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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
New York Field Office
Hudson County Correctional Facility
Kearny, New Jersey

November 1 – 3, 2011

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**COMPLIANCE INSPECTION
HUDSON COUNTY CORRECTIONAL FACILITY
NEW YORK 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 Hudson County Correctional Facility (HCCF) in Kearny, New Jersey, from November 1-3, 2011. The Hudson County Department of Corrections owns and operates the HCCF, which houses both male and female ICE detainees of all classification levels in excess of 72 hours, as well as inmates from area law enforcement jurisdictions. The facility began housing ICE detainees in 1996 under an intergovernmental service agreement (IGSA). The HCCF has a housing capacity of 2,100, with 512 beds designated for ICE detainees. At the time of the CI, HCCF housed 448 ICE detainees. Aramark provides food services and the Center for Family Guidance Health Systems, LLC provides medical services. HCCF does not hold any accreditations.

The Enforcement and Removal Operations (ERO) Field Office Director in New York, NY (FOD/New York) is responsible for ensuring HCCF complies with ICE policies and the Performance Based National Detention Standards (PBNDS). The FOD/ New York maintains a permanent presence at HCCF. A Supervisory Immigration Enforcement Agent (SIEA) is permanently located at HCCF and conducts unscheduled weekly visits to housing areas to address issues regarding detention conditions and immigration removal proceeding questions.

b7e Immigration and Enforcement Agents (IEA) are assigned to handle staff-detainee communication and oversight issues. HCCF has a staff of b7e officers (non-ICE) responsible for the day-to-day operations of the facility.

Prior to the inspection, ODO was advised by the FOD/New York that the ICE National Detention Standards (NDS) applied to HCCF. ODO reviewed the current IGSA signed on March 23, 2010, which specifically states “[t]he purpose of this modification is to incorporate the ICE 2008 and 2010 Performance Based National Detention Standards (PBNDS).” The FOD/New York further stated they were unaware that HCCF was required to adhere to the PBNDS.

ODO last conducted a Quality Assurance Review (QAR) at HCCF in April 2009. A total of 70 deficiencies were found during that QAR, when compliance with the NDS was in effect. Deficiencies were found in the following standards: Access to Legal Material, Admission and Release, Correspondence and Other Mail, Detainee Classification System, Detainee Grievance Procedures, Detainee Handbook, Detention Files, Disciplinary Policy, Emergency Plans, Environmental Health and Safety, Food Services, Hold Rooms in Detention Facilities, Medical Care, Population Counts, Recreation, Special Management Unit – Disciplinary Segregation, Special Management Unit – Administrative Segregation, Staff-Detainee Communication, Telephone Access, Use of Force, and Visitation.

ERO Detention Standards Compliance Unit contractors, MGT of America, Inc., conducted an annual review of the NDS at HCCF in January 2011, although the PBNDS applied at the time. HCCF received an overall rating of “Acceptable,” and was found to be compliant with all 36 standards reviewed.

During this CI, ODO inspected a total of 21 PBNDS and found a total of 37 deficiencies in the following 16 standards: Admission and Release (7 deficiencies), Classification System (1), Detainee Handbook (4), Disciplinary System (2), Food Service (2), Grievance System (5), Hold Rooms in Detention Facilities (3), Hunger Strikes (1), Law Libraries and Legal Material (1), Medical Care (2), Personal Hygiene (1), Special Management Units (2), Staff-Detainee Communication (2), Suicide and Prevention and Intervention (1), Telephone Access (1), and Use of Force and Restraints (2). The following standards had repeat deficiencies from the 2009 ODO QAR: Admission and Release (3 deficiencies), Classification System (1), Disciplinary System (2), Grievance System (1), Hold Rooms in Detention Facilities (1), Law Libraries and Legal Material (1), and Special Management Units (1).

ODO conducted a closeout briefing with ERO and HCCF management on November 3, 2011. The discussion included clarification of identified deficiencies found during the inspection. Standards discussed included Special Management Units, Grievance System, Personal Hygiene, Staff-Detainee Communication, and Use of Force and Restraints. The closeout briefing summary was distributed to all attendees and forwarded to ERO Headquarters.

ODO noted an area of concern involving strip-searches of ICE detainees. ODO interviewed 16 detainees and reviewed 15 randomly-selected, active detention files. ODO found all ICE detainees processed through intake are strip-searched. Routine strip-searches are not allowed by the PBNDS; all strip searches must be based on reasonable suspicion. HCCF did not base its searches on appropriate criteria or use a sufficient form to document the strip searches.

Interviews with staff and detainees found HCCF was issuing each detainee a facility-specific handbook but was not issuing the ICE National Detainee Handbook. The PBNDS requires each detainee be provided a copy of the ICE National Detainee Handbook upon admission into the facility.

ODO was informed all female detainees, regardless of classification level, are assigned to one housing unit. At the time of this inspection, HCCF had Level 1 and Level 2 female detainees. ODO was informed, if HCCF receives a Level 3 female detainee, the detainee would also be housed in the one female housing unit. Level 3 female detainees have been admitted to HCCF in the past; however, the facility has not housed Level 3 female detainees in the past year. This is not considered a deficiency as HCCF is not currently violating the PBNDS. However, this is an area of concern. ODO recommends HCCF designate two housing units for female detainees, or revise its practices of accepting females classified as high Level 2 and Level 3 detainees to ensure the safety of Level 1 and low Level 2 female detainees.

HCCF has a system in place for detainees to file both informal and formal grievances; however, during interviews with detainees and HCCF staff, ODO found ICE detainees were uninformed of grievance procedures. For instance, detainees did not understand the difference between filing a request or a grievance. Additionally, detainees were unclear what forms to use for filing requests or grievances. One of the five housing units did not have grievance forms available for detainees. The HCCF grievance policy and procedures are written specifically for county inmates, and do not address ICE requirements. Detainee-specific requirements include being allowed to submit a grievance directly to ICE, and having medical grievances received by the

facility health authority within 24 hours or the day after submission. The HCCF grievance system also lacked a special procedure for identifying and handling time-sensitive, emergency grievances, as well as supervisory review of grievances and a comprehensive appeal process for ICE detainees. ODO discussed these issues with the Grievance Coordinator. The Grievance Coordinator stated these activities are routinely performed, although they are not documented in a written grievance policy. HCCF staff stated the facility records detainees' grievances in a logbook, including the date the grievance is received, the nature of the grievance, and the date the grievance is resolved. However, ODO observed the grievance logbook had not been updated in the past year.

During interviews, six male detainees in housing unit E3N complained they did not have access to request forms to submit written requests. All six detainees also claimed the kiosk computer system does not work since they have not received responses to their requests. ODO confirmed request forms were unavailable in housing unit E3N. Additionally, two boxes designated for ICE request and grievance forms in housing unit E3N have been abandoned. Interviews with ICE staff confirmed the secured drop boxes were not opened regularly to retrieve the completed request forms. HCCF staff also confirmed only ICE personnel had access to the drop boxes. During the ODO inspection, a key was found for one of the boxes in housing unit E3N. Since the ICE request and grievance boxes are not checked daily, and copies of completed requests are not maintained in the detention files, ODO was unable assess whether requests are responded to within 72 hours.

ODO found HCCF was not issuing socks to ICE detainees. ODO was unable to determine when the supply of socks was depleted or when the facility would resume issuance. This matter was discussed at the closeout, and the Deputy Facility Director advised that a new system is being implemented that would assist HCCF in tracking supplies and property.

Medical services at HCCF are provided by CFG Health Systems, LLC, who took over the medical services contract on May 14, 2011. The facility holds no accreditations. Clinic staffing consists of the Medical Director, HSA, Director of Nursing, b7e physicians, b7e nurse practitioners, b7e dentists, b7e psychiatrists, a psychologist, b7e mental health counselors, b7e full-time and b7e part-time registered nurses, b7e full-time and b7e part-time licensed practical nurses, and support staff. There are currently b7e administrative support vacancies. ODO determined staffing is sufficient to meet detainee health needs. Medical care is provided 24 hours a day.

ODO identified the facility's sick call system as a best practice. Detainees may submit both electronic and paper requests for medical care. Using electronic kiosks located in the housing units, detainees enter the nature of their medical request. It is immediately received by medical staff, date and time-stamped, and triaged to determine priority for care. The electronic request system effectively supports detainees' access to care and protects their privacy. Detainees may also submit written medical requests using a request form that is available in English and Spanish, and put the requests into secure "Medical Requests" boxes located in the housing units. As with requests submitted electronically, ODO verified written requests are triaged and detainees are seen in a timely manner.

A review of training files for (b)(7) officers and (b)(7) medical staff revealed one detention officer and one medical staff member did not have current cardiopulmonary resuscitation (CPR) training. HCCF suspended the medical staff member until CPR recertification is obtained.

According to the Health Services Administrator (HSA), there have been no hunger strikes since the new medical services provider took over on May 14, 2011. Whether there were any previous hunger strikes is unknown because the last provider left no records. ODO reviewed the training records for (b)(7) randomly-selected correctional officers and (b)(7) medical staff. All of the correctional officers, and (b)(7) of the (b)(7) medical staff did not have hunger strike training. Proper training is critical to ensuring detainees on hunger strikes are identified and properly managed.

There have been no suicide watches since the current medical services provider took over on May 14, 2011; the previous provider left no record of any detainees who may have been on suicide watch. A random inspection of training records for (b)(7) officers and (b)(7) medical staff revealed (b)(7) officers and all (b)(7) medical staff had not received current suicide-prevention training. The last training for medical staff was conducted in 2009.

Sanitation in the food service department was excellent. The facility has a satellite system for meal service, involving meal preparation in a central location and delivery to the housing units. As previously noted, some detainees complained the food is consistently cold, despite being at an appropriate temperature when leaving the food preparation area. Aramark staff is actively involved in overseeing the preparation and service of meals to ensure the food items are correctly prepared, served at the appropriate temperatures, and properly presented. ODO inspected five outgoing meal trays and determined the temperatures were consistently at an appropriate temperature of 140 degrees when leaving the food preparation area. The standard requires food to be brought to 140 degrees, though only requires food to maintain a temperature of 140 degrees if it is not served within two hours.

ODO verified written procedures are in place to temporarily segregate detainees for disciplinary and administrative reasons. HCCF operates one Special Management Unit (SMU) for male detainees only. If a female detainee requires segregation, ICE is notified and makes arrangements to move her to another facility. Inspection of the SMU verified the unit is well ventilated, adequately lit, appropriately heated, and maintained in a sanitary condition. Based on review of available documentation and interviews with SMU staff and the HSA, ODO determined detainees in the SMU are visited three times a week by a health care provider rather than required daily visits. ODO verified detainees in the SMU receive medications as prescribed, and have access to sick call.

There were two ICE detainees in administrative segregation and none in disciplinary segregation during the review. ODO reviewed the written orders placing the two detainees in administrative segregation, and found the placements were justified and well documented. ODO was informed detainees receive verbal notification of assignments to administrative segregation, but are not provided a copy of the written order. Upon interview, the two detainees in segregation stated they were neither issued a written order nor verbally informed of the reason for placement. This is a repeat deficiency from the 2009 ODO QAR.

HCCF had seven documented cases of immediate uses of force, and no cases of calculated force on ICE detainees from October 2010 through October 2011. HCCF does not use four-point restraints or a restraint chair. The facility does not use Tasers. ODO verified that staff assigned to carry OC spray is trained in its proper use and deployment. Copies of the use of force reports for the seven immediate force incidents were not placed in the detainees' detention files. A review of files on the seven immediate use-of-force incidents revealed post-incident reviews were not conducted in any of the seven cases. HCCF policy does not address or include written procedures for After-Action Reviews.

HCCF does not use a handheld camera to record calculated use-of-force incidents as required by the standard. ODO reports this as an area of concern rather than a deficiency because there have been no calculated use-of-force incidents involving detainees in the past year. ODO recommends that a portable video camera be made available to support compliance with the standard in the event of future incidents. Further, ODO recommends that all PBNDS requirements for video-recording calculated force incidents be incorporated in the facility's use of force policy, and that officers receive appropriate training.

INSPECTION PROCESS

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

ODO reviewed the processes employed at HCCF to determine compliance with 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), and ENFORCE Alien Booking Module (EABM) and Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff in preparation for the site visit at HCCF.

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 PBNDS 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 PBNDS, or to ICE policy or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the PBNDS, or 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 Office of Detention Oversight.

INSPECTION TEAM MEMBERS

b6, b7c

Special Agent (Team Lead)	ODO, HQ
Special Agent	ODO, Houston
Detention and Deportation Officer	ODO, HQ
Management Program Analyst	ODO, HQ
Contract Inspector	MGT of America, Inc
Contract Inspector	MGT of America, Inc

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the ERO Assistant Field Office Director (AFOD) who oversees the HCCF, the HCCF Deputy Director, and other ICE and HCCF staff. ERO and HCCF staff stated they have an excellent working relationship, and believe they have sufficient resources to perform duties and responsibilities. ICE and HCCF staff described morale as good, and stated the relationship between the two agencies is outstanding.

Both ICE and HCCF management stated staffing is adequate, and there are a sufficient number of ICE personnel assigned to the facility to respond to the detainee population. However, prior to the inspection, the FOD/New York advised they had not known HCCF was required to comply with the PBNDS, and therefore HCCF was not prepared to be inspected for compliance with these standards. HCCF signed the current IGSA with ICE on March 23, 2010, and the contract states HCCF is required to adhere to the PBNDS.

DETAINEE RELATIONS

ODO interviewed 25 randomly-selected detainees, 20 male and five female detainees, from all classification levels to assess detention conditions at HCCF. All detainees stated they receive daily recreation, are able to send and receive mail, have access to telephones, and are provided access to the law library.

Detainees are fed via a satellite feeding system where food trays are brought to the housing units. Ten of the 24 detainees (42 percent) reported the food trays were served cold and they requested a microwave oven to reheat their food. ODO inspected five outgoing meal trays and determined the temperatures were consistently at an appropriate temperature of 140 degrees when leaving the food preparation area. The standard requires food to be brought to 140 degrees, though only requires food to maintain a temperature of 140 degrees if it is not served within two hours.

Three detainees complained of continuing medical problems not being addressed by the medical unit. ODO reviewed the detainees' medical records and found one detainee rejected treatment, while the other two received medical treatment that was documented in their medical records. Of the detainees interviewed, 18 (75 percent) stated they were strip-searched upon arrival at the facility. ODO reviewed detention files belonging to 16 detainees who claimed they were strip-searched during intake processing. None of the detention files reviewed contained required supervisory approvals, forms, or records of strip-searches.

ICE PERFORMANCE BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 21 PBNDS and found HCCF fully compliant with the following five standards:

- Correspondence and Other Mail
- Recreation
- Religious Practices
- Transfer of Detainees
- Terminal Illness, Advance Directives, and Death

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

ODO found deficiencies in the following 16 standards:

- Admission and Release
- Classification System
- Detainee Handbook
- Disciplinary System
- Food Service
- Grievance System
- Hold Rooms in Detention Facilities
- Hunger Strikes
- Law Libraries and Legal Material
- Medical Care
- Personal Hygiene
- Special Management Units
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Telephone Access
- Use of Force and Restraints

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

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release PBNDS at HCCF to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process. ODO reviewed detention files, forms, policies, and procedures; and interviewed detainees and staff assigned admission and release processing duties.

The admission process includes recording personal information, basic criminal history checks, photographs and fingerprints, medical and mental screenings, and inventory of personal property. Medical staff performs medical screenings of new detainee arrivals. Thorough pat searches are conducted on all detainees entering the intake processing area.

ODO interviewed 16 detainees and reviewed 15 randomly-selected, active detention files. All detainees stated they were allowed to shower in the intake processing area before entering their assigned housing units. ODO found all ICE detainees processed through intake are strip-searched. Routine strip-searches are not allowed by the PBNDS; all strip searches must be based on reasonable suspicion (**Deficiency AR-1**). HCCF did not base its searches on appropriate criteria or use a sufficient form to document the strip searches (**Deficiency AR-2**). Requiring appropriate justifications for strip-searches ensures detainees' rights are not violated based on a routine facility practice. Proper documentation provides proof that the officers had reasonable cause for performing the strip search.

HCCF inventories each detainee's personal property during intake. HCCF maintains detainees' identity documents in the property room, rather than forwarding the documents to ICE staff for placement in the detainee's A-File (**Deficiency AR-3**). HCCF staff does not have Form I-387, Report of Detainee's Missing Property, and therefore cannot properly document when newly-arriving detainees report their property as missing. Due to this, ICE does not receive the reports of missing property (**Deficiency AR-4**). To ensure accountability of detainee property, it is important that all missing property be properly reported and documented. This is a repeat deficiency from the 2009 ODO QAR.

HCCF classifies detainees as part of intake processing. None of the 15 detention files reviewed contained Form I-213, Record of Deportable/Inadmissible Alien, which documents criminal history information needed for detainee classifications. Also, color-coded wristbands showing classification levels are not issued to detainees (**Deficiency AR-5**). This is a repeat deficiency from the 2009 ODO QAR. Properly classifying detainees ensures safety in housing units and common areas by separating detainees with criminal histories from those without criminal histories. Color-coded wristbands allow detainees to be easily identified by their classification levels, and ensure commingling does not happen between Level 1 and Level 3 detainees.

HCCF staff creates detention files for each detainee during the admissions process; however, the files do not contain all paperwork generated during the detainee's detention at the facility. ODO observed HCCF creates several files for each detainee rather than a single detention file. The PBNDS requires all documents or copies of documents, except those that are medically-related, to be included in the detainee's detention file (**Deficiency AR-6**). Having all documents in one location allows for better control and easier access to detainees' records.

ODO confirmed through interviews and a review of detention files that detainees are issued the HCCF detainee handbook; however, none of the 15 detention files reviewed indicated the ICE National Detainee Handbook was issued to each detainee during intake processing (**Deficiency AR-7**). ICE personnel stated, prior to admission at HCCF, detainees are sometimes issued the ICE National Detainee Handbook at the FOD/New York office, but not all ICE detainees at HCCF are first processed there. ODO conducted a sampling of each housing unit to determine if detainees were issued the ICE National Detainee Handbook. Fifty percent of detainees stated the handbook was issued prior to their arrival at HCCF. This is a repeat deficiency from the 2009 ODO QAR. ODO discussed with HCCF and ICE staff the need to issue the National Detainee Handbook to detainees during intake processing, as detainees may misplace the handbook between being processed at another location and arriving at HCCF.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE PBNDS, Admission and Release, section (V)(B)(4)(a), the FOD must ensure staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband. A strip-search must take place in an area that affords privacy from other detainees and from facility staff who are not involved in the search. Observation must be limited to members of the same sex. The articulable facts supporting the conclusion that reasonable suspicion exists should be documented.

DEFICIENCY AR-2

In accordance with the ICE PBNDS, Admission and Release, section (V)(B)(4)(c), the FOD must ensure staff may conduct a strip-search only where there is reasonable suspicion that contraband may be concealed on the person. Officers must obtain supervisory approval before conducting strip-searches. "Reasonable suspicion" means suspicion that would lead a reasonable correctional officer to believe that a detainee is in possession of contraband. Before strip-searching a detainee to search for contraband, an officer should first attempt to resolve his or her suspicions through less intrusive means, such as a thorough examination of reasonably available ICE, CBP, and other law enforcement records; a pat-down search; a detainee interview; or (where available) the use of a magnetometer or Boss chair. The officer should document the results of those other, less intrusive, search methods on Form G-1025 (or contractor equivalent).

DEFICIENCY AR-3

In accordance with the ICE PBNDS, Admission and Release, section (V)(B)(5), the FOD must ensure, in accordance with the detention standard on Funds and Personal Property, each facility shall have a procedure for inventory and receipt of detainee baggage and personal property (other than funds and valuables, which are addressed below). Identity documents, such as passports, birth certificates, driver's licenses, shall be inventoried and given to ICE/[ERO] staff for placement in the detainee's A-file.

DEFICIENCY AR-4

In accordance with the ICE PBNDS, Admission and Release, section (V)(B)(6), the FOD must ensure, when a newly-arrived detainee claims his or her property has been lost or left behind,

staff shall complete a Form I-387, "Report of Detainee's Missing Property." IGSA facilities shall forward the completed I-387s to ICE/ERO.

DEFICIENCY AR-5

In accordance with the ICE PBNDS, Admission and Release, section (V)(D), the FOD must ensure, in accordance with the detention standard on Classification System, staff shall use the documentation accompanying each new arrival for identification and classification purposes. If the classification staff is not ICE/[ERO] employees, ICE/[ERO] shall provide only the information needed for classification.

DEFICIENCY AR-6

In accordance with the ICE PBNDS, Admission and Release, section (V)(B)(8), the FOD must ensure, as part of the admission process, staff shall open a detainee detention file that shall contain all paperwork generated by the detainee's stay at the facility. Reference is made to the detention standard on Detention Files.

DEFICIENCY AR-7

In accordance with the ICE PBNDS, Admission and Release, section (V)(G), the FOD must ensure, in accordance with the detention standard on Detainee Handbook, all facilities must have a medium to provide ICE detainees an orientation to the Detainee Handbook, and every facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility.

CLASSIFICATION SYSTEM (CS)

ODO reviewed the Classification System PBNDS at HCCF to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data. ODO reviewed local policies, the detainee handbook, and 15 classification files; and interviewed three classification officers.

Detainees are classified based on the HCCF policy addressing six areas: general housing, criminal history, suicide risk, medical, mental health, and segregation. HCCF classification officers also receive information from ICE and HCCF medical staff. Classification uses a points system, and reclassification is based on appeals and/or disciplinary issues.

HCCF officers stated they do not use information provided by ICE to classify detainees. ODO reviewed 15 classification files and all lacked sufficient documentation to appropriately classify detainees. HCCF staff stated ICE provides only a one-page, handwritten form containing information from the detainee's criminal history. None of the 15 detention files reviewed contained Form I-213, Record of Deportable/Inadmissible Alien, which documents criminal history information needed for detainee classifications (**Deficiency CS-1**). HCCF staff stated the facility does not have the resources to run detailed criminal history checks on ICE detainees. This is a repeat deficiency from the 2009 ODO QAR.

ODO was informed all female detainees, regardless of classification level, are assigned to one housing unit. At the time of this inspection, HCCF had Level 1 and Level 2 female detainees. ODO was informed, if HCCF receives a Level 3 female detainee, the detainee would also be housed in the one female housing unit. According to the PBNDS, Level 1 detainees should not be commingled with Level 3 detainees. Level 3 female detainees have been admitted to HCCF in the past; however, the facility has not housed Level 3 female detainees in the past year. This is not considered a deficiency as HCCF is not currently violating the PBNDS. However, this is an area of concern. ODO recommends HCCF designate two housing units for female detainees, or revise its practices of accepting females classified as high Level 2 and Level 3 detainees to ensure the safety of Level 1 and low Level 2 female detainees.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY CS-1

In accordance with the ICE PBNDS, Classification System, section (V)(A)(B)(C)and(E), the FOD must ensure ICE provides facilities with the data they need from each detainee's file to complete the classification process. ICE offices must provide non-ICE facilities with the necessary information for the facility to classify ICE detainees.

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook PBNDS at HCCF 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. ODO interviewed staff and detainees, and reviewed the detainee handbook, detention files, and other materials published by the facility for ICE detainees.

HCCF issues a local supplemental handbook to ICE detainees upon arrival. Interviews of detainees and HCCF staff revealed the facility does not issue the ICE National Detainee Handbook to each detainee upon admission as part of the facility's orientation program (**Deficiency DH-1**). ICE personnel stated, prior to admission at HCCF, detainees are sometimes issued the ICE National Detainee Handbook at the FOD/New York office, but not all ICE detainees at HCCF are first processed there. The facility does not provide a copy of the ICE National Detainee Handbook to every staff member who has contact with detainees, nor does the facility cover the information during initial and annual staff training (**Deficiency DH-2**). Training staff in the contents of the detainee handbook ensures they are aware of all rules and procedures required of detainees.

The facility handbook does not include the procedures for requesting interpreter services and does not include instructions for contacting ICE (**Deficiency DH-3**). The facility handbook also does not include a provision for detainees who cannot read or do not understand the language of the handbook; to have the handbook read to the detainee by a translator, or provide the material using audio or videotapes in a language the detainee can understand (**Deficiency DH-4**). Providing special services for Non-English speaking and illiterate detainees ensures all detainees are made aware of the rules and responsibilities required of them at the facility, as well as the procedures for accessing services offered at the facility.

Other deficiencies related to the detainee handbook are reported in the relevant sections as **Deficiencies AR-7, DS-2, and LL&LM-1**.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE PBNDS, Detainee Handbook, section (V)(4), the FOD must ensure, upon admission to the facility and as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and the facility's local supplement to the handbook.

DEFICIENCY DH-2

In accordance with the ICE PBNDS, Detainee Handbook, section (V)(7), the FOD must ensure the facility administrator shall provide a copy of the ICE National Detainee Handbook and the local supplement to every staff member who has contact with detainees, and cover its contents in initial and annual staff training.

DEFICIENCY DH-3

In accordance with the ICE PBNDS, Detainee Handbook, section (V)(2), the FOD must ensure the local supplement notifies each detainee of procedures for requesting interpretive services for essential communication and notifies each detainee how to contact ICE (Local ICE Field Office).

DEFICIENCY DH-4

In accordance with the ICE PBNDS, Detainee Handbook, section (V)(6), the FOD must ensure, if a detainee cannot read or does not understand the language of the handbook, the facility administrator shall arrange for the orientation materials to be read to the detainee, provide the material using audio or video tapes in a language the detainee understands, or provide a translator.

DISCIPLINARY SYSTEM (DS)

ODO reviewed the Disciplinary System PBNDS at HCCF to determine if sanctions imposed on detainees who violate facility rules are appropriate, and if the discipline process includes due process requirements. ODO interviewed staff and reviewed policy, procedures, disciplinary records, and the detainee handbook.

The facility uses graduated severity scales of prohibited acts and disciplinary consequences. Minor transgressions are informally settled whenever possible. An informal disciplinary process referred to as "On-the-Spot" correction resolves minor violations without a hearing. A report is completed to document the process. Supervisory personnel investigate detainee misconduct within 48 hours. The investigator has the authority to dismiss the charge, downgrade the charge to an "On-the-Spot," or refer the charge to a disciplinary hearing officer or disciplinary board. Detainees are advised of their rights during a hearing, to include appeal rights.

The HCCF disciplinary system lacks a Unit Disciplinary Committee (UDC), or equivalent, for intermediate levels of investigating/adjudicating low or moderate infractions (**Deficiency DS-1**). The UDC has the authority to conduct hearings and, if possible, informally resolve cases of "high moderate" or "low moderate" charges. Since HCCF lacks a UDC to refer unresolved cases to the Institution Disciplinary Panel (IDP) for adjudication, serious charges are not always forwarded to the IDP, as required. Deficiencies DS-1 and DS-2 are repeat deficiencies from the 2009 ODO QAR. ODO reiterated the need for a UDC as a part of the disciplinary system and HCCF staff agreed to update their policy to include a UDC.

The HCCF detainee handbook does not advise detainees of the right to protection from personal abuse, corporal punishment, unnecessary or excessive use of force, personal injury, disease, property damage, or harassment; the right to freedom from discrimination based on race, religion, national origin, sex, sexual orientation, handicap, or political beliefs; the right to pursue a grievance in accordance with written procedures; or the right to due process, including the prompt resolution of a disciplinary matter (**Deficiency DS-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DS-1

In accordance with the ICE PBNDS, Disciplinary System, section (V)(F), the FOD must ensure all facilities shall establish an intermediate level of investigation/adjudication process to adjudicate low or moderate infractions.

DEFICIENCY DS-2

In accordance with the ICE PBNDS, Disciplinary System, section (V)(B), the FOD must ensure the Detainee Handbook, or supplement, issued to each detainee upon admittance, shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process, and the procedure for appealing disciplinary findings. Detainees shall have the following rights and shall receive notice of them in the Handbook:

- The right to protection from personal abuse, corporal punishment, unnecessary or

- excessive use of force, personal injury, disease, property damage, and harassment;
- The right of freedom from discrimination based on race, religion, national origin, sex, sexual orientation, handicap, or political beliefs;
 - The right to pursue a grievance in accordance with procedures provided in the Handbook without fear of retaliation;
 - The right to pursue a grievance in accordance with the Grievance System Detention Standard and procedures provided in the handbook;
 - The right to correspond with persons or organizations, consistent with safety, security, and the orderly operation of the facility; and
 - The right to due process, including the prompt resolution of a disciplinary matter.

Copies of the rules of conduct, rights, and disciplinary sanctions shall be provided to all detainees and posted in English, Spanish, and/or other languages spoken by significant numbers of detainees, as follows: Disciplinary Severity Scale, Prohibited Acts, and Sanctions.

FOOD SERVICE (FS)

ODO reviewed the Food Service PBNDS at HCCF to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner. ODO interviewed food service staff, reviewed documentation, and inspected food and chemical storage areas, and food preparation and serving areas.

All work associated with preparing meals is performed by contractor Aramark, supported by a crew of inmates and ICE detainees. ICE detainees are assigned to the midnight shift only, and do not work with inmates. ODO verified all staff, inmates, and detainees working in food service received medical clearances.

The facility has a satellite system for meal service, involving meal preparation in a central location and delivery to the housing units. As previously noted, some detainees complained the food is consistently cold, despite being at an appropriate temperature when leaving the food preparation area. Aramark staff is actively involved in overseeing the preparation and service of meals to ensure the food items are correctly prepared, served at the appropriate temperatures, and properly presented. ODO inspected five outgoing meal trays and determined the temperatures were consistently at an appropriate temperature of 140 degrees when leaving the food preparation area. The standard requires food to be brought to 140 degrees, though only requires food to maintain a temperature of 140 degrees if it is not served within two hours.

Detainee food service workers were not wearing rubber-soled safety shoes to prevent accidental slips on wet surfaces (**Deficiency FS-1**). Proper footwear decreases the chance of accidents, especially near areas where food or liquids may spill onto the floor.

Knives are stored and used in accordance with policy. Sanitation in the food service department was excellent.

The facility does not have written procedures governing completion of weekly inspections of the food service area (**Deficiency FS-2**). Nevertheless, ODO was provided with documentation of weekly inspections by the Food Service Director. Review of required inspections and temperature logs supported compliance with the standard. ODO recommends incorporation of inspection procedures in facility policy to comply with the standard and support consistency in the completion of inspections.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE PBNDS, Food Service, section (V)(J)(2)(f), the FOD must ensure all food service personnel working in the food service department are provided with and required to use approved rubber-soled safety shoes.

DEFICIENCY FS-2

In accordance with the ICE PBNDS, Food Service, section (V)(J)(13), the FOD must ensure the facility implements written procedures requiring administrative, medical, and/or dietary

personnel to conduct weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.

GRIEVANCE SYSTEM (GS)

ODO reviewed the Grievance System PBNDS at HCCF 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 determined if detainees have an opportunity to appeal responses, and if accurate records are maintained. ODO interviewed staff and reviewed the grievance logbook, forms, detainee grievance policy and procedures, and the detainee handbook.

HCCF has a system in place for detainees to file informal and formal grievances, and appeals; however, during interviews with detainees and HCCF staff, ODO found ICE detainees were unaware of the grievance procedures. For instance, detainees did not understand the difference between filing a request and a grievance, or the proper forms to use. Additionally, grievance forms were unavailable in housing unit E3N. The HCCF grievance policy and procedures applicable to county inmates do not address ICE requirements, such as: informing detainees they may send grievances directly to ICE, ensuring a supervisor reviews all grievances, ensuring appeal procedures are in place, and ensuring all medical grievances are received by the administrative health authority within 24 hours or by the next day. The HCCF grievance system also lacks a special procedure for identifying and handling time-sensitive, emergency grievances (**Deficiency GS-1**). ODO discussed these deficiencies with the Grievance Coordinator (ombudsman), who claimed HCCF performs these activities, although they are not documented in a written grievance policy. This area is a repeat deficiency from the 2009 ODO QAR.

The HCCF grievance policy does not provide clear guidance on how detainees should orally present issues or concerns, does not allow detainees to bypass the informal procedures completely and proceed directly to the formal process, and does not require informal oral grievances to be documented in the detainee's detention file and the grievance log (**Deficiency GS-2**). Providing these procedures in the grievance policy ensures all procedures are performed consistently, and ensures all grievances are handled appropriately.

HCCF staff stated they are trained to identify emergency grievances and respond in an appropriate manner; however, there was no documentation of the training or written emergency grievance procedures. There was also no documentation showing that emergency grievances are immediately brought to the attention of the facility administrator (**Deficiency GS-3**). Providing appropriate training to staff members enables them to be prepared and respond appropriately when an emergency grievance situation arises.

According to HCCF staff, detainees are afforded the right to appeal a grievance decision. ODO did not find written procedures on how to file a grievance or how to appeal medical grievances; and the grievance policy did not include response timeframes or procedures to report appeals of medical grievances and responses to ERO (**Deficiency GS-4**). Providing written appeals procedures to staff and detainees ensures detainees are aware of the opportunity to appeal a grievance decision, and ensures staff responds appropriately when an appeal is filed.

HCCF staff stated the facility records detainees' grievances in a logbook, including the date the grievance is received, the nature of the grievance, and the date the grievance is resolved. However, ODO observed the grievance logbook had not been updated in the past year.

According to the Grievance Coordinator, copies of grievances and the facility's responses are not placed in detainee's detention files. ODO was able to identify one detainee who had filed a grievance, and confirmed through a review of the detention file the facility does not place responses in the detainees' detention files (**Deficiency GS-5**). Placing copies of grievances and the facility's responses in the relevant detention files allows staff to easily access all grievances, as well as notice any trends in the types of grievances being submitted.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY GS-1

In accordance with the ICE PBNDS, Grievance System, section (V)(B), the FOD must ensure each facility shall have written policy and procedures for a detainee grievance system that:

- Establishes a procedure for any detainee to file a formal grievance;
- Establishes a procedure to track or log all formal grievances;
- Establishes reasonable time limits for:
 - Processing, investigating, and responding to grievances, including medical grievances;
 - Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and
 - Providing written responses to detainees who filed formal grievances, including the basis for the decision.
- Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day;
- Establishes a special procedure for time-sensitive, emergency grievances;
- Ensures each grievance receives supervisory review;
- Provides at least one level of appeal;
- Includes guarantees against reprisal; and
- Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized.

DEFICIENCY GS-2

In accordance with the ICE PBNDS, Grievance System, section (V)(C)(1), the FOD must ensure informal grievance resolution offers a detainee the opportunity to expediently resolve his or her cause for complaint before resorting to the more time-consuming written formal procedure. Staff at every facility shall make every effort to resolve a detainee's complaint or grievance at the lowest level possible, in an orderly and timely manner. The facility administrator, or designee, shall establish written procedures for detainees to orally present the issue of concern informally (as addressed in the Staff-Detainee Communication Detention Standard). Illiterate, disabled, or non-English speaking detainees shall be provided additional assistance, upon request. A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage. If an oral grievance is resolved, the employee need not provide the detainee written confirmation of the outcome but shall document the result for the record in the detainee's Detention File and in any logs or data systems the facility has established to track such actions.

DEFICIENCY GS-3

In accordance with the ICE PBNDS, Grievance System, section (V)(C)(2), the FOD must ensure each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare. All staff will be trained to appropriately respond to emergency grievances in an expeditious manner. Once the receiving employee approached by a detainee determines that he or she is in fact raising an issue requiring urgent attention, emergency grievance procedures shall apply. Translation services will be available upon request. The protocol for emergency grievance procedures shall bring the matter to the immediate attention of the facility administrator, even if it is later determined that it is not a true emergency and the grievance is subsequently routed through normal, non-emergency channels.

DEFICIENCY GS-4

In accordance with the ICE PBNDS, Grievance System, section (V)(D), the FOD must ensure every facility shall implement procedures that provide detainees at least one level of appeal and ensure that they receive written decisions about their appeals within reasonable and specified time limits. In the case of medical grievances, each facility shall establish procedures for appeal of a denial by medical personnel. An additional level of appeal by medical personnel shall be available to the detainee. All appeals of formal medical grievances and responses shall be reported to ICE/[ERO].

DEFICIENCY GS-5

In accordance with the ICE PBNDS, Grievance System, section (V)(D), the FOD must ensure a copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee.

HOLD ROOMS IN DETENTION FACILITIES (HR)

ODO reviewed the Hold Rooms in Detention Facilities PBNDS at HCCF to determine if detainees placed temporarily in hold rooms, awaiting further processing, are in a safe, secure, and comfortable environment, and not confined in hold rooms for over 12 hours. ODO interviewed staff, inspected the hold rooms, reviewed logbooks and policies, and observed the processing of detainees.

HCCF has nine separate hold rooms. Inspection of the hold rooms revealed they are well lit and equipped with restroom facilities. ODO verified hold rooms are cleaned and inspected after each use.

The facility does not maintain a manual or electronic detention log for every detainee placed in a hold room (**Deficiency HR-1**). This is a repeat deficiency from the 2009 ODO QAR. Detention logs document important information such as the reason, time of placement, and length of time in a hold room. Deputies assigned to intake do not conduct checks of detainees in hold rooms every 15 minutes (**Deficiency HR-2**). Irregular 15-minute checks, as required by the standard, ensure the safety and welfare of detainees in hold rooms. ODO recommends the facility revise its policy to incorporate this requirement. Occupant load/detainee capacity is not posted outside of each hold room (**Deficiency HR-3**). Posting occupant load helps ensure the number of detainees placed in hold rooms does not exceed the room's capacity.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY HR-1

In accordance with the ICE PBNDS, Hold Rooms in Detention Facilities, section (V)(D)(2), the FOD must ensure each facility maintains a detention log (manually or electronically) into which the hold room officer immediately enters specific information on an ICE/ERO detainee's placement in a hold room for such reasons as: new arrivals (for example, a "voluntary return" waiting for scheduled transportation run); awaiting legal; and/or awaiting interviews with supervisory staff or other officials.

DEFICIENCY HR-2

In accordance with the ICE PBNDS, Hold Rooms in Detention Facilities, section (V)(D)(5), the FOD must ensure staff conduct visual monitoring at irregular intervals, at least every 15 minutes, each time recording in the detention log the time and officer's printed name and any unusual behavior or complaints under "Comments."

DEFICIENCY HR-3

In accordance with the ICE PBNDS, Hold Rooms in Detention Facilities, section (V)(D)(7), the FOD must ensure the occupant load/detainee capacity is posted outside of each hold room.

HUNGER STRIKES (HS)

ODO reviewed the Hunger Strikes PBNDS at HCCF to determine if the facility protects detainees' health and well-being by monitoring, counseling, and treating detainees on hunger strikes. ODO reviewed the hunger strike policy and interviewed the HSA and staff.

According to the HSA, there have been no hunger strikes since the new medical services provider took over on May 14, 2011. Whether there were any previous hunger strikes is unknown because the last provider left no records.

ODO reviewed the training records for ten randomly-selected correctional officers and 35 medical staff. All of the correctional officers, and 18 of the 35 medical staff did not have hunger strike training (**Deficiency HS-1**). Proper training is critical to ensuring detainees on hunger strikes are identified and properly managed.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY HS-1

In accordance with the ICE PBNDS, Hunger Strikes, section (V)(A), the FOD must ensure all staff are initially and annually trained to recognize the signs of a hunger strike, procedures for referral for medical assessment, and correct procedures for managing a detainee on a hunger strike.

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the Law Libraries and Legal Material PBNDS at HCCF 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. ODO observed the law library, interviewed staff, and reviewed policies and the detainee handbook.

HCCF has two dedicated law libraries for detainees. Detainees in the SMU also have access to the law library. The law libraries contain sufficient tables and chairs to facilitate legal research and writing. Office supplies and materials are sufficiently stocked and provided to detainees upon request. All areas are well lit and reasonably isolated from noisy areas.

ODO examined the computers in the law library and determined the Lexis-Nexis legal resource software was current as of September 2011. The law library is also equipped with typewriters. The law libraries are open Monday through Friday from 7:30 am to 4:00 pm. A schedule is posted in each housing unit indicating designated times for each specific unit, to include the SMU. A notary public, certified mail, and other such services to pursue legal matters are available to detainees. A listing is posted indicating all law books available via Lexis-Nexis. Work orders are prepared by the library staff to have damaged equipment repaired. HCCF staff continuously supervises detainees while in the library to prevent vandalism or unruly behavior.

The detainee handbook does not provide detainees with the rules and procedures governing access to legal materials, including: the procedures for requesting additional time (beyond five hours per week minimum); the procedures for requesting reference materials not located in the library; procedures for notifying a designated employee that library material is missing or damaged; the required access to computers, printers, and supplies; or instructions on how to use Lexis-Nexis. Additionally, rules and procedures, scheduled hours of access to the law library, procedures for requesting additional law library access, procedures for requesting reference materials not located in library, and procedures for notifying an employee of missing or damaged materials and law library holdings are not posted in the law library as required by the PBNDS (**Deficiency LL&LM-1**). Providing detainees with library-access information ensures detainees are fully aware of the procedures and schedules for accessing legal material and preparing legal documents. This is a repeat deficiency from the 2009 ODO QAR.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY LL&LM-1

In accordance with the ICE PBNDS, Law Libraries and Legal Material, section (V)(O), the FOD must ensure the Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: 1. the procedure for requesting additional time in the law library (beyond the 5-hours-per-week minimum); 2. The procedure for requesting legal reference materials not maintained in the law library; 3. The procedure for notifying a designated employee that library material is missing or damaged; 4. Required access to computers, printers, and other supplies; 5. If applicable, that Lexis/Nexis is being used at the facility and that instructions for its use are available. These

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

MEDICAL CARE (MC)

ODO reviewed the Medical Care PBNDS at HCCF to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner. ODO toured the medical clinic, reviewed policies and procedures, examined 30 medical records, verified medical staff credentials, and interviewed the HSA and staff.

Medical services at HCCF are provided by CFG Health Systems, LLC, who took over the medical services contract on May 14, 2011. The facility holds no accreditations. Clinic staffing consists of the Medical Director, HSA, Director of Nursing, b7e physicians, b7e nurse practitioners, b7e dentists, b7e psychiatrists, a psychologist, b7e mental health counselors, b7e full-time and b7e part-time registered nurses, b7e full-time and b7e part-time licensed practical nurses, and support staff. There are currently b7e administrative support vacancies. ODO determined staffing is sufficient to meet detainee health needs.

The initial intake screening is performed by medical staff. ODO verified intake and tuberculosis screening, medications, treatment for special and chronic needs, and follow-up care are provided in accordance with the standard, and consent for treatment is consistently obtained. Medical care is provided 24 hours a day.

ODO identified the facility's sick call system as a best practice. Detainees may submit both electronic and paper requests. Using electronic kiosks located in the housing units, detainees enter the nature of the request, and it is directly received and date and time stamped by the medical unit, and triaged to determine priority for care. The electronic request system efficiently and effectively supports detainees' access to care, and protects their privacy. HCCF also offers an alternative means of requesting health care. Detainees may submit written medical requests on forms available in English and Spanish, and put the requests in secure "Medical Requests" boxes located within the housing units. As with requests submitted electronically, ODO verified written requests are triaged, and detainees are seen in a timely manner.

Physical examinations (PE) are conducted by mid-level providers. ODO's review of 30 randomly-selected medical records revealed all PEs were completed within the required 14-day timeframe. Detainees with chronic issues were seen within 24 to 48 hours of intake. Detainees are referred to community providers for services beyond the scope of care provided by the facility.

The facility does not have a pharmacy. Contract Pharmacy Services provides all pharmacy services. One of the exam rooms has been converted for storage of bulk medications and controlled substances. Secured medication carts are used to pass medications within detainee housing units. Access to the medication room and carts are limited to medical personnel.

Two deficiencies were identified. A review of randomly-selected training files for b7e officers and b7e medical staff revealed b7e detention officer and b7e medical staff member did not have current cardiopulmonary resuscitation (CPR) training (**Deficiency MC-1**). HCCF suspended the medical staff member until CPR recertification is obtained.

Medical grievances are not maintained in the detainee's medical file, as required by the Grievance System PBNDS (**Deficiency MC-2**). Medical grievances are tracked by the HSA, who stated the log for medical grievances is maintained in her office. ODO was informed the facility is not willing to place grievances in medical records for liability reasons.

ODO reviewed detainee detention files for detainees transferred to HCCF. The review of 30 randomly-selected medical record files verified the required medical transfer summary was completed for all detainees transferred from another facility to HCCF.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE PBNDS, Medical Care, section (V)(O), the FOD must ensure all detention staff receive cardiopulmonary resuscitation (CPR), and emergency first aid training annually.

DEFICIENCY MC-2

In accordance with the ICE PBNDS, Medical Care, section (V)(Z), the FOD must ensure the Grievance System standard is followed with respect to the medical grievance process. In accordance with ICE PBNDS, Grievance System, section (V)(E), the FOD must ensure medical grievances are maintained in the medical file.

PERSONAL HYGIENE (PH)

ODO reviewed the Personal Hygiene PBNDS at HCCF to determine if the facility provides each detainee with the ability to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance of clean clothing, bedding, linens, towels, and personal hygiene items. ODO toured the facility and interviewed ERO staff, facility administrators, and detainees.

ODO observed, upon admission to the facility, ICE detainees are permitted to shower during intake processing and daily thereafter within the assigned housing unit. Additionally, upon admission, ICE detainees are provided the following personal hygiene items: soap, toothbrush, toothpaste, comb, and toilet paper, as well as shaving equipment upon request. Hygiene supplies are available for purchase using the facility commissary. ODO received no complaints from detainees concerning the issuance of hygiene supplies.

During the inspection, ODO confirmed HCCF did not have socks to issue to detainees (**Deficiency PH-1**). None of the interviewees knew when the supply of socks was depleted or when the facility would resume issuance. This matter was discussed at the closeout, and the Deputy Facility Director advised a new system is being implemented that will help HCCF track issuance of clothing more efficiently.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY PH-1

In accordance with the ICE PBNDS, Personal Hygiene, section (V)(H), the FOD must ensure detainees shall be provided with a daily change of socks and undergarments.

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the Special Management Units PBNDS at HCCF to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary and administrative reasons. ODO toured the SMU, reviewed policies and documentation, and interviewed staff and detainees.

ODO verified written procedures are in place to temporarily segregate detainees for disciplinary and administrative reasons. HCCF operates one SMU for male detainees only. If a female detainee requires segregation, ICE is notified and makes arrangements to move her to another facility. Inspection of the SMU verified the unit is well ventilated, adequately lit, appropriately heated, and maintained in a sanitary condition. All cells are equipped with beds securely fastened to the floor.

Based on review of available documentation and interviews with SMU staff and the HSA, ODO determined detainees in the SMU are visited three times a week by a health care provider rather than required daily visits (**Deficiency SMU-1**). ODO verified detainees in the SMU receive medications as prescribed, and have access to sick call.

There were two ICE detainees in administrative segregation and none in disciplinary segregation during the review. ODO reviewed the written orders placing the two detainees in administrative segregation, and found the placements were justified and well documented. ODO was informed detainees receive verbal notification of assignments to administrative segregation, but are not provided a copy of the written order. Upon interview, the two detainees in segregation stated they were neither issued a written order nor verbally informed of the reason for placement (**Deficiency SMU-2**). This is a repeat deficiency from the 2009 ODO QAR. Providing detainees with a copy of the segregation order informs them of the reason for placement and supports due process.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU-1

In accordance with the ICE PBNDS, Special Management Units, section (V)(B)(9), the FOD must ensure a health care provider visits every detainee in an SMU at least once daily.

DEFICIENCY SMU-2

In accordance with the ICE PBNDS, Special Management Units, section (V)(C)(2), the FOD must ensure a written order is completed and approved by a security supervisor before a detainee is placed in Administrative Segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication PBNDS at HCCF 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. ODO reviewed policies, procedures, request forms, and logs; and interviewed detainees and staff.

ODO found ICE staff makes daily regular and irregular visits in response to ICE detainee requests and concerns. (b)(7), SIEA and (b)(7), IEAs are assigned to HCCF on a full-time basis. A review of logbooks and interviews with staff showed the FOD/New York managerial staff, including the FOD, Deputy FOD, AFOD, and facility managerial and supervisory staff members conduct regular visits to interact with detainees.

During interviews, six male detainees in housing unit E3N complained they did not have access to request forms to submit written requests. All six detainees also claimed the kiosk computer system does not work since they have not received responses to their requests. ODO confirmed request forms were unavailable in housing unit E3N. Additionally, two boxes designated for ICE request and grievance forms in housing unit E3N have been abandoned. Detainees complained ICE staff has not opened the boxes to retrieve the request forms. Interviews with ICE staff confirmed the secured drop boxes were not opened regularly to retrieve the completed request forms. HCCF staff also confirmed only ICE personnel had access to the drop boxes, as required by the PBNDS. However, during the ODO inspection, a key was found for one of the boxes in housing unit E3N (**Deficiency SDC-1**).

Detainees informed ODO they were not receiving responses to requests and grievances filed using the HCCF computerized kiosk system. Additionally, since the ICE request and grievance boxes are not checked daily, and copies of completed requests are not maintained in the detention files, ODO was unable assess whether requests are responded to within 72 hours (**Deficiency SDC-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(B), the FOD must ensure detainees may submit written questions, requests, or concerns to ICE/[ERO] staff using the detainee request form, a local IGSA form, or a sheet of paper. Such informal written requests are not intended as a substitute for the more formal process specified in the Detention Standard on Grievance System. However, informal written requests may be used to resolve informal grievances, as described in that Standard.

To prepare a written request, a detainee may obtain assistance from another detainee, the housing officer, or other facility staff and may, if he or she chooses, seal the request in an envelope that is clearly addressed with name, title, and/or office to which the request is to be forwarded. Each facility administrator shall:

- Ensure that adequate supplies of detainee requests forms, envelopes, and writing

implements are available.

- Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/[ERO] officials by authorized personnel (not detainees) without reading, altering, or delaying.
- Ensure that the standard operating procedures accommodate detainees with special assistance needs, for example disability, illiteracy, or limited use of English.
- The facility shall provide a secure drop box for ICE detainees to correspond directly with ICE management. Only ICE personnel shall have access to the drop box.

DEFICIENCY SDC-2

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(B)(2)(a), the FOD must ensure, in SPCs, CDFs, and in IGSAs with ICE/[ERO] on-site presence, the staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt.

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the Suicide Prevention and Intervention PBNDS at HCCF to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention. ODO reviewed the policy and facility staff training records, and interviewed the HSA and training officer.

There have been no suicide watches since the current medical services provider took over on May 14, 2011; the previous provider left no record of any detainees who may have been on suicide watch. The HCCF Suicide Prevention Awareness training curriculum covers required elements, including recognizing verbal and behavioral cues indicating suicide potential, precipitating factors of suicidal behavior, responding to suicidal and depressed detainees, effective communication between correctional and health care personnel, referral procedures, observation and suicide-watch procedures, follow-up monitoring following a suicide attempt, and documentation procedures. A random inspection of training records for (b)(7) officers and (b)(7) medical staff revealed (b)(7) officers and all (b)(7) medical staff had not received current suicide-prevention training (**Deficiency SP&I-1**). The last training for medical staff was conducted in 2009. Proper training in suicide prevention and intervention can be a life-safety issue; ODO recommends the facility take immediate steps to ensure all staff receives training.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SP&I -1

In accordance with the ICE PBNDS, Suicide Prevention and Intervention, section (V)(A), the FOD must ensure all facility staff who interact with and/or are responsible for detainees are trained, during orientation and at least annually, on: recognizing verbal and behavioral cues that indicate potential suicide; demographic, cultural, and precipitating factors of suicidal behavior; responding to suicide and depressed detainees; effective communication between correctional and health care personnel; necessary referral procedures, constant observation and suicide-watch procedures; follow-up monitoring of detainees who have already attempted suicide; and reporting and written documentation procedures.

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access PBNDS at HCCF to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community. ODO toured the facility; checked the functionality of 24 telephones; reviewed policies, the detainee handbook, and logbooks; and interviewed staff and detainees.

ODO observed the housing units are equipped with telephones at an acceptable ratio of one telephone per 25 detainees. The SMU also provides access to telephones. ODO found the telephones were in good working order, and were free from damage and defacement. A written copy of the telephone rules are posted in a general area in the housing units where detainees can easily see them. Required notices posted in the housing units and the detainee handbook inform detainees that all telephone calls are subject to monitoring, and state the procedure for unmonitored calls to a court or legal representative.

The facility staff inspects the telephones in each housing unit daily to ensure all telephones are functional; however HCCF does not have designated staff to inspect the telephones daily, and the facility does not maintain a logbook for inspecting detainee telephones (**Deficiency TA-1**). Daily inspections and maintaining a telephone maintenance logbook ensures continuous telephone functionality, as well as prompt repairs to any nonfunctional telephones. Keeping an accurate log allows staff to identify telephones consistently out of order.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE PBNDS, Telephone Access, section (V)(A)(3), the FOD must ensure designated facility staff inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. This information will be logged.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the Use of Force and Restraints PBNDS at HCCF to determine if necessary use of force and the use of restraints is employed 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. ODO toured the facility, inspected equipment, and reviewed policies, training records, and other pertinent documentation.

HCCF has a written policy governing the use of force and restraints. HCCF does not use four-point restraints or a restraint chair. The facility does not use tasers. ODO verified that staff assigned to carry OC spray is trained in its proper use and deployment.

HCCF had seven documented cases of immediate uses of force, and no cases of calculated force on ICE detainees from October 2010 through October 2011. Copies of the use of force reports for the seven immediate force incidents were not placed in the detainees' detention files (**Deficiency UOF-1**). Placing copies of use of force reports in detainees' detention files supports accountability and expedient access to the information.

A review of files on the seven immediate use-of-force incidents revealed post-incident reviews were not conducted in any of the seven cases. HCCF policy does not address or include written procedures for After-Action Reviews (**Deficiency UOF-2**). After-Action Reviews provide critical analysis to determine if the force used was necessary, appropriate, and in compliance with policy; and written procedures support completion of reviews consistent with established guidelines.

HCCF does not use a handheld camera to record calculated use-of-force incidents as required by the standard. ODO reports this as an area of concern rather than a deficiency because there have been no calculated use-of-force incidents involving detainees in the past year. ODO recommends that a portable video camera be made available to support compliance with the standard in the event of future incidents. Further, ODO recommends that all PBNDS requirements for video-recording calculated force incidents be incorporated in the facility's use of force policy, and that officers receive appropriate training.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF&R-1

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(K), the FOD must ensure staff prepare detailed documentation of all incidents involving use of force, including chemical agents, or intermediate force weapons. Staff shall also 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.

DEFICIENCY UOF&R-2

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(P)(1), the FOD must ensure all facilities have ICE/[ERO]-approved, written procedures for After-Action Review

of use of force incidents (immediate or calculated) and applications of restraints. The primary purpose of an After-Action Review is to assess the reasonableness of the actions taken and determine whether the force used was proportional to the detainee's actions. IGSA's shall model their incident review process after ICE/[ERO]'s process and submit it to ICE/[ERO] for [ERO] review and approval. The process must meet or exceed the requirements of ICE/[ERO]'s process.