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Office of Professional Responsibility  
Management Inspections and Detention Oversight  
Washington, DC 20536-5501

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## Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
Atlanta Field Office  
Alamance County Detention Center  
Graham, North Carolina

May 22 - 24, 2012

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**COMPLIANCE INSPECTION  
ALAMANCE COUNTY DETENTION CENTER  
ATLANTA FIELD OFFICE**

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## EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Alamance County Detention Center (ACDC) in Graham, North Carolina, from May 22-24, 2012. ACDC, which opened in 1986, is owned by Alamance County and operated by the Alamance County Sheriff's Department. U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at ACDC in May 2007 under an Intergovernmental Service Agreement (IGSA) between ICE and Alamance County. Male and female detainees of all security classification levels (Level I – lowest threat; Level II – medium threat; Level III – highest threat) are detained at the facility for periods in excess of 72 hours. ACDC has a total capacity of 396 beds, and can accommodate a maximum of 85 ICE detainees based on the availability of bed space. At the time of the CI, ACDC housed 15 male ICE detainees. The average daily detainee population is 30. The average length of stay for detainees is five days. Trinity Services Group provides food service under contract. Alamance County provides medical care. The facility holds no accreditations.

The ICE, ERO Field Office Director in Atlanta, Georgia (FOD/Atlanta), is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). ICE has (b)(7)e employees on-site who are permanently assigned to ACDC (b)(7)e Supervisory Detention and Deportation Officer (SDDO) and (b)(7)e Deportation Officer (DO). An Assistant Field Office Director (AFOD) located at the ERO Office in Charlotte, North Carolina, has oversight responsibility at ACDC. There is no Detention Service Manager (DSM) assigned to ACDC.

The Alamance County Sheriff is the highest ranking official at ACDC and is responsible for oversight of daily operations. In addition to the Sheriff, supervisory staff at ACDC includes (b)(7)e Major (b)(7)e Captains, (b)(7)e Lieutenants, (b)(7)e Sergeants, and (b)(7)e Corporals. ACDC non-supervisory staff is composed of (b)(7)e employees. The Director of Nursing (DON) is responsible for administrative oversight of health care services at ACDC. The DON is a Registered Nurse (RN) and is on-call during non-business hours. A physician serves as the Clinical Medical Authority (CMA) and is on-site three days per week. The CMA is available for consultation by telephone at all times. Additional medical staff consists of (b)(7)e full-time RNs, and (b)(7)e full-time Licensed Practical Nurses (LPN). Mental health services are provided under contract with a social worker, who is on-site three days per week. Dental services are provided free of charge to ICE detainees. Food service staff is comprised of the Food Service Director, (b)(7)e supervisor, (b)(7)e cooks, and (b)(7)e general food service workers. Detainees do not work in food service at ACDC.

In July 2011, ERO Detention Standards Compliance Unit contractor, MGT of America, Inc., conducted an Annual Review of the NDS at ACDC. The facility received an overall rating of "Acceptable" and was found compliant with 27 of 34 standards reviewed.

This is the first CI conducted by ODO at ACDC. During this CI, ODO reviewed 17 NDS. Eight standards were determined to be fully compliant, while 18 deficiencies were found in the following nine standards: Access to Legal Material (1 deficiency), Admission and Release (2), Detainee Classification System (1), Detainee Grievance Procedures (2), Detainee Handbook (1),

Environmental Health and Safety (5), Food Service (1), Staff-Detainee Communication (3), and Use of Force (2).

This report details all deficiencies and refers to the specific, relevant sections of the NDS. ERO will be provided a copy of the report to assist in developing corrective actions to resolve the 18 deficiencies. These deficiencies were discussed with ACDC and ICE personnel on-site during the inspection, as well as during the closeout briefing conducted on May 24, 2012.

Overall, ODO found ACDC to be orderly, well-managed, and in compliance with the standards inspected. A majority of identified deficiencies were administrative in nature, including omissions from the detainee handbook, missing documentation, and detainee requests and grievances that were not maintained in detention files. Several deficiencies were observed involving the improper storage and inventory of chemicals in various areas of the facility. ODO also noted an area of concern when observing shower areas in the housing units. In two housing units, paint was peeling from shower walls and a significant build-up of soap scum was noticeable. ODO observed black mold in one shower stall. Mold represents a health concern. ODO recommended the issue be addressed immediately; however, the situation was not rectified prior to completion of the CI

ACDC maintains a dedicated space for the law library. The law library is adequately furnished. There is a computer equipped with the current version of LexisNexis and word processing software, and there are sufficient writing supplies to support legal research and case preparation. Detainees can print documents with the assistance of a staff member. Up to five hours of law library access per week is available to all detainees; however, the detainee handbook does not inform the detainee of the rules and procedures to access the law library, or provide instructions on how to request additional time beyond the five hour minimum.

During the admission process, intake officers conduct medical pre-screenings, create detention files, and produce identification wristbands that verify detainee security classification levels. Medical interview questions have been reviewed and approved by the on-site physician, the Mental Health Coordinator, and the DON. The nursing staff reviews screening forms within 12 hours of admission, and conducts assessments of detainees whose forms reflect possible medical or mental health issues. ODO verified intake and tuberculosis screening was conducted in accordance with the NDS in all 30 records reviewed. Due to the short length of stay at ACDC, ODO was unable to verify compliance with NDS requirements pertaining to physical examinations (PE). The NDS requires a PE within 14 days of admission; however, all 30 detainees reviewed were released within ten days without a PE. ODO was also unable to verify requirements for chronic care management, because ACDC does not accept detainees with significant chronic care needs.

The facility does not have a site-specific orientation program or a medium to provide ICE detainees with an orientation to the facility. Facility management stated an orientation program is being developed. Hygiene supplies and appropriate clothing are provided to detainees at admission. Detainees in general housing receive daily indoor recreation, have access to religious programs and telephones, are offered visitation five days per week, and can send and receive mail.

ACDC has a detainee grievance system that allows detainees to file informal, formal, and emergency grievances, and to appeal those grievance decisions. Three grievances were filed by ICE detainees during the 12 months preceding the CI. One grievance involved staff misconduct and was referred to ICE for investigation; the misconduct allegation was found to be unsubstantiated. The two remaining grievances pertained to hygiene supplies and clothing. ODO determined all grievances were properly investigated and responses were provided in a timely manner. The facility does not file detainee grievances in detention files. The Grievance Officer maintains all grievances in a separate file. The detainee handbook did not include information related to the ability of a detainee to obtain assistance in preparing a grievance; however, ACDC staff stated detainees are instructed to contact the Grievance Officer if assistance with completing grievance forms is required. Detainees are also allowed to assist other detainees with grievance paperwork. The detainee handbook was revised to address this issue prior to completion of the CI.

ACDC management staff stated fire drills are not conducted on a monthly basis. Regular fire drills are critical to ensuring staff preparedness in the event of an emergency. Exit and evacuation diagrams are posted throughout the facility; however, the diagrams do not provide instructions in Spanish, locations of emergency equipment, or "Areas of Safe Refuge."

ODO observed five one-gallon containers of bleach in an open box on the floor and on an unsecured shelf in the laundry area. Twelve aerosol cans of disinfectant and lice spray were observed on a shelf in an unsecured closet. These items were not properly stored or moved prior to completion of the inspection. While inspecting a detainee housing area, ODO observed two aerosol cans on an unsecured shelf in an area accessible to detainees. A can labeled "Extremely Flammable" was removed immediately. The other can was not removed prior to completion of the CI.

The food service area was clean and orderly. ODO verified a registered dietician certified both the master menu cycle and special diet menus as nutritionally adequate. The menus are diverse and include two hot meals per day. ACDC did not provide special meals for all ten federal holidays, in accordance with the NDS. The menu provided only six meals for federal holidays; however, during the inspection, the menu was corrected to provide special meals for all federal holidays.

Health care services are well managed, and the ACDC medical unit is adequately staffed. There is 24-hour nursing coverage, seven days per week. The on-site physician is the CMA, and is at the facility three days per week for an average of 18 to 24 hours in total. The physician stated he is available for consultation by telephone at all times when not on-site. ODO reviewed training records of the entire medical staff and (b)(7)(e) detention officers to gauge compliance with the standard. All medical staff had current professional licenses and cardiopulmonary resuscitation (CPR) training certificates; and the records of all (b)(7)(e) detention officers reflected current CPR certification.

Detainees access health care by submitting written sick call request slips. Access to medical services is explained to detainees during intake screening and information concerning the sick

call process is posted in housing areas. ODO confirmed the detainee handbook did not contain information on sick call procedures or how to request medical care. Prior to completion of the review, an addendum to the handbook was produced and distributed which included required information on accessing medical services. Sick call is conducted within 24 hours of receipt of requests by the nursing staff following protocols approved by the on-site physician. Medications are distributed twice a day by nurses.

ICE staff conducts scheduled and unannounced visits each week at ACDC to address detainee concerns. These visits are documented on the ICE Facility Liaison Visit Checklist. ODO verified detainees are able to submit written requests and questions to ICE and ACDC staff. ODO confirmed request forms are available within the housing units, and responses to written requests are timely. There were no written procedures regarding routing of detainee requests to ICE. Detainee requests were not placed in detention files and were not documented in a logbook.

Training in suicide prevention and intervention is provided during initial orientation and annual refresher training. Inspection of the cell in the medical unit used for suicide watch verified it meets the requirements of the NDS. ODO was informed no detainees were placed on suicide watch in the past year. The mental health program at ACDC is managed by a social worker employed by Triumph LLC, a company subcontracted by the State of North Carolina to provide mental health services at ACDC. The social worker is on-site three days per week, for a minimum of 24 hours each week, and is on call around-the-clock

ODO confirmed there has been one use of force incident involving a detainee since the July 2011 MGT inspection. The incident occurred on October 26, 2011, and involved the use of immediate force to restrain a detainee who was having a seizure. ODO reviewed a video-recording of the incident captured by a stationary security camera. There was no audio, and the footage did not provide adequate visual coverage. The facility does not have a handheld camera to record calculated use of force incidents; the facility instead relies on stationary security cameras. Staff is trained in confrontation avoidance; however, the facility does not train or follow the use of force team technique prescribed by the NDS.

There were no ICE detainees in the Special Management Unit (SMU) at the time of the review. Though procedures are in place to temporarily segregate detainees for disciplinary and administrative reasons, ODO was informed by ICE that detainees requiring separation from the general population are transferred to another detention facility. ICE personnel confirmed transfers generally occur within 24 hours of notification. ODO inspected the segregation unit and reviewed procedures to ensure compliance with the standard would be supported if a detainee were assigned to disciplinary or administrative segregation. The cells are single-occupancy and equipped with a bunk, toilet, and sink. ODO found them all well ventilated, well lit, and maintained in a sanitary condition. Observation of the physical layout confirmed occupants would be under constant video surveillance. Monitoring checks every 15 minutes are required by policy, and are recorded with the use of a wireless wand which maintains an electronic record to support accountability. Although no ICE detainees have been housed in the Special Management Unit (SMU), ODO identified an area of concern regarding the SMU at ACDC. ACDC makes no allowance for recreation for detainees housed in administrative or

disciplinary segregation. ODO confirmed that if detainees were housed in the SMU, they would have the same privileges as detainees in the general population; however, they would not be provided recreation. A deficiency in the Recreation NDS for failure to provide recreation to detainees housed in the SMU was also cited during the July 2011 MGT annual inspection.

## INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE Performance Based National Detention Standards (PBNDS), as applicable. The NDS apply at ACDC. In addition, ODO may focus its inspection based on detention management information provided by the ERO Headquarters (HQ) and ERO field offices, and to issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at ACDC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at ACDC.

## REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR, ODO.

## INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c

Special Agent (Team Leader)	ODO, Houston
Special Agent	ODO, Houston
Special Agent	ODO, Chicago
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections



## OPERATIONAL ENVIRONMENT

### INTERNAL RELATIONS

ODO interviewed (b)(7)e ACDC Administrator, (b)(7)e ACDC Captain, (b)(7)e ICE SDDO who oversees the facility and (b)(7)e DO that reports to (b)(7)e SDDO. During the interviews, all personnel stated the working relationship between ACDC and ICE personnel is good.

ACDC and ERO staff stated morale is high, and the working conditions are adequate to accomplish all required duties. The ACDC Administrator stated he has seen ICE staff, including the AFOD, visiting detainees in the housing units at least once a week, communicating with detainees, and addressing detainee issues and concerns.

### DETAINEE RELATIONS

ODO interviewed 13 randomly-selected ICE detainees to assess the overall living and detention conditions at the facility. All detainees stated they were treated with dignity and respect by ACDC staff. All detainees stated they had never been strip-searched at ACDC. Overall, the detainees expressed satisfaction with the treatment and services provided at ACDC. Although ODO found black mold in the showers, all detainees stated the facility is clean and sanitary. ODO received no complaints concerning issuance and replenishment of hygiene supplies, sending and receiving mail, visitation, religious services, food service, or the grievance process.

Each detainee stated recreation is limited to in-unit, self-motivated exercises and board games. All detainees stated the health care staff is attentive and responsive. There were no complaints regarding food quality or quantity. None of the detainees could identify a DO, but all stated they were aware of weekly ICE staff visits to each housing unit.

## **ICE NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 17 NDS and found ACDC fully compliant with the following eight standards:

- Detainee Transfer
- Funds and Personal Property
- Issuance and Exchange of Clothing, Bedding, and Towels
- Medical Care
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Suicide Prevention and Intervention
- Telephone Access

As these standards were compliant at the time of the review, a synopsis for these areas was not prepared for this report.

ODO found deficiencies in the following nine standards:

- Access to Legal Material
- Admission and Release
- Detainee Classification System
- Detainee Grievance Procedures
- Detainee Handbook
- Environmental Health and Safety
- Food Service
- Staff-Detainee Communication
- Use of Force

Findings for each of these standards are presented in the remainder of this report.

## **ACCESS TO LEGAL MATERIAL (ALM)**

ODO reviewed the Access to Legal Material standard at ACDC to determine if detainees have access to a law library, legal materials, courts, counsel, and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS. ODO reviewed policies, procedures, and the detainee handbook, inspected the law library, and interviewed staff and detainees.

ACDC maintains a dedicated space for the law library. The law library is adequately furnished. ODO verified the computer is equipped with the current version of LexisNexis and word processing software. There are sufficient writing supplies to support legal research and case preparation. Detainees are afforded up to five hours of law library access per week and can print documents with the assistance of a staff member.

The facility handbook does not inform detainees of the rules and procedures governing access to legal materials, such as the scheduled hours of access to the law library, how to obtain access to the law library, request additional time in the law library beyond the five hours per week minimum, acquire legal reference materials not maintained in the law library, or notify a designated employee that library material is missing or damaged (**Deficiency ALM-1**). ACDC staff made revisions to the detainee handbook to address this deficiency prior to the completion of the CI.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY ALM-1**

In accordance with the ICE NDS, Access to Legal Material, section (III)(Q), the FOD must ensure the detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

1. that a law library is available for detainee use;
2. the scheduled hours of access to the law library;
3. the procedure for requesting access to the law library;
4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedures shall also be posted in the law library along with a list of the law library's holdings.

## **ADMISSION AND RELEASE (A&R)**

ODO reviewed the Admission and Release standard at ACDC to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO reviewed policies and detention files, interviewed facility staff and detainees, and observed the admission and release process.

Upon admission to ACDC, detainees are provided with a uniform, bedding, hygiene supplies, the ICE National Detainee Handbook, and the facility-specific detainee handbook. The facility does not have a site-specific orientation program (**Deficiency AR-1**), or a medium to provide ICE detainees an orientation to the facility (**Deficiency AR-2**). An orientation program informs detainees about facility operations, programs, services, and prohibited activities. Facility management stated that an orientation program is being developed.

During the release process, detainees are fingerprinted, property is returned, and medication, funds, and valuables are turned over to transport officers. Any claims of missing property are immediately documented on a local form and investigated. Abandoned property is forwarded to ICE for appropriate disposition.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY AR-1**

In accordance with the ICE NDS, Admission and Release, section (III)(A), the FOD must ensure every new arrival shall undergo screening interviews, complete questionnaires and other forms, attend the facility's site-specific orientation program, and comply with other admission procedures (issuance of clothing, towels, bedclothes, etc.).

1. The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable and the associated sanctions (see the "Disciplinary Policy" Standard).

### **DEFICIENCY AR-2**

In accordance with the ICE NDS, Admission and Release, section (III)(J), the FOD must ensure all facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA the INS office of jurisdiction shall approve all orientation procedures.

**NOTE: Under section (III) of this standard, the letter J occurs twice. This citation refers to the first letter J cited in the NDS.**

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

ODO reviewed the Detainee Classification System standard at ACDC to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO interviewed staff, and reviewed classification policies and procedures, detainee records, and the detainee handbook.

ODO examined six detention files for detainees housed at ACDC. Detainees are classified by ICE staff upon arrival at ACDC, and ICE provides the Detainee Classification Primary System Assessment form to ACDC for inclusion in detention files. ACDC reviews the classification paperwork provided by ICE and adheres to the classification level determined by ICE. During the intake process, ACDC booking staff and detainees review and verify all biographical information. Facility records are electronic and easily accessible to authorized staff. ICE personnel on-site maintain the Alien Files of detainees housed at ACDC. ODO confirmed that classification files and Alien Files were in compliance with the standard.

ODO verified the detainee handbook included a section on classification; however, procedures for appealing classification assignments were not addressed (**Deficiency DCS-1**). ACDC staff made revisions to the detainee handbook to address this deficiency prior to the completion of the CI.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DCS-1**

In accordance with the ICE NDS, Detainee Classification System, section (III)(I)(2), the FOD must ensure the detainee handbook's section on classification will include the following:

2. The procedures by which a detainee may appeal his/her classification.

## **DETAINEE GRIEVANCE PROCEDURES (DGP)**

ODO reviewed the Detainee Grievance Procedures standard at ACDC to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE NDS. ODO visited housing areas, interviewed staff and detainees, and reviewed policies and procedures, the detainee handbook, detention files, and the grievance log.

ACDC has an informal and formal grievance system that includes a multi-step appeal process, as well as procedures for addressing emergency grievances. Three grievances were filed by ICE detainees during the 12 months preceding the CI. One grievance involved staff misconduct and was referred to ICE OPR for investigation. The allegation was found to be unsubstantiated. The remaining detainee grievances both involved complaints about the issuance of hygiene and clothing items. ODO determined all grievances were properly investigated and a response was provided in a timely manner.

The facility does not file detainee grievances in detainee detention files. The Grievance Officer maintains copies in a separate file (**Deficiency DGP-1**). Placing grievances in detention files allows ACDC management access to prior grievances to determine whether issues raised by detainees have been resolved.

The detainee handbook did not include information related to the ability of a detainee to obtain assistance in preparing a grievance (**Deficiency DGP-2**). However, ACDC staff stated detainees are instructed to contact the Grievance Officer if assistance with completing grievance forms is required. Detainees are also allowed to assist other detainees with grievance paperwork. The detainee handbook was revised to address this issue prior to completion of the CI.

## **STANDARD/POLICY REQUIREMENTS DEFICIENT FINDINGS**

### **DEFICIENCY DGP-1**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(E), the FOD must ensure a copy of the grievance will remain in the detainee's detention file for at least three years. The facility will maintain that record for a minimum of three years and subsequently, until the detainee leaves INS custody.

### **DEFICIENCY DGP-2**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(G)(2), the FOD must ensure the facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following:

2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance.

## **DETAINEE HANDBOOK (DH)**

ODO reviewed the Detainee Handbook standard at ACDC to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in accordance with the ICE NDS. ODO interviewed staff and detainees, and reviewed the facility detainee handbook.

Detainees receive the ICE National Detention Handbook and an ACDC facility-specific handbook at admission. The handbooks are available in both English and Spanish. ACDC has translation services available for detainees who speak a language other than English or Spanish.

The facility-specific handbook informs detainees about the programs and services ACDC offers, and provides information concerning contraband, prohibited acts, sanctions resulting from misconduct, correspondence and mail, telephone access, recreation, and visitation. Access to medical services is explained to detainees during intake screening, and information concerning the sick call process is posted in the housing areas; however, the detainee handbook did not contain information on sick call procedures or how to request medical care (**Deficiency DH-1**). The detainee handbook was revised prior to the completion of the CI to address sick call procedures.

Other omissions from the handbook are reported as **Deficiencies ALM-1, AR-1, DCS-1, and DGP-2**.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DH-1**

In accordance with the ICE NDS, Detainee Handbook, section (III)(B), the FOD must ensure the overview will briefly describe individual programs and services and associated rules. Among others, these include recreation, visitation, education, voluntary work, telephone use, correspondence, library use, and the canteen/commissary. The overview will also cover medical policy (sick-cell); facility-issued items, e.g., clothing, bedding, etc.; access to personal property; and meal service.

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

ODO reviewed the Environmental Health and Safety standard at ACDC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, and other relevant documents.

The facility has a system for storing, issuing, and maintaining inventories of hazardous materials. Material Safety Data Sheets and a master index of chemicals are available and complete. Reports for water quality testing, generator testing and maintenance, and pest control are current.

Inventories of chemicals and hazardous substances are current and readily available for all areas of the facility except the laundry room, where no inventory is kept (**Deficiency EH&S-1**). ODO found two aerosol cans on an unsecured shelf accessible to detainees (**Deficiency EH&S-2**). One can labeled "Extremely Flammable" was removed immediately. The other can was not removed prior to completion of the CI. Strict inventory and control of chemicals and flammables protects detainees, visitors, and staff.

Monthly fire drills are not conducted in any ACDC area or department (**Deficiency EH&S-3**). Regular fire drills are critical to ensuring staff preparedness in the event of an emergency. Exit and evacuation diagrams are posted throughout the facility; however, the diagrams do not provide instructions in Spanish, locations of emergency equipment, or "Areas of Safe Refuge" (**Deficiency EH&S-4**). Inclusion of this information on diagrams ensures ready availability in situations where use of fire extinguishers, safety masks, or other fire suppression equipment is necessary, or in circumstances requiring evacuation of the facility.

Deficiencies EH&S-1, 2, 3, and 4 were also cited during the July 2011 MGT inspection.

A local barber provides barbering services under contract with ACDC. The barber is responsible for adhering to regulations prescribed by the State of North Carolina governing hair care operations, including maintenance and sanitation of equipment and supplies. Barbering at ACDC is conducted in a dedicated room with no water access (**Deficiency EH&S-5**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY EH&S-1**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substance used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.).



**DEFICIENCY EH&S-2**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(F)(1), the FOD must ensure any liquid or aerosol labeled "Flammable" or "Combustible" must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property.

**DEFICIENCY EH&S-3**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4), the FOD must ensure monthly fire drills will be conducted and documented separately in each department.

**DEFICIENCY EH&S-4**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(5)(a)(c), the FOD must ensure, in addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- c. Emergency equipment locations.

New signs and sign replacements will also identify and explain "Areas of Safe Refuge."

**DEFICIENCY EH&S-5**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1), the FOD must ensure the sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to:

1. The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.

## **FOOD SERVICE (FS)**

ODO reviewed the Food Service standard at ACDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO reviewed policy and documentation, interviewed staff, observed meal service and tray delivery, and inspected food storage and preparation areas.

The facility contracts with Trinity Services Group for management of the food service operation. The food service area is restricted to staff only. No ICE detainees or inmates work in food service. Food service staff consists of the Food Service Director (b)(7)e supervisor, (b)(7)e cooks, and (b)(7)e general food service workers. ODO verified all food service employees have medical clearances. The facility has a satellite meal service system. Meals are prepared in the kitchen and delivered on trays to the housing areas.

ODO verified a registered dietician certified both the master menu cycle and special diet menus as nutritionally adequate. Menus are diverse and include two hot meals per day. ODO observed food service personnel calibrating thermometers and recording food temperature readings during the preparation of the noon meal. ODO confirmed temperature and time requirements were met. Inspection confirmed food preparation equipment was clean, and emergency gas shut-off valves were in place. Walk-in freezer and cooler temperatures were compliant with NDS requirements.

Review of the common fare menu confirmed there were special menus for six of ten recognized federal holidays (**Deficiency FS-1**). During the CI, the menu was revised to include all ten federal holidays as required by the NDS.

## **STANDARD/ POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY FS-1**

In accordance with the ICE NDS, Food Service, section (III)(E)(2), the FOD must ensure common fare is intended to accommodate detainees whose religious dietary needs cannot be met on the mainline. The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays. The menus must be certified as exceeding minimum daily nutritional requirements.

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

ODO reviewed the Staff-Detainee Communication standard at ACDC to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE NDS. ODO interviewed staff and detainees, and reviewed policies, request logs, detention files, and the ACDC detainee handbook.

ICE visitation schedules are posted in each housing area. ICE staff located at ACDC makes scheduled and unscheduled weekly visits to the housing units to monitor living conditions and address detainees' personal concerns. ACDC staff estimated that the AFOD made four unannounced visits to ACDC during the 12 months preceding the CI; however, these visits were not documented (**Deficiency SDC-1**).

Detainee request forms are available within the housing units. Detainees use these forms to submit written questions, requests, and concerns to ICE and facility staff. The requests are collected by facility staff and provided to ICE in a timely manner. ACDC does not have written procedures regarding the routing of detainee requests to ICE (**Deficiency SDC-2**). Written procedures contribute to the proper and timely processing of requests.

Requests from detainees are placed in a notebook located in the ICE office at ACDC, but are not documented in a logbook. ODO confirmed that detainee requests are not placed in detention files (**Deficiency SDC-3**). Maintaining requests in detention files will allow ACDC management to determine whether issues raised by detainees have been resolved.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SDC-1**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(1), the FOD must ensure each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSA's.

### **DEFICIENCY SDC-2**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B), the FOD must ensure all detainees shall have the opportunity to submit written questions, requests, or concerns to ICE staff using the attached [sic] detainee request form, local IGSA form or a sheet of paper. The OIC must ensure that adequate supplies of detainee requests and writing implements are available.

All facilities that house ICE detainees must have written procedures to route detainee requests to the appropriate ICE official.

**DEFICIENCY SDC-3**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2)(a-g), the FOD must ensure all requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain:

- a. The date the detainee request was received;
- b. Detainee's name;
- c. A-number;
- d. Nationality;
- e. Officer logging the request;
- f. The date that the request, with staff response and action, is returned to the detainee; and
- g. Any other site-specific pertinent information.

In IGSA's, the date the request was forwarded to ICE and the date it was returned shall also be recorded.

All completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years.

## USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at ACDC to determine if necessary use of force is used only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff, and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE NDS. ODO reviewed policy and procedures, inspected training records, and interviewed staff.

There has been one use of force incident involving a detainee since the July 2011 MGT inspection. The incident occurred on October 26, 2011, and involved use of immediate force to restrain a detainee who was having a seizure. By definition, an immediate use of force situation is created when detainee behavior constitutes a serious and immediate threat to the detainee, staff, other detainees, property, or the security and orderly operation of the facility. It may be necessary for staff to respond to such a situation without a supervisor's direction or presence. A video-recording captured without audio by a stationary security camera did not provide adequate visual coverage of the incident. The camera was some distance from where the incident took place, and at one point during the use of force, the detainee was placed on the floor behind a half-wall, which was out of camera range. ODO confirmed the facility does not have a handheld camera to record use of force incidents. ACDC relies on its stationary security cameras to record footage of these incidents (**Deficiency UOF-1**). The limited range of a stationary camera and the lack of an audio track can hinder proper recording of a use of force incident.

The detainee involved in the use of force incident on October 26, 2011, alleged that it was excessive. The incident was referred for investigation by the Alamance County Sheriff's Department and ICE OPR. The Alamance County Sheriff concluded the allegation was unsubstantiated. The OPR investigation was open at the time of the review.

Staff is trained in confrontation avoidance; however, the facility does not train or follow the use of force team technique prescribed by the standard (**Deficiency UOF-2**). This deficiency was cited during the July 2011 MGT inspection. ACDC management stated they are currently recruiting officers for a use of force team, and will develop appropriate training. Currently, if a team is warranted for a calculated use of force, the Alamance County Sheriff's Department Special Response Team is on call. A calculated use of force incident is warranted when no immediate threat is posed, and there is sufficient time to potentially diffuse the situation without resorting to force.

## STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

### DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(J)(3), the FOD must ensure staff shall prepare detailed documentation of all incidents involving the use of force, chemical agents, 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.

Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage. Calculated use of force shall be videotaped in accordance with section III.A.4., above.

#### **DEFICIENCY UOF-2**

In accordance with the ICE NDS, Use of Force, section (III)(A)(4)(a-g), the FOD must ensure, 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.

When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply.

- a. The team technique usually involves five or more trained staff members clothed in protective gear, including helmet with face shield, jumpsuit, flack-vest or knife-resistant vest, gloves, and forearm protectors. Team members enter the detainee's area together, with coordinated responsibility for achieving immediate control of the detainee.
- b. Staff shall be trained in the use-of-force team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility. To use human resources most effectively, the OIC will provide use-of-force team technique training for all staff members.
- c. The use-of-force team technique training will include the technique and its application, confrontation-avoidance, professionalism, and debriefing. It will also cover the use of protective clothing and handling of spilled blood and body fluids.
- d. The supervisor on duty must be on the scene before any calculated use of force. He/she shall direct the operation, continuously monitoring staff compliance with policy and procedure. The supervisor shall not participate except to prevent impending staff injury. Whenever possible, a health services professional shall be present to observe and immediately treat any injuries.
- e. The Use-of-Force Team can expand to include staff with specific skills, e.g., handling chemical agents, etc.

The supervisor on duty will exclude from the Use-of-Force Team any staff member involved in the incident precipitating the need for force.

- f. When restraints are necessary, the teams will choose ambulatory or progressive models. They shall resort to four-point restraints only if the less restrictive devices prove ineffective.