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Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Baltimore Field Office

Worcester County Jail
Snow Hill, Maryland

April 5-9, 2021

**COMPLIANCE INSPECTION
of the
WORCESTER COUNTY JAIL
Snow Hill, Maryland**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	9
SECURITY	9
Admission and Release	9
Custody Classification System	9
Funds and Personal Property	10
Special Management Units	11
Sexual Abuse and Assault Prevention and Intervention	11
CARE	12
Food Service	12
JUSTICE.....	12
Grievance System	12
CONCLUSION	12

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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 Worcester County Jail (WCJ) in Snow Hill, Maryland, from April 5 to 9, 2021.¹ The facility opened in 1982 and is owned and operated by Worcester County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCJ in 1999 under the oversight of ERO's Field Office Director (FOD) in Baltimore (ERO Baltimore). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility. A WCJ warden handles daily facility operations and is supported by [REDACTED] personnel. Facility staff provides food services and commissary services at the facility and Wellpath provides medical care at the facility.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	31
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of April 5, 2021)	[REDACTED]
Female Detainee Population (as of April 5, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2020, ODO found 10 deficiencies in the following areas: Admissions and Release (2); Custody Classification System (1); Disability Identification, Assessment and Accommodation (1); Environmental Health and Safety (1); Funds and Personal Property (1); Medical Care (1); Sexual Abuse and Assault Prevention and Intervention (1); Use of Force and Restraints (1); and Visitation (1).

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

² Data Source: ERO Facility List Report as of April 5, 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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5&6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	3
Custody Classification System	2
Facility Security and Control	0
Funds and Personal Property	4
Use of Force and Restraints	0
Special Management Units	5
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	2
Sub-Total	16
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	1
Law Libraries and Legal Materials	0
Sub-Total	1
Total Deficiencies	18

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

⁶ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

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.

Custody Classification System: One detainee stated the facility held her in her housing unit by herself for close to a year without any other detainee contact.

- Action Taken: ODO reviewed the detainee's detention file and housing unit records and interviewed facility and ERO leadership. ODO was unable to corroborate her claim of being housed by herself for close to a year. Classification records indicated that other detainees lived in her housing unit as recently as 4 months prior to the inspection. An ERO Baltimore assistant field office director (AFOD) with knowledge of her case told ODO the detainee had requested to be housed by herself when the ICE female detainee population dropped below two. The AFOD also stated the detainee indicated she would rather be housed in a general population unit alone than to be housed with county inmates. Facility leadership stated to ODO they would move the detainee to a housing unit containing inmates if she wished. Due to ODO's area of concern regarding the facility's three-tiered classification system, ODO did not request a housing reassignment for the detainee.

Medical Care: One detainee stated she had trouble with her eyesight. Specifically, she stated she has double vision that is frequently blurry. Furthermore, she stated she had submitted a sick call request to the facility medical staff for these issues and had received no response.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility's medical staff. ODO found on September 19, 2020, a facility nurse examined the detainee for irritation in her left eye. The physical examination revealed only mild edema to the eye, possibly due to rubbing it. The nurse irrigated the detainee's eye and instructed her to use warm compresses/washcloths to help with discomfort. On September 21, 2020, the facility's medical provider examined the detainee's eye for her follow-up appointment, noted the detainee had a sty to the lower lid of her eye, prescribed Gentamycin ointment to be applied several times a day for discomfort, and instructed the detainee to continue warm compresses. The detainee subsequently completed the course of eye ointment treatment. On October 18, 2020, a facility nurse examined the detainee for a complaint regarding swelling in her right eye. The nurse assessed the ailment as a minor irritation and educated the detainee on handwashing, keeping her fingers out of her eye, and applying a warm compress three times a day. The detainee did not have further eye-related complaints until March 2021. The facility's medical staff provided care to the detainee several times in the facility's sick call clinic for complaints not involving her eyes, from October 2020 to January 2021. During these visits, the detainee did not report any eye complaints or concerns and did not appear to have any apparent distress or abnormalities regarding her eyes, her walking, nor her ability to take care of herself safely and independently. On March 14,

2021, a facility nurse examined the detainee during sick call for reported eye pain, bilateral double vision, photosensitivity, and “seeing flashes.” The detainee underwent a vision test and was unable to see anything past the largest letter. Facility medical staff documented her bilateral vision at 20/200. However, the detainee was able to walk through the facility and to the medical unit without any assistance and did not stumble, have trouble seeing, or bump into objects. Additionally, the detainee had submitted several sick call request slips, which she had written herself and did not show any apparent changes in her writing that would indicate a moderate change in sight. During an exam on March 15, 2021, the detainee complained of double vision for over 30 days and denied any trauma to the eye. A physical exam noted no abnormalities, but the facility’s medical provider ordered a referral to an off-site ophthalmologist, which was pending ICE approval. At ODO’s request, the facility’s medical provider examined the detainee for chronic care management and a physical assessment on April 6, 2021. The detainee did not report any concerns or complaints regarding vision, hypertension, or pre-diabetes and appeared to be in no distress. Her vital signs were within normal limits and the physical exam findings were unremarkable. The detainee displayed independence in all her activities and walked normally without any apparent vision issues. The facility medical staff scheduled her for a follow-up visit in July 2021.

Medical Care: One detainee stated to ODO he had nephrotic syndrome and was not receiving appropriate care at the facility. The detainee complained of swelling in his legs and stated the diet provided by the facility worsened his condition.

- Action Taken: ODO requested information from the health services administrator who conducted a medical record review and found in the transfer paperwork that the previous facility did not have an order for any type of special diet. The transfer paperwork did report the detainee’s medical history of nephrotic syndrome, high cholesterol, acne, and hypertension. Although the paperwork listed his discharge medications for his chronic conditions, there was no order for any dietary restrictions nor recommendations. An outside medical provider/specialist examined the detainee for an initial physical on March 23, 2021. During the physical exam, the detainee denied any concerns or complaints, and the examining provider noted no apparent abnormalities. The provider ordered lab tests of the detainee and a follow-up within 30 days to review the detainee’s test results and to continue chronic care management. The provider requested, obtained, and reviewed the detainee’s medical records from his reported nephrology specialist. He found that the nephrology specialist did not order nor recommend the detainee to be on a special or renal diet during his most recent visits. The specialist documented the detainee was noncompliant with antihypertensive medications, and during the last two exams with this physician, there were no signs of swelling. During the detainee’s physical exam at the facility, there was also no evidence of swelling. On March 26, 2021, the detainee submitted a medical request for a special low-sodium and gastric diet. The director of nursing followed up with the detainee on March 27, 2021. After the evaluation, a follow-up physical examination found the detainee’s vital signs to be within normal limits and noted nothing else out of the ordinary. At that time, the detainee reported swelling in his feet at the end of the day; however, during the physical exam, there was no swelling present. The detainee denied any urinary tract symptoms such as pain on urination, changes to color, changes

to odor, dysuria, polyuria, or incontinence. Facility medical staff reassured and educated the detainee about the signs and symptoms and to report to the medical staff, should those symptoms develop. Due to his continued concerns, the detainee received further testing to assess his kidney function on April 7, 2021. At the time of this exam, the detainee provided a urine sample for a urine dip stick test. The results were normal and reviewed/discussed with the physician on-site later that morning. The facility's nurse informed the detainee later that day his urine results were unremarkable and within normal limits. Facility medical staff informed the detainee he was added to the special diet list as requested. The detainee said he understood and conveyed his satisfaction and appreciation. The detainee received lab work on April 7, 2021, which included urine analysis and kidney functions and electrolyte tests. Facility medical staff scheduled the detainee for a follow-up with the provider in in 1 week to discuss the results of his blood test and treatment for his chronic care management. The medical staff will continue to follow-up with the detainee regarding his chronic care.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed 12 detainee detention files, which included 1 detainee detention file for a detainee who possessed identity documents at the time of admission to WCJ and found the file did not contain a copy of the detainee's identity documents (**Deficiency AR-12⁷**).

ODO reviewed 12 detainee detention files and found 1 out of 12 detention files did not contain a signed Order to Detain or Release form (Form I-203 or I-203a) (**Deficiency AR-18⁸**). **This is a repeat deficiency.**

ODO reviewed five released detainee detention files and found two out of five detention files did not contain an Order to Detain or Release form (Form I-203 or I-203a) (**Deficiency AR-32⁹**). **This a Repeat Deficiency.**

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed WCJ's policies and procedures, their classification process, interviewed the classification supervisor, and found there was no system at WCJ which readily identified a detainee's classification level. Specifically, WCJ used the system of handwriting the classification level on the back of each detainee's ID card, which was neither visible nor readily identifiable

⁷ "Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO." See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

⁸ "Official documentation from ICE/ERO (e.g., Form I-203, I-203a, or I-216) shall accompany each newly arriving detainee." See ICE NDS 2019, Standard, Admission and Release, Section (II)(F).

⁹ "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, etc. ...All releases must be coordinated with ICE/ERO." See ICE NDS 2019, Standard, Admission & Release, Section (II)(J).

(Deficiency CCS-8¹⁰). This is a repeat deficiency.

ODO reviewed 12 detainee files, WCJ’s policies and procedures, their classification process, interviewed the classification supervisor and a detention officer, and found WCJ had no system to reclassify detainees at regular intervals **(Deficiency CCS-23¹¹)**.

The facility uses a three-tier classification system – minimum, medium, and maximum – and is inconsistent with the ICE four-tier classification system – low, medium-low, medium-high, and high. The policy and detainee handbook mirror the three-tier system. ICE performs all classification functions using its system; however, when detainees are entered into the jail management database at WCJ, the levels do not translate equally which could cause confusion and inadvertently lead to not housing detainees appropriately based on their ICE classification levels. ODO cited this as an **Area of Concern**.

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed 12 detainee detention files, which included 1 detainee detention file for a detainee who possessed identity documents at the time of admission to WCJ and found the file did not contain a copy of the detainee’s identity documents **(Deficiency FPP-10¹²)**.

ODO reviewed 12 detainee files and found 2 out of 12 files did not contain a forwarding address for detainees who had personal property at the facility **(Deficiency FPP-15¹³)**. **This is a repeat deficiency.**

ODO reviewed nine personal property audits from July 2020 through March 2021 and found eight out of nine audits did not indicate the time the officer(s) conducted the inventory **(Deficiency FPP-20¹⁴)**.

ODO reviewed the detainee handbook and found it did not notify detainees of the rules for storing or mailing property not allowed in their possession, nor the procedures for claiming property upon release, transfer, or removal **(Deficiency FPP-34¹⁵)**.

¹⁰ “The classification system shall ensure: ...

6. Each facility shall establish a system that readily identifies a detainee’s classification level, for example, color-coded uniforms.” *See* ICE PBNDS 2011, Standard, Custody Classification System, Section (II)(A)(6).

¹¹ “All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events.” *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

¹² “Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file, and the original forwarded to ICE/ERO.” *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(B)(2).

¹³ “Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property.” *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(1).

¹⁴ “The facility’s logs will indicate the date, time, and name of the officer(s) conducting the inventory.” *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

¹⁵ “The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

3. The rules for storing or mailing property not allowed in their possession;

4. The procedures for claiming property upon release, transfer, or removal.” *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(3)&(4).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed four detainee detention files for detainees who had been placed in the SMU, interviewed the SMU colonel, and found administrative segregation (AS) orders were not completed and approved by the facility administrator for four out of four detainees prior to the facility placing the detainees in AS (**Deficiency SMU-15**¹⁶).

Since the facility did not complete written orders when placing four detainees in AS, the facility did not provide a copy of the written order to the detainee within 24 hours of their placement and the contents were not communicated to the detainees in a language or manner they could understand (**Deficiency SMU-17**¹⁷).

Since the facility did not complete written orders when placing four detainees in AS, the facility did not forward a copy immediately of the AS order to ICE/ERO for four out of four detainees placed in AS (**Deficiency SMU-18**¹⁸).

Since the facility did not complete written orders when placing four detainees in AS, the facility did not annotate the date and time of release on the AS orders upon the detainees' release from AS (**Deficiency SMU-19**¹⁹).

ODO found the facility did not complete written order when placing four detainees in AS, nor did they place a copy of the completed orders in the detainees' detention file or in a retrievable electronic format (**Deficiency SMU-20**²⁰).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's written Sexual Abuse and Assault Prevention and Intervention policy and found it did not include cooperating with all ICE audits and monitoring of facility compliance with sexual abuse and assault policies and standards (**Deficiency SAAPI-13**²¹).

¹⁶ "A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation, except when exigent circumstances make such documentation impracticable." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2).

¹⁷ "The administrative segregation order shall be provided to the detainee within 24 hours of placement in administrative segregation, and its contents communicated to him or her in a language or manner the detainee can understand." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2)(a).

¹⁸ "A copy of the administrative segregation order shall be immediately provided to ICE/ERO." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2)(b).

¹⁹ "When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2)(c).

²⁰ "The completed order shall then be included in the detainee's detention file or maintained in a retrievable electronic format." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2)(c).

²¹ "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

7. The facility's requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(7).

ODO reviewed the facility's website and found it did not post its protocols on its website or otherwise make the protocols available to the public (**Deficiency SA-API-16²²**). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO reviewed the common-fare menus and found they did not include special menus for the 10 federal holidays (**Deficiency FS-60²³**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's detainee handbook and found it does not provide notice of the opportunity for detainees to file an informal grievance (**Deficiency GS-34²⁴**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 18 deficiencies in the remaining 7 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.

Compliance Inspection Results Compared	FY 2020 (NDS 2019)	FY 2021 (NDS 2019)
Standards Reviewed	18	18
Deficient Standards	9	7
Overall Number of Deficiencies	10	18
Repeat Deficiencies	N/A	4
Areas of Concern	1	1
Corrective Actions	0	0

²² "Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocols available to the public." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

²³ "All food service employees are responsible for maintaining a high level of sanitation in the food service department." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

²⁴ "The grievance section of the facility handbook will provide notice of the following:

1. The opportunity to file a grievance, both informal and formal." See ICE NDS 2019, Standard, Grievance System, Section (II)(H)(1).