies	10	13
Areas of Concern	0	0
Corrective Actions	3	0