



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

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO Baltimore Field Office  
Worcester County Jail  
Snow Hill, MD**

**July 31-August 2, 2018**

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

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**COMPLIANCE INSPECTION TEAM MEMBERS**



Lead Inspections and Compliance Specialist	ODO
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Section Chief	ODO
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## FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Worcester County Jail (WCJ), in Snow Hill, Maryland, from July 31- August 2, 2018<sup>1</sup>. The WCJ opened in 1982 and is owned and operated by Worcester County. The 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. The facility operates under the National Detention Standards (NDS) 2000.

ERO Deportation Officers (DO) and a Detention Services Manager (DSM) are assigned to the facility. A warden is responsible for daily facility operations and is supported by ██████ personnel. Worcester County manages WCJ's food services. Correct Care Solutions provides medical care services. The facility maintains Maryland Commission on Correctional Standards accreditation but does not hold American Correctional Association (ACA) accreditation.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	200
Average ICE Detainee Population <sup>3</sup>	160
Male Detainee Population (as of 7/31/2018)	150
Female Detainee Population (as of 7/31/2018)	11

In fiscal year (FY) 2015, ODO conducted an inspection of WCJ and found 22 deficiencies in the following areas: Admission and Release (1), Access to Legal Materials (1), Detainee Grievance Procedures (1), Environmental Health & Safety (4), Food Service (7), Sexual Abuse and Assault Prevention and Intervention (1), Special Management Unit (SMU) – Administrative Segregation (2), SMU – Disciplinary Segregation (2), Staff-Detainee Communication (1), Telephone Access (1), and Use of Force (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of November 13, 2017.

<sup>3</sup> *Ibid*

## FY 2018 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>4</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal	
Admission and Release	3
Detainee Classification System	1
Detainee Handbook	
Food Service	1
Funds and Personal Property	1
Staff-Detainee Communication	
Telephone Access	
<b>Sub-Total</b>	<b>6</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	2
Post Orders	1
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	1
Use of Force	2
<b>Sub-Total</b>	<b>7</b>
<b>Part 3 – Health Services</b>	
Medical Care	
Suicide Prevention and Intervention	
<b>Sub-Total</b>	
<b>PBNDS 2011 Standard Inspected</b>	
Sexual Abuse and Assault Prevention and Intervention	5
<b>Sub-Total</b>	<b>5</b>
<b>Total Deficiencies</b>	<b>18</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 detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. 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 hosts 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 to develop and initiate 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.

## DETAINEE RELATIONS

Twenty-five randomly-selected male and female detainees voluntarily agreed to be interviewed by ODO. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Environmental Health & Safety:* One detainee alleged to have seen mice in the housing unit. Four detainees complained the facility does not have air conditioning.

- Action Taken: ODO observed detainees and inmates cleaning their cells and housing units. Inspectors found no evidence of mice in the kitchen or housing units. ODO spoke with facility maintenance regarding rodent concerns and confirmed the facility contracted with Terminix for pest control. While inspectors found the overall sanitation of the facility to be minimally acceptable, the facility is old, and a number of areas appeared to be suffering from deferred maintenance such as peeling paint and soiled floors were present throughout.
- Action Taken: ODO confirmed the facility does not have centralized air. Inspectors noted the detainee housing areas and hallways were very warm/humid with little or poor air ventilation. Staff acknowledged these areas become very warm/hot in the summer months often exceeding 90 degrees in the housing areas. The facility maintains large industrial fans in the hallways and housing areas to provide some air circulation; however, many fans were covered in dust and needed cleaning. ODO also noted most male detainees in the housing areas were shirtless and had hung towels and other clothing items on bars in front of the fans to dry.

*Staff Detainee Communication:* One detainee with Chinese citizenship stated she is unable to communicate with ICE because she does not understand English and ICE staff do not speak her native/preferred language.

- Action Taken: ODO spoke with ERO who explained that the USCIS language line is used for communicating with any detainee that does not speak English. More specifically, when ERO conducted staff detainee communication, ERO used their work phones to contact the language line to assist in translation services. At ODO's request, ERO followed up with the detainee and provided interpretation services.

*Telephone Access:* Two detainees complained telephone rates were high.

- Action Taken: ODO reviewed the telephone contract between SECURUS Technologies and The Worcester County, MD Government. ODO noted the contract rates are within Federal Communication Commission mandates<sup>5</sup>.

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<sup>5</sup> See "Inmate Telephone Service," *Federal Communications Commission*, 8 September 2017, [www.fcc.gov/consumers/guides/inmate-telephone-service](http://www.fcc.gov/consumers/guides/inmate-telephone-service).

*Medical Care:* One detainee claiming to have Glaucoma stated he was receiving only one of two required doses of eye drops per day and was now refusing further medical treatment.

- Action Taken: ODO reviewed the detainee medical records, confirmed a diagnosis of Glaucoma, and found notations indicating the detainee refused treatment. In talking with medical staff, ODO determined the evening “pill pass” was conducted at 1900 hours which was considered medically acceptable for administration of the second dose of eye drops. At ODO’s request, facility staff spoke to the detainee and confirmed he received the second eye drop during the evening “pill pass.”

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ADMISSION AND RELEASE (A&R)

ODO's review of procedures, documentation, and interviews with staff found all arriving detainees at WCJ are strip searched upon admission, without reasonable suspicion (**Deficiency A&R-1<sup>6</sup>**). All detainees are stripped searched upon arrival, prior to going to general population contrary to the ICE Change Notice: Admission & Release – NDS Strip Search Policy, dated October 15, 2007. Detainees are also strip searched every time they leave the facility and return (for court and medical appointments, etc.). Each search is documented on a WCJ Record of Search form. ODO's review of the form found there is no area to document reasonable suspicion and a review of 25 detainee files verified there was no annotation of reasonable suspicion for the searches. The strip searches are conducted in a secluded area by two officers of the same gender as the detainee. Both officers must sign the form, as well as the shift supervisor and assistant warden. ODO notes ICE Custody Management issued a waiver to WCJ dated June 18, 2016 regarding strip searches; however, the waiver does not address all instances when strip searches may occur.

ODO's review of facility orientation procedures determined WCJ does not have a site-specific orientation video; however, detainees are oriented to the facility during a one-on-one intake interview with the classification staff. Additionally, the Know Your Rights video by the American Bar Association is shown to detainees in their unit on the weekends. Contrary to the NDS, the orientation procedures have not been approved by ERO (**Deficiency A&R-2<sup>7</sup>**). ODO found the WCJ policy outlines the release process and intake and release staff could verbalize the steps necessary for detainee releases. However, ERO has not approved WCJ's release procedures (**Deficiency A&R-3<sup>8</sup>**).

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<sup>6</sup> "Facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitoring showering, and other required exposure of the private parts of the detainee's body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-ray, and metal detectors. If information developed during admission processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G-1025, Record of Search." See Change Notice: Admission and Release – National Detention Standard Strip Search Policy, dated October 15, 2007.

<sup>7</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>8</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approved (sic) the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section(III)(J).



## **DETAINEE CLASSIFICATION SYSTEM (DCS)**

All detainees housed at WCJ are classified by ERO using the Risk Classification Assessment (RCA) instrument prior to their arrival. ODO's review of 25 randomly selected detainee files confirmed each had an RCA summary sheet denoting the detainee's classification level. Detainees are not permitted to move to the general population until the classification process is complete. ODO's review of WCJ policy addressed reclassification and appeal procedures. However, WCJ only allows reclassification every 60 days upon submission of a written request by a detainee (**Deficiency DCS-1<sup>9</sup>**).

## **FOOD SERVICE (FS)**

The facility maintains portable ice coolers in each housing unit for detainee use due to the warm environment. The food service department places ice in the coolers inside the sally port with a clean cup marked to identify it as the dispensing cup. Staff informed ODO detainees often take the cup out of the cooler and place it elsewhere in the shared spaces within the unit. ODO also observed detainees dip their own containers into the cooler to collect ice (**Deficiency FS-1<sup>10</sup>**). ODO recommends staff monitor the coolers more closely to eliminate unsanitary practices to avoid potential contamination.

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

ODO reviewed the facility policy addressing property issues. All funds, valuables, and detainee property are inventoried, and the inventories are documented in the computerized Jail Management System during intake processing. The detainee and staff sign the inventory sheet and copies are given to the detainee and placed in the detainee file. ODO's examination of 25 randomly selected detainee files confirmed completion of inventories. ODO also reviewed the facility's lost, damaged and missing property policy. During the review, ODO determined the Detainee Handbook does not notify detainees they can request, from ICE, a certified copy of identity documents from their A-File; nor does it notify detainees of the procedures for filing a claim for lost/damaged property (**Deficiency F&PP-1<sup>11</sup>**).

## **SECURITY**

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

ODO verified WCJ's [REDACTED] meets the requirements of NDS. Safety Data Sheets were current and present in the locations where hazardous substances were maintained and used. ODO observed three gallons of Oven and Grill Cleaner and two gallons of

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<sup>9</sup> "All facility classification systems shall ensure that a detainee may be reclassified any time and the classification level redetermined." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(G).

<sup>10</sup> "Food and ice will be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection will be continuous, whether the food is in storage, in preparation/on display, or in transit." See ICE NDS 2000, Standard, Food Service, Section (D)(5).

<sup>11</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files; ...5. The procedures for filing a claim for lost or damaged property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2)(5).

Minty Q Natural Disinfectant stored in the [REDACTED] were not listed on the inventory sheet (**Deficiency EH&S-1**<sup>12</sup>). There were also bottles of Minty Q that were not labeled in closet [REDACTED] and [REDACTED].

WCJ staff explained to ODO the emergency generators are programmed to automatically run weekly for 30 minutes and Premium Power Services, LLC, conduct [REDACTED] inspections of the emergency generator with the most recent inspection completed on July 17, 2018, with no problems noted. However, the facility does not have documentation to support their emergency electrical power generator testing (**Deficiency EH&S-2**<sup>13</sup>).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by documenting all generator tests on a Generator Run Log showing the facility's generator automatically starts up and runs for 30 minutes every week which meets this requirement (**C-1**).

ODO observed WCJ male detainees are housed in [REDACTED]. The male pods consist of eight double occupancy cells on each of the two levels for a total of 32 detainees per unit. Each cell is equipped with bunk beds, stool and desk, and a combination commode/sink fixture. A connecting common area provides a television, tables, and an adjacent indoor recreation area. ODO notes as an **Area of Concern** there is only one shower on each level of the housing unit which conflicts with ACA standards 4-ALDF-4B-08 and 4-ALDF-4B-09 which call for one shower for every 12 male detainees<sup>14</sup>.

## POST ORDERS (PO)

ODO checked the [REDACTED] log for the overnight shift from August 1-2, 2018 and could only identify one instance in each of the 32-person detainee housing units when staff used the [REDACTED]. ODO's review of the Post Procedure policy does not include the requirement for [REDACTED] safety and security housing tours when detainees are locked down or during the overnight hours, nor does post orders incorporate the requirement for staff to [REDACTED]. ODO obtained conflicting information as to the frequency and logging of safety and security checks in the 32-cell housing area; post orders do not provide required time intervals for checks, and facility staff

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<sup>12</sup> "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. [REDACTED]

[REDACTED] dates, quantities, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>13</sup> "Power generators will be tested at least [REDACTED]. Other emergency equipment and systems will undergo [REDACTED] testing, with follow-up repairs or replacement as necessary. The [REDACTED] test of the emergency electrical generator will last [REDACTED]. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency. The emergency generator will also receive [REDACTED] testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

<sup>14</sup> "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1). Note: ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 male detainees.

interviewed provided inconsistent responses regarding security check intervals (**Deficiency-PO-1<sup>15</sup>**).

### **SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU-AS)**

ODO's review of AS confirmed WCJ detainees receive privileges and services in accordance with the standard, including outdoor recreation, showers, personal and legal visits, meals, medical rounds, telephone access, and access to legal materials. WCJ received a waiver dated April 2, 2012, for the requirement to allow detainees to shave no less than three times per week, to be consistent with the shaving schedule of twice weekly for the general population inmates. A permanent log documenting these activities is maintained by WCJ staff; however, WCJ does not have written procedures addressing basic living conditions in their Special Confinement policy (**Repeat Deficiency SMU AS-1<sup>16</sup>**). Specifically, the facility's policy does not address recreation, personal hygiene, barbering services, day room privileges, personal property, law library and legal materials, social and legal visitation, correspondence, telephone access, clergy visits, commissary, and rounds by medical personnel.

### **SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU-DS)**

ODO observed one detainee in DS during this inspection. Review of documentation found there were 14 detainees sanctioned to DS in the year preceding the inspection. ODO's review of the 15 files confirmed segregation orders and regular assessments were completed and documented. Further review of documentation found sanctions for DS were by order of the disciplinary panel; however, WCJ's policy authorizes shift supervisors to place detainees on disciplinary segregation without a disciplinary hearing for disruptive or assaultive behavior, or if a detainee is deemed to present a danger to the security to the jail, is a threat to themselves or others, or is "emotionally disturbed" (**Repeat Deficiency SMU DS-1<sup>17</sup>**).

### **USE OF FORCE (UOF)**

WCJ staff informed ODO there were 62 immediate UOF incidents involving detainees but none

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<sup>15</sup> "Written orders shall specify the duties of each post in the facility, along with the procedures to be followed in carrying out those duties. Copies of the post orders shall be available to all employees." See ICE NDS 2000, Standard, Post Orders, Section (III)(A).

<sup>16</sup> "Administrative Segregation is a non-punitive form of separation from the general population used when the continued presence of the detainee in the general population would pose a threat to self, staff, other detainees, property, or the security or orderly operation of the facility. Others in this housing status includes detainees who require protective custody, those who cannot be placed in the local population because they are en route to another facility (holdovers), those who are awaiting a hearing before a disciplinary panel, and those requiring separation for medical reasons. Administrative segregation status is a non-punitive status in which restricted conditions of confinement are required only to ensure the safety of detainees or others, the protection of property, or the security or orderly running of the facility. The facility shall develop and follow written procedures consistent with this standard." See ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(A).

<sup>17</sup> "To provide detainees in the general population a safe and orderly living environment, facility authorities shall discipline anyone whose behavior does not comply with facility rules and regulations. This may involve temporary confinement apart from the general population, in the Special Management Unit (SMU). A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Committee, after a hearing in which the detainee has been found to have committed a prohibited act. The disciplinary committee may order placement in disciplinary segregation only when alternative dispositions would inadequately regulate the detainee's behavior." See ICE NDS 2000, Standard, Special Management Unit, Disciplinary Segregation, Section (III)(A).

of which were calculated. ODO's review of the documentation of the immediate UOF incidents included medical examination, after action review, and ERO notification. An assessment of staff documentation suggests the facility may be over-reporting incidents as defined by ICE policy as only 13 incidents met the definition of immediate UOF. The other 49 reports did not meet the definition of immediate UOF as they lacked detail documenting violence or signs of imminent violence on behalf of the detainee or the UOF incident involved only the simple application of hand restraints and escort with no resistance by the detainee (**Deficiency UOF-1**<sup>18</sup>). Note: The Warden explained WCJ started including simple application of hand restraints in their UOF reporting because of a deficiency in their March/April 2015 Maryland Commission on Correctional Standards audit.

ODO confirmed WCJ does not have a Special Operations Response Team. The facility maintains one hand-held video camera for recording UOF incidents in the [REDACTED] and is tested for operability by assigned staff. Protective gear was available, including [REDACTED]. WCJ staff do not carry [REDACTED]. ODO observed the [REDACTED] were still in the original boxes and stored in the [REDACTED]. However, WCJ does not have [REDACTED] as part of their use of force equipment (**Deficiency UOF-2**<sup>19</sup>). ODO recommends the facility consolidate its storage of use of force equipment for staff efficiency in the event it is needed in an emergency.

## **HEALTH SERVICES**

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

ODO determined WCJ does not have a SAAPI policy. The facility has a policy that addresses zero-tolerance consistent with the Prison Rape Elimination Act (PREA) of 2003 for minimizing the number of sexual assaults by detainees, employees, contractors, volunteers, or visitors. ODO notes the facility is a Department of Justice (DOJ) PREA facility and passed a DOJ PREA audit in June 2017. However, although the facility signed an ICE contract modification in May 2013 to incorporate SAAPI, WCJ has not developed a distinct SAAPI policy covering all required areas and WCJ's current policy addressing sexual abuse and assault procedures has not been approved by the ERO FOD (**Deficiency-SAAPI-1**<sup>20</sup>).

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<sup>18</sup> "A. Types of Force: When a detainee acts violently or appears on the verge of violent action(s), if necessary, staff shall use reasonable force and/or restraints to prevent him/her from harming self, others, and/or property. An "immediate-use-of-force" situation is created when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. In that situation, staff may respond without a supervisor's direction or presence. ...Staff shall prepare detailed documentation of all incidents involving the use of force, [REDACTED], or non-lethal weapons. Staff shall likewise document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file." See ICE NDS 2000, Standard, Use of Force, Section (III).

<sup>19</sup> "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force [REDACTED] shall apply. a. [REDACTED]"

Team members enter the detainee's area together, with coordinated responsibility for achieving immediate control of the detainee." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(a).

<sup>20</sup> "Each facility shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program. This policy must mandate zero-tolerance toward all forms of sexual abuse or assault; outline the facility's

ODO interviewed several staff and reviewed facility postings but was unable to determine what staff person has been assigned as the Prevention of Sexual Assault (PSA) Coordinator (**Deficiency-SAAPI-2<sup>21</sup>**).

ODO reviewed the facility inmate rights policy which contains training for PREA. However, the facility does not have a SAAPPI-specific curriculum or written documentation verifying employee, volunteer, and contractor training. WCJ's training program does not include SAAPI in its initial and annual refresher training for employees, volunteers, and contract personnel, nor does it address all training topics required by the standard (**Deficiency-SAAPI -3<sup>22</sup>**).

ODO's review of admission and release procedures and detainee handbook for SAAPI program instructions provides the required information on reporting sexual abuse or sexual assault. However, ODO determined WCJ does not have a site-specific SAAPI orientation program informing detainees about the facility's SAAPI and zero-tolerance policy for sexual abuse and assault nor is this information contained in the detainee handbook (**Deficiency-SAAPI -4<sup>23</sup>**).

The facility's PREA coordinator does not conduct an annual review of aggregate data regarding sexual abuse or assault incidents at the facility. PREA and SAAPI incidents are reported to the Joint Intake Center, but the findings are not reported to the FOD or the ICE PSA Coordinator. Since WCJ does not have a distinct SAAPI policy, the findings are not used in determining whether

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approach to preventing, detecting, and responding to such conduct and include

1. procedures on preventing sexual abuse or assault,
2. procedures for immediate reporting of sexual abuse allegations,
3. procedures for prompt and effective intervention to address the safety and treatment needs of detainee victims if an alleged assault occurs,
4. procedures to include victim advocate services in sexual abuse or assault prevention and intervention programs, if such resources are available,
5. procedures for investigation and discipline of assailants, 6. procedures for data collection and reporting; and the facility's requirement to cooperate with all ICE audits and monitoring of facility compliance with sexual abuse and assault policies and standards. The facility's written policy and procedures require the review and approval of the Field Office Director."

*See* PBNDS 2011, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A). **This is a Priority Component.**

<sup>21</sup> "The facility administrator shall designate a Prevention of Sexual Assault Compliance Manager (PSA Compliance Manager) who shall serve as the facility point of contact for the ICE PSA Coordinator and who has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures." *See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(C). **This is a Priority Component.**

<sup>22</sup> "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees and shall be included in annual refresher training thereafter. The facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. The facility must maintain written documentation verifying employee, volunteer and contractor training." *See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E). **This is a Priority Component.**

<sup>23</sup> "The facility administrator shall ensure that the orientation program, required by standard 2.1 Admission and Release, and the detainee handbook required by standard 6.1 Detainee Handbook, notify and inform detainees about the agency's and the facility's zero tolerance policies for all forms of sexual and abuse and assaults. Following the intake process, the facility shall provide instructions to detainees on the facility's Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instructions includes:

1. The facility's zero-tolerance policy for all forms of sexual abuse or assault; ...
7. Right of a detainee who has been subjected to sexual abuse to receive treatment and counseling"

*See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F). **This is a Priority Component.**

changes are needed to existing policies and practices to further the goal of eliminating sexual abuse (**Deficiency-SAAPI -5<sup>24</sup>**).

## **CONCLUSION**

During this inspection, ODO reviewed the facility's compliance with 16 standards under NDS 2000 and the SAAPI standard under PBNDS 2011. ODO found the facility compliant with seven (7) standards. ODO identified 18 deficiencies in the remaining 10 standards. As described in the Detainee Interview section of this report, ODO observed detainee housing areas appeared to be suffering from deferred maintenance with peeling paint and soiled surfaces. The fans in these areas were also dusty and in need of cleaning. Inspectors also noted the smell of mold/mildew in [REDACTED]

Additionally, ODO notes one additional **Area of Concern** regarding two segregation cells located off the main hallway (Seg Right and Seg Left). During ODO's initial tour of the facility, inspectors noted a county inmate was held in one of the cells (WCJ staff confirmed ICE detainees have and can be held in these cells). Both cells and the adjoining hallway were very dark with no operating light or discernable ambient light. ODO asked staff to turn on the lights and noted the hallway light and cell lights were on the same switch and cannot be operated independently of one another. Staff explained detainees prefer the cell lights to be off because the fixtures cause the cell area to become heated. As noted previously in this report, detainee housing areas were generally hot/humid with little air ventilation. Staff indicated the lights are not turned on until the evening (around 8 p.m. to 9 p.m.) to allow inmates/detainees time to read. It is unclear how long the lights remain on or what other times they are turned on (e.g. for meal periods, etc.). The vacant cell was exceptionally dirty and smelled strongly of mildew and there was trash strewn about the floor. By the end of ODO's inspection, staff had thoroughly cleaned both segregation cells and the mildew smell had dissipated. While staff moved quickly to clean these areas, ODO remains concerned about the overall condition of this segregation area including the general lack of light and possibility inmates/detainees may be kept in the dark for excessive periods. ODO recommends the ERO field office engage with the facility on this issue and consider whether it is appropriate for ICE detainees to be held in these areas. Further, ODO recommends ERO work with the facility to resolve any other outstanding deficiencies as applicable and in accordance with contractual obligations.

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<sup>24</sup> "Each facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the facility administrator, Field Office Director or his or her designee, for transmission to the ICE PSA Coordinator." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(M).

<b>Compliance Inspection Results Compared</b>	<b>FY 2015 (NDS 2000)</b>	<b>FY 2018 (NDS 2000)</b>
Standards Reviewed	16	17
Deficient Standards	11	10
Overall Number of Deficiencies	22	18
Deficient Priority Components	1	4
Corrective Action	0	1