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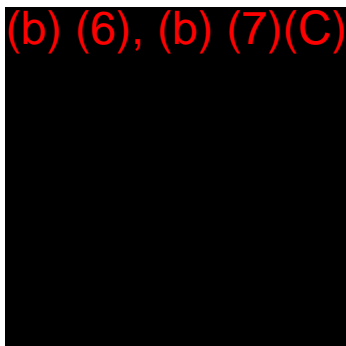
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# Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
ERO Boston Field Office  
Strafford County Corrections  
Dover, NH

July 18–20, 2017

## COMPLIANCE INSPECTION TEAM MEMBERS



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**COMPLIANCE INSPECTION**  
**for the**  
**STRAFFORD COUNTY CORRECTIONS**  
**Dover, NH**

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## FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within the U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) conducted a compliance inspection of the Strafford County Department of Corrections (SCDOC), in Dover, New Hampshire, from July 18 to 20, 2017.<sup>1</sup> SCDOC opened in August 2004 and is owned by the County of Strafford, New Hampshire and operated by the Strafford County Board of County Commissioners. The Office of Enforcement and Removal Operations (ERO) began housing detainees at SCDOC in 2008, pursuant to a contract, under the oversight of ERO's Field Office Director (FOD) in Boston. This facility operates under the ICE Performance Based National Detention Standards of 2008.

This facility has no Detention Services Manager (DSM) or other ERO officers assigned to the facility. An Acting Superintendent is responsible for oversight of daily facility operations and is supported by (b) (7)(E) personnel. The facility provides its own food service and the American Institutional Medical Group provides detainee medical care. The facility holds no accreditations at this time. The SCDOC is contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2008; as well as the PBNDS 2011 Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard.

Capacity and Population Statistics	Quantity
Average ICE Detainee Population <sup>2</sup>	130
Male Detainee Population (as of 7/18/2017)	81
Female Detainee Population (as of 7/18/2017)	17

In FY 2013, ODO conducted an inspection of SCDC reviewing a total of 18 standards. ODO found a total of 39 deficiencies (19 of which were priority components<sup>3</sup>) in the following 14 standards: Admission and Release (2 deficiencies), Classification System (1), Detainee Handbook (3), Disciplinary System (1), Environmental Health and Safety (2), Food Service (5), Funds and Personal Property (3), Grievance System (3), Law Libraries and Legal Material (1), Medical Care (5), 2011 SAAPI (5), Staff-Detainee Communication (5), Suicide Prevention and Intervention (2), and Telephone Access (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 greater than 72 hours.

<sup>2</sup> *Ibid.*

<sup>3</sup> ODO places special emphasis on deficiencies related to ICE-designated "priority components" (under only PBNDS 2008 or 2011) which are considered *critical* to facility security; as well as health and safety, legal and civil rights, and quality of life of individuals in ICE custody.

## FY 2017 FINDINGS BY PBNDS 2008 MAJOR CATEGORIES

<b>PBNDS 2008 STANDARDS INSPECTED<sup>4</sup></b>	<b>DEFICIENCIES</b>
<b>Part 1 – Safety</b>	
Environmental Health and Safety	5
<b>Sub-Total</b>	<b>5</b>
<b>Part 2 – Security</b>	
Classification System	3
Funds and Personal Property	2
Special Management Units	2
Staff-Detainee Communication	7
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>15</b>
<b>Part 4 – Care</b>	
Food Service	2
Medical Care	2
Personal Hygiene	1
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>5</b>
<b>Part 5 – Activities</b>	
Telephone Access	4
<b>Sub-Total</b>	<b>4</b>
<b>Part 6 – Justice</b>	
Detainee Handbook	2
Grievance System	0
Law Libraries and Legal Material	1
<b>Sub-Total</b>	<b>3</b>
<b>PBNDS 2011 Standard Inspected</b>	
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>32</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

## 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 over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>5</sup> ODO identifies violations linked to 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 when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

ODO interviewed 20 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

*Correspondence and Other Mail:* Many of the detainees interviewed stated they were able to send personal mail but were unable to receive it.

- Action Taken: ODO brought this concern to the Acting Superintendent who indicated he discontinued the detainees' receipt of original personal mail articles due to ongoing incidents of contraband being found in incoming items (i.e. mail articles soaked in illicit substances). Staff opens all mail, copies the contents, places the original in the detention file, and distributes the copy to detainees. Contraband is not copied or provided and is then disposed of in accordance with the standard.

*Funds and Personal Property:* One detainee claimed when he was transferred from Suffolk County he was not provided the \$140.00 maintained in his detainee account. The detainee requests the funds be sent to SCDOC and deposited to his account.

- Action Taken: ODO informed the SDDO of the detainee's request. ODO was then informed the detainee would not receive his funds until he was released or deported. The Burlington Field Office no longer travels to multiple facilities to transfer detainee funds from one facility to another. (See the Compliance Inspection Findings: Funds and Personal Property section of this report for more information.)

*ICE National and SCDOC Detainee Handbooks:* Six detainees stated they did not receive the facility and ICE National Handbooks upon admittance to SCDOC.

- Action Taken: ODO found upon arrival to SCDOC each detainee is assigned an electronic tablet. Both handbooks are uploaded to the tablet and are always accessible to detainees. Tablets are provided only to English or Spanish speaking detainees. However, the facility maintains hard copies of the local handbook in multiple languages which are provided to detainees as applicable upon intake. Facility staff instructed the six detainees on accessing the handbooks by using their assigned tablet.

*Personal Hygiene:* Eleven detainees stated they had to pay for replacement personal hygiene items in the commissary when they ran out of an item.

- Action Taken: Facility staff confirmed the detainees' claims. Additionally, while indigent detainees are initially provided with replacement items, their account balances are debited once sufficient funds are available to cover the cost of the items. (See the Compliance Inspection Findings: Personal Hygiene section of this report for more information.)

*Sexual Assault Awareness and Prevention Intervention:* Five detainees claimed when officers of the opposite sex enter the housing units they do not announce their presence.

- Action Taken: ODO informed the ERO Supervisory Detention and Deportation Officer (SDDO) that 6 CFR Part 115, Standards To Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities (Final Rule dated March 7, 2014), requires officers of the opposite sex entering the housing units to announce their presence.

*Staff Detainee Communication:* Thirteen (13) detainees stated ERO visits to the housing units are inconsistent, and the posted schedule is not followed.

- Action Taken: ODO observed ERO officers visiting the female housing unit during the inspection and confirmed officers interact with detainees who requested a scheduled a visit. However, ODO found some ERO officers only appear during scheduled lock downs to remove the detainee request forms from the ICE request box. The ERO officers then leave without returning to address any detainee concerns via an unscheduled visit. (See the Compliance Inspection Findings: Staff-Detainee Communication section of this report for more information.)

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

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

ODO reviewed policy, interviewed staff, and determined SCDOC does not have a policy and system for storing, issuing, using, and maintaining inventories of and accountability for hazardous materials (**Deficiency EH&S-1**<sup>6</sup>).

ODO observed Material Safety Data Sheets (MSDS) binders in the individual areas where hazardous chemicals were being used. ODO's review of hazardous chemical storage areas in the laundry, food service and intake found inventory logs were not being maintained (**Deficiency EH&S-2**<sup>7</sup>).

The Dover Fire and Life Safety Inspector approved the SCDOC's fire control and prevention plan on April 18, 2017. ODO reviewed available documentation and was unable to determine if fire drills are conducted at least quarterly in all areas and on each shift (**Deficiency EH&S-3**<sup>8</sup>).

The posted evacuation signs throughout the facility do not correlate to the locations in which they are posted and do not have "You Are Here" markers or the location of fire emergency equipment (**Deficiency EH&S-4**<sup>9</sup>).

*Corrective action:* The facility initiated corrective action during the inspection by placing the "You Are Here" markers on the exit maps and identifying the location of emergency equipment throughout the facility (**C-1**).

ODO observed several of the fire extinguishers located throughout the facility had not been inspected each month (**Deficiency EH&S-5**<sup>10</sup>).

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<sup>6</sup> "Every facility shall establish a system for storing, issuing, using, and maintaining inventories of and accountability for hazardous materials. The facility program will be supervised by a person who has been trained in accordance with OSHA standards. The effectiveness of any such system depends not only on written policies, procedures, and precautions but also on adequate supervision and responsible behavior of staff and detainees, including following instructions precisely, taking prescribed precautions and using safety equipment properly." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VI).

<sup>7</sup> "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). ***This is a repeat deficiency.***

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

<sup>9</sup> "In addition to general area diagram, the following information must be provided on signs: "You Are Here" markers on exit maps." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(E).

<sup>10</sup> "Every facility shall develop a fire prevention, control, and evacuation plan that includes the following:  
4. Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(C)(4).



# **SECURITY**

## **CLASSIFICATION SYSTEM (CS)**

ERO completes a Risk Classification Assessment (RCA) on every detainee which includes supervisory approval. ODO reviewed 25 randomly selected detainee files and verified each contained a completed RCA with background information. ERO is also responsible for reclassification. ODO's review of files found that in most cases reclassification was completed within mandated timeframes; however, there were nine files which lacked documentation showing that reassessments were completed (**Deficiency CS-1<sup>11</sup>**).

ODO reviewed the housing roster, detention files, and observed detainees throughout the facility and found no evidence of prohibited co-mingling. However, while the standard requires level three (high level) detainees be escorted and monitored at all times, ODO observed high level detainees moving unescorted outside their assigned housing units (**Deficiency CS-2<sup>12</sup>**).

SCDOC policy and the detainee handbook provide information regarding the classification process and classification appeals. However, the detainee handbook does not educate detainees about either classification levels or the conditions and restrictions applicable to each (**Deficiency CS-3<sup>13</sup>**).

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

Detainees are informed of the procedures relating to property through the Detainee Handbook, to include information regarding the ability to access funds to pay for legal services and to receive a copy of certified identification documents from their A-file maintained by ERO. SCDOC policy addresses procedures for lost or damaged property; however, the policy does not identify appropriate chain of command provisions or reimbursement requirements (**Deficiency F&PP-1<sup>14</sup>**).

During detainee interviews a detainee claimed his funds were not returned to him upon being transferred to SCDOC. ODO interviewed the SDDO and was informed that detainees do not receive their funds until they are released or deported because the Burlington Field Office no longer travels to multiple facilities for the sole purpose of transferring detainee funds from one facility to another. Though, the standard states facilities are required to have written procedures

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<sup>11</sup> "Each facility administrator shall require that the facility's classification system ensures that: First Reassessment. A Classification Reassessment shall be completed 60 to 90 days after the date of initial assessment." See ICE PBNDS 2008, Standard, Classification System, Section (V)(B).

<sup>12</sup> "Level 3 detainees shall not be assigned work duties outside their assigned living units Level 3 detainees: Are always monitored and escorted." See ICE PBNDS 2008, Standard, Classification System, Section, (V)(F)(3).

<sup>13</sup> "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).

<sup>14</sup> "All CDFs and IGSA facilities shall have and follow a policy for the loss of or damage to properly receipted detainee property as follows: The official deciding the claim shall be at least one level higher in the chain of command than the official investigating the claim; The facility shall promptly reimburse detainees for all validated property losses caused by negligence; The facility may not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; The senior contract officer shall immediately notify the designated ICE/ERO officer of all claims and outcomes." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(L)(3). **This is a Priority Component. This is a repeat deficiency.**

to return funds and personal property to detainees being transferred or released (**Deficiency F&PP-2<sup>15</sup>**).

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

The designated female SMU is located on the upper level of the general population (GP) female unit. It is a dormitory style area with six double beds with no ability to separate Administrative Segregation (AS) or Disciplinary Segregation (DS) detainees from one another or from GP detainees (**Deficient SMU-1<sup>16</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by dedicating a specific cell in the Medical Unit for female detainees that need to be placed in AS or DS. The new cell meets all requirements of the standard (**C-2**).

SCDOC has three policies governing placement of detainees in SMU; Administrative Segregation, Maximum Security Unit, and ICE Housing. ODO confirmed the Administrative Segregation, and ICE Housing Unit policies met the requirement of the standards; however, the SMU Maximum Security Unit policy unilaterally restricts all visitation privileges, except attorney visitation (**Deficient SMU-2<sup>17</sup>**).

*Corrective action:* The facility initiated corrective action during the inspection by amending the ICE Housing policy to direct detainees in the SMU retain general visiting privileges (**C-3**).

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

Through interviews with ICE/ERO and facility staff members, ODO determined detainee requests are collected daily, except on weekends and holidays. ICE/ERO requests are collected throughout the week by the ICE/ERO deportation officers (DOs) during visits to the facility. The collected detainee requests are logged into an electronic logbook and then responded to by the appropriate case officer in the Burlington, MA field office. ODO reviewed the request log dating back six months and found response times inconsistently meet the 72-hours requirement (**Deficiency SDC-1<sup>18</sup>**).

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<sup>15</sup> “All detention facilities are required to have written policies and procedures to: ...Return funds, valuables, and personal property to detainees being transferred or released;” **This is a Priority Component.** See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(A).

<sup>16</sup> “At times, a detainee must be isolated from the general population of ICE detainees for the protection of the detainee, other detainees, and facility staff. Such isolation is generically termed “segregation” and takes two different forms, depending on its intended purpose: 1) Administrative Segregation (also referred to as “Administrative Detention” by the Federal Bureau of Prisons), and 2) Disciplinary Segregation (also referred to as “Disciplinary Detention” by the ACA Standards).” See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(A).

<sup>17</sup> “In accordance with the Detention Standard on Visitation, while in an SMU, a detainee ordinarily retains visiting privileges. In a facility that allows contact visits, segregated detainees may ordinarily use the visiting room during normal visiting hours. However, the facility may restrict or disallow general visits for a detainee who violates visitation rules or whose behavior otherwise indicates the detainee would be a threat to the security or the good order of the visiting room.” See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(13).

<sup>18</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).

ODO reviewed the SCDOC electronic request log and a subsequent interview with the ICE/ERO SDDO found although the facility is utilizing a log specifically created for the recording of all detainee requests, copies of each completed detainee request are not filed in the detainee's detention file and retained for at least three years (**Deficiency SDC-2<sup>19</sup>**).

Through interviews of detainees and ICE/ERO staff, ODO discovered ICE/ERO representatives do not consistently announce their presence in the housing units. Additionally, six detainees stated ERO rarely or never visit their housing units, and when they do visit, no interaction takes place between the detainees and ERO representative since ERO only appears during scheduled lock downs to remove the detainee request forms from the ICE request box. The ERO officers then leave without returning to address any detainee concerns via an unscheduled visit (**Deficiency SDC-3<sup>20</sup>**).

ODO reviewed six months of Facility Liaison Checklists to verify ERO visited the facility's living and activity areas on a weekly basis. These checks were completed and documented as directed by the standard. Schedules for DO visits are posted in most housing units; however, the Field Office Director has not developed written procedures for the weekly DO visits (**Deficiency SDC-4<sup>21</sup>**).

Staff interviews indicated the ICE/ERO DOs assigned to visit SCDOC conduct scheduled visits on Tuesdays and Thursdays. However, a review of the facility liaison sheets for the time period January 1, 2017 to July 1, 2017 found four weeks with no documentation indicating scheduled visits were conducted (**Deficiency SDC-5<sup>22</sup>**).

Notices highlighting the Department of Homeland Security, Office of Inspector General hotline and the DOs' visiting schedule are posted in most housing units where detainees can routinely see them. These postings are also viewable on the electronic portable tablet which is provided to each detainee. However, the Detainee Reporting Information Line (DRIL) posters were not posted in all housing units (**Deficiency SDC-6<sup>23</sup>**); nor were they viewable on the detainee's electronic tablets.

ODO requested six months of Telephone Serviceability Worksheets to verify weekly checks are completed and records are maintained. However, according to ERO staff, the Telephone Serviceability Worksheets are not being maintained by the field office. Therefore, ODO was

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<sup>19</sup> "A copy of each completed Detainee Request shall be filed in the detainee's detention file and be retained there for at least three years." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(2).

<sup>20</sup> "During such contact visits, ICE/DRO staff shall announce their presence so ICE/DRO detainees know they are there, interview detainees and monitor housing conditions." See ICE PBNDS 2008, Standard, Staff -Detainee Communication, Section (V)(A)(2)(b).

<sup>21</sup> "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).

<sup>22</sup> "Facility or Field Office ICE/DRO staff shall conduct scheduled visits to address detainees' personal concerns and monitor living conditions." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(2).

**This is a Priority Component. This is a Repeat Deficiency.**

<sup>23</sup> "ERO Field Offices should post copies of the updated DRIL poster in all over-72-hour detention facilities and holding facilities. Postings should include areas where it will be accessible to detainees (in housing areas, dining halls, law libraries, etc.) and visitors to detainees (in visitation areas, etc.)." See ICE Broadcast "DRIL Policy and Guidance" dated June 6, 2017.

unable to determine if all telephone serviceability checks were completed and documented as required by the standard (**Deficiency SDC-7<sup>24</sup>**).

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

ODO was informed eight of ten Use of Force incidents necessitated the use of passive restraint techniques and the remaining two incidents involved (b) (7)(E) and required the use of force to apply restraints. ODO reviewed written documentation for the use of force incidents and verified the after-action review included commentary to indicate the reasonableness of the actions and the force taken was proportional to the detainee's actions. Although there was documentation that medical assessments were completed after to the use of (b) (7)(E), there was no documentation to evidence successful decontamination or that the exams included evaluation specific to the (b) (7)(E) exposure (**Deficiency UOF&R-1<sup>25</sup>**).

## **CARE**

### **FOOD SERVICE (FS)**

ODO observed a clean-as-you-go program in place and cleaning schedules posted throughout food service areas. ODO found the overall sanitation of the kitchen and storage acceptable. Although ODO reviewed a monthly inspection sheet provided by staff, the facility was unable to provide documentation showing weekly sanitation inspections of the food service areas are conducted as required by the standard (**Deficiency FS-1<sup>26</sup>**).

During the inspection, ODO observed the Material Safety Data Sheets (MSDS) were present; however, chemicals used to maintain kitchen sanitation were not properly stored and inventories were not maintained (**Deficiency FS-2<sup>27</sup>**)(R-5).

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

The initial health appraisal for detainees is performed by trained nurses and reviewed by the physician. In three of the 25 medical records reviewed, ODO found health appraisals were not completed within 14 days of arrival at the facility (**Deficiency MC-1<sup>28</sup>**). In all three cases, the

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<sup>24</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>25</sup> “Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately: Examine the detainee and immediately treat any injuries. The medical services provided shall be documented.” See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(H)(2).

<sup>26</sup> “The facility shall implement written procedures requiring administrative, medical, and/or dietary personnel to conduct the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas. The FSA (Food Service Administrator) or CS (Cook Supervisor) shall inspect food service areas at least weekly.” See ICE PBNDS 2008, Standard, Food Service, Section (V)(J)(13). ***This is a Priority Component.***

<sup>27</sup> “Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department...All food service staff shall know where and how much toxic, flammable, or caustic material is on hand and be aware that their use must be controlled and accounted for daily. The FSA shall obtain and file for reference Material Safety Data Sheets (MSDSs) on all flammable, toxic, and caustic substances used in the facility as required by the Detention Standard on **EH&S**. See ICE PBNDS 2008, Standard, Food Service, Section (V)(J)(11). ***This is a Repeat Deficiency.***

<sup>28</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

health appraisals were performed in excess of 30 days after arrival. Timeliness of health appraisals is critical to ensure the health, safety, and well-being of detainees and staff.

ODO found a different set of three detainees refused initial health appraisals, while three other detainees refused treatment deemed medically necessary for hypertension. Although the medical files reflected the detainees' refusal, none of those individuals were referred to the physician or considered for segregation from the general population for medical reasons, in accordance with the standard. Nor was ERO consulted to determine if involuntary treatment should be pursued for the detainees refusing treatment (**Deficiency MC-2<sup>29</sup>**).

*Corrective action:* ODO requested the Health Service Administrator place the six detainees refusing health appraisals and treatment on the list to be evaluated by the physician during his next scheduled visit on July 20, 2017 (**C-4**).

## **PERSONAL HYGIENE (PH)**

More than half of the ICE detainees ODO interviewed indicated they were charged to replace personal hygiene items through the commissary when their initial items were depleted. Interviews conducted with facility confirmed this information. ODO also found that indigent detainees are provided with replacement items but are charged for the items when their account balances have sufficient funds to cover the cost of the items (**Deficiency PH-1<sup>30</sup>**).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

Although detainees are notified of telephone monitoring in the facility handbook and postings near the telephones, the facility does not have a written policy on monitoring detainee telephone calls (**Deficiency TA-1<sup>31</sup>**).

Additionally, staff interviews confirmed that the facility has not designated any staff member(s) to inspect the functionality of the telephones on a daily basis (**Deficiency TA-2<sup>32</sup>**). Rather,

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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.**

<sup>29</sup>“As a rule, medical treatment shall not be administered against a detainee’s will:

If a detainee refuses treatment and the clinical medical authority determines that the treatment is necessary, ICE/ERO shall be consulted in determining whether involuntary treatment shall be pursued. When determined to be medically necessary by the clinical medical authority, a detainee who refuses examination or treatment may be segregated from the general population. Such segregation shall only be for medical reasons that are documented in the medical record and may not be used for punitive purposes.” *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(T). **This is a Priority Component.**

<sup>30</sup>“Staff shall provide male and female detainees personal hygiene items appropriate for their gender and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment.” *See* ICE PBNDS 2008, Standard, Personal Hygiene, Section (V)(D).

<sup>31</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).

<sup>32</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).

detainees identify inoperable phones and staff, in turn, have them repaired or replaced. A staff member stated the phones are checked for contraband, but not to ensure operability or make random phone checks on the free call platform (**Deficiency TA-3**<sup>33</sup>). ODO conducted operational checks of telephones in the housing units and found them in good working order.

Finally, ICE/ERO does not maintain telephone serviceability sheets, as required by the standard (**Deficiency TA-4**<sup>34</sup>).

## **JUSTICE**

### **DETAINEE HANDBOOK (DH)**

Through review of the local supplement and interviews with facility staff, ODO found that although the handbook informs each detainee of their responsibilities while detained at the facility, it does not notify them of the availability of Legal Orientation Programs. Additionally, all detainees are issued the SCDOC facility handbook and the ICE National Detainee Handbook during the admissions process either via a personal computerized tablet or a hard copy. However since each SCDOC facility handbook is printed in only English and Spanish, it does not explain to the detainees the procedures for requesting interpretive services for essential communication if they do not speak or understand English or Spanish (**Deficiency DH-1**<sup>35</sup>).

All employees who have contact with the detainees receive a copy of the facility handbook during new hire orientation; conversely, they do not receive a copy of the ICE National Detainee Handbook (**Deficiency DH-2**<sup>36</sup>). However, the facility administrator addresses the contents of the handbooks in initial and annual staff training.

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<sup>33</sup> “Facility staff is responsible for ensuring on a daily basis that telephone systems are operational. Ensuring there is a dial tone is only part of what is required: when testing equipment, the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform. Any problems identified must immediately be logged and reported to the appropriate facility and ICE staff personnel. *See* ICE PBNDS 2008, Standard, Telephone Access, Section (V)(A)(4)(a).

<sup>34</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 weekly 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>35</sup> “While all applicable topics from the ICE National Detainee handbook must be addressed, it is particularly important that each local supplement notify each detainee of: The availability of Legal Orientation Programs and procedures for requesting interpretive services for essential communication.” *See* ICE PBNDS 2008, Standard, Detainee Handbook, Section (V)(2).

<sup>36</sup> “The facility administrator shall provide a copy of the ICE National Detainee Handbook to every staff member who has contact with detainees. *See* ICE PBNDS 2008, Standard, Detainee Handbook, Section, (V)(7).

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

ODO reviewed the facility handbook and determined the facility handbook does not provide detainees with the procedure for requesting additional time in the law library (beyond the 5 hours per week); requesting legal reference materials not maintained in the law library; the required access to computers, printers, and other supplies; and that Lexis/Nexis is being used at the facility and instructions for its use are available (**Deficiency LL&LM -1**<sup>37</sup>).

*Corrective Action:* The facility initiated corrective action during the inspection by updating the electronic handbook format and by reprinting and re-issuing the hard copies (**C-5**).

## BEST PRACTICES

The individual electronic computer tablet contains the Detainee Handbook and rules and regulations for SCDOC. The tablet also gives detainees the ability to review and manage their accounts and order commissary items at any time with no waiting or written order forms thus limiting paper usage in the facility.

In addition, it has a facility specific orientation video in English and Spanish which also plays on a continuous loop in the booking area and in each housing unit with staff available to answer questions. ODO viewed the video and confirmed it provides detainees with a thorough overview of the facility and an in-depth review of the Prison Rape Elimination Act (PREA).

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<sup>37</sup> “The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: The procedure for requesting additional time in the law library (beyond the 5-hours-per-week minimum); The procedure for requesting legal reference materials not maintained in the law library; Required access to computers, printers, and other supplies; If applicable, that Lexis Nexis is being used at the facility and that instructions for its use are available.” See ICE PBNDS 2008, Law Libraries and Legal Material, Standard, Section (V)(O)(4)(5)(7)(8).

## CONCLUSION

ODO reviewed the facility's compliance with 15 standards and found the facility compliant with three (3) standards. ODO found 32 deficiencies in the remaining 12 standards, five (5) of which were priority components. While the facility should be commended for reducing the number of priority components found deficient since ODO's last inspection in FY 2013, ODO found a significant number of deficiencies overall, including six repeat deficiencies. ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

<b>Inspection Results Compared</b>	<b>FY 2013 (PBNS 2008)</b>	<b>FY 2017 (PBNS 2008)</b>
PBNS Standards Reviewed	18	15
Deficient Standards	14	12
Overall Number of Deficiencies	39	32
Deficient Priority Components	19 <sup>38</sup>	5 <sup>39</sup>
Corrective Actions	0	5
Repeat Deficiencies	0	6
<b>Review of SAAPI</b>	<b>FY 2013 (PBNS 2011)</b>	<b>FY 2017 (PBNS 2011)</b>
Deficiency(s)	0	0
Deficient Priority Component	0	0
Corrective Actions	0	0
Repeat Deficiency(s)	0	0

<sup>38</sup> Deficient priority components were found in the following eight standards: Classification, Detainee Handbook, Funds and Personal Property, Grievance System, Medical Care, SAAPI, Staff-Detainee Communication, and Suicide Prevention and Intervention.

<sup>39</sup> Deficient priority components were found in the following five standards: Classification, Funds and Personal Property, Staff-Detainee Communication, Food Service and Medical Care.