



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO Los Angeles Field Office
Adelanto Detention Facility
Adelanto, California**

July 8–10, 2014

**COMPLIANCE INSPECTION
ADELANTO DETENTION FACILITY
ERO LOS ANGELES FIELD OFFICE**

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INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

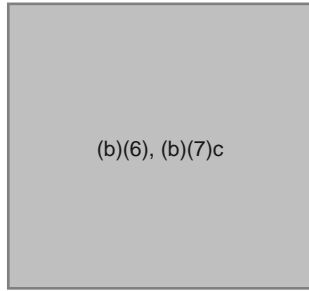
Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replaced the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS



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EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Adelanto Detention Facility (ADF) in Adelanto, California, from July 8 to 10, 2014. ADF, which opened in 2011, is owned by the GEO Group, Inc. and operated by GEO Corrections & Detention. ERO began housing detainees at ADF in August 2011 under an IGSA contract. Male detainees of security classification levels I through III are detained at the facility for periods in excess of 72 hours. The inspection evaluated ADF's compliance with the 2011 PBNDS.

The ERO Field Office Director (FOD), in Adelanto, California, is responsible for ensuring facility compliance with the 2011 PBNDS and ICE policies. A minimum of (b)(7)e ERO staff oversee daily detention operations at ADF. A Detention Service Manager (DSM) is on site.

Capacity and Population Statistics	Quantity
Total Bed Capacity	1,290
ICE Detainee Bed Capacity	1,290
Average Daily Population	1,217
Average ICE Detainee Population	1,217
Average Length of Stay (Days)	51
Male Detainee Population (as of 07/08/14)	1,209
Female Detainee Population (as of 07/08/14)	N/A

A Facility Administrator is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. The GEO Group, Inc. provides food services and medical services. ADF is accredited by the American Correctional Association (ACA). The ADF campus consists of two separate buildings (East and West), both with detainee housing units and food service areas. During the inspection, construction of a new wing was underway to add a new lobby and housing units.

In September 2012, ODO conducted an inspection of ADF under the 2008 PBNDS. ODO reviewed 17 standards and found ADF compliant with 11 standards. ODO found a total of 26 deficiencies in the remaining six standards.

During this inspection ODO reviewed 16 standards and found ADF compliant with ten standards. ODO found a total of 26 deficiencies, nine of which relate to priority components,¹ in the remaining six standards: Food Service (2 deficiencies), Funds and Personal Property (2), Grievance System (3), Law Libraries and Legal Material (2), Sexual Abuse and Assault Prevention and Intervention (16), and Telephone Access (1). ODO identified seven areas of concern and made one recommendation related to ADF's sexual abuse and assault program.

This report details all deficiencies and refers to the specific, relevant sections of the 2011 PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed preliminary deficiencies with ADF and ERO management during a closeout briefing conducted on July 10, 2014.

ODO observed new detainees being processed into ADF during the inspection. The intake process at ADF is a comprehensive process involving the collection of emergency contact

¹ Deficient priority components were found in the following four standards: Food Service, Funds and Personal Property, Law Libraries and Legal Material, and Sexual Abuse and Assault Prevention and Intervention.

information, completion of medical and SAAPI questionnaires, issuance of the detainee handbook, collection of fingerprints and photographs, and screening by medical staff. Upon completion of medical screenings, detainees are interviewed by a classification officer who issues a color-coded wrist band denoting the appropriate classification level. Classification staff is not on site on weekends. ERO staff does not provide ADF staff Risk Classification Assessment forms.

ADF's orientation video, which includes "Know Your Rights" and a video on preventing sexual abuse and assault, is shown continuously while detainees wait for intake processing. The video rotates between English and Spanish versions.

Funds, valuables, and personal property are inventoried and receipted during intake. Property and valuables are secured in both the East and West buildings. All U.S. currency is deposited into a commissary account for the detainee. Foreign currency is treated as valuable property, and stored in a separate sealed valuable property bag separate from any other valuable property. Property rooms are secured and accessible only to a lieutenant and (b)(7)(e) officers. Although access is limited and documenting controls are in place, the Funds and Personal Property standard states that the large valuables locker shall be accessible only to the shift supervisor. This represents a repeat deficient priority component from ODO's September 2012 inspection. The personal property inventory form is missing one component.

ADF has a comprehensive policy addressing the classification of detainees. ODO observed the classification process for three arriving detainees, and reviewed 40 detention files. The files contained all necessary documentation supporting proper assignment of classification levels.

Detainees are issued the ICE National Detainee Handbook and the ADF detainee handbook during the intake process. ODO reviewed 40 detention files to verify receipt of the detainee handbook. Every handbook is numbered and a detainee signs for the specific handbook issued to them during intake. Every officer who has contact with detainees is also provided a copy of the handbook and receives training on its contents. ADF's detainee handbook is available in both English and Spanish and was last revised in June 2014. The handbook is reviewed annually by a committee and the warden has a final review.

ADF has a comprehensive policy addressing all requirements of the Detainee Transfers standard. ODO observed the processing of detainees being transferred to other facilities and reviewed the archived files of seven detainees previously transferred from ADF. All required documentation was available, including property and funds receipts, and medical transfer summaries, files and medications in sealed envelopes marked "confidential" with the detainees' names and A-numbers. The files also included copies of forms provided to detainees by ERO notifying them of the name, address, and telephone number of the receiving facility.

ODO reviewed 137 formal disciplinary actions involving detainees during the 12 months preceding this inspection. ODO reviewed randomly-selected cases and confirmed rule violations were investigated within 24 hours. Detainees were served with notice, hearings were conducted in a timely manner, and sanctions were within established guidelines. ODO observed an Institution Disciplinary Panel hearing during the inspection and found it was professionally conducted and met all requirements of the standard.

The food service operation at ADF is operated by GEO staff. A food service manager oversees the operation and has a staff consisting of a production supervisor, (b)(7)e cook supervisors, (b)(7)e food service workers, and a clerk. ADF operates two separate kitchen facilities, one in the West building and one in the East building. ODO observed preparation and sampled the noon meal on Wednesday during the inspection.

Overall sanitation of the food services areas was good during the inspection. The detainee and staff restrooms were clean and had hot and cold water, trash receptacles, hand soap in dispensers, and paper towels; however, the detainee restroom did not have a sign reminding detainees to wash their hands prior to returning to work. The facility initiated corrective action during the course of the inspection.

ADF does not have a procedure for identifying and handling time-sensitive emergency grievances requesting urgent access to legal counsel and the law library. Although ADF's handbook informs detainees of the opportunity to file informal and formal grievances, it states detainees cannot file an informal and formal grievance on the same issue at the same time, and doing so results in both grievances being returned without processing. Detainees may appeal any grievance decision to the grievance committee. If a detainee is unsatisfied with the grievance committee's decision, he may further appeal to the facility administrator or ERO. The grievance committee does not document in the grievance log the dates appeals are filed.

ADF has a designated law library in the East and West buildings of the facility. None of the computers contained an updated version of LexisNexis. This represents a deficient priority component. ADF initiated corrective action during the course of the inspection by updating LexisNexis. The detainee handbook notifies detainees that the law library is available for use and includes all of the required information; however, ADF does not post these policies and procedures in the law library.

Healthcare at ADF is provided 24 hours a day, seven days a week by the GEO Group, Inc. The staffing plan calls for (b)(7)e positions, including a Health Services Administrator (HSA), assistant HSA, (b)(7)e physicians (b)(7)e nurse practitioners (NP), (b)(7)e physician assistant-certified (PA-C), (b)(7)e registered nurses (RN), and (b)(7)e licensed vocational nurses (LVN). In addition, mental health services are provided by (b)(7)e psychiatrists and (b)(7)e psychologists, and dental services are provided by (b)(7)e dentists and (b)(7)e dental assistants. There are (b)(7)e medical records clerks, (b)(7)e medical data entry clerk, (b)(7)e X-ray technician, and (b)(7)e lab technicians. At the time of the review, the HSA and assistant HSA positions were vacant, and an RN was serving as acting HSA. Credential files for (b)(7)e select staff were current and verified through the National Practitioner Data Bank, with no license restrictions. Cardiopulmonary resuscitation, automated external defibrillator and first aid training were current for all medical staff.

Medical and mental health screenings are completed within 12 hours of detainee arrival, as verified by ODO's review of 40 detainee medical records. Screenings are conducted by nursing staff in two dedicated medical rooms in the intake area. Detainees are screened for tuberculosis (TB) upon intake by way of purified protein derivative and results are read and documented by nursing staff after 48 hours. Documentation of the TB screening was confirmed during medical record review. Of the 40 medical records reviewed, 32 were detainees with chronic medical conditions. The medical records for detainees with chronic health care needs are maintained in a

different color folder than those used for other detainees. ODO's review confirmed treatment plans were included in the records and included diagnostic testing and routine monitoring. ODO found signed general consent for treatment forms were included in all 40 medical records reviewed, and specific consent was obtained for psychotropic medications.

Detainees access health care services by submitting written request forms available in English and Spanish. The forms are deposited in a secure drop-box in the housing units, and are picked up twice daily by nursing staff. ODO's review found the requests are date-stamped and triaged the same day to determine if the need is emergent, routine or appropriate for written response only. Physician-approved nursing protocols are followed to administer over-the-counter medications and provide routine treatment, and referrals to mid-level providers or physicians are made when medical issues are beyond the nursing staff's knowledge or scope of practice. The GEO Track system is used to schedule non-urgent provider appointments, which ODO found were completed the same or next day. Detainees in the Special Management Units (SMUs) access health care in the same manner.

Detainees are initially screened for suicide risk by nursing staff during the intake process. Further screening is completed by the psychologist during mental health evaluation the next day. In the event a detainee is determined "at risk" by nursing or security staff at any point during the detention period, he is seen by a mental health professional the same day. Discontinuation of suicide watch is the responsibility of the psychiatrists and psychologists.

ODO was informed 115 detainees were placed on suicide watch and eight detainees attempted suicide in the 12 months preceding the inspection. According to the mental health professionals, the suicide attempts involved minor gestures and did not result in injuries. ODO reviewed the medical records of detainees placed on suicide watch, including two suicide attempts. The records documented suicide watch management consistent with the standard and ADF's policy, and discontinuation of the status by mental health professionals following suicide risk assessment. The mental health team submits a weekly report on detainees on suicide watch to the warden and ERO.

ADF's H-1 Unit is the designated SMU for detainees assigned to administrative segregation and disciplinary segregation, with separation afforded by cell assignment. SMU documentation showed 286 detainees were placed on administrative segregation and 328 sanctioned with disciplinary segregation during the 12 months preceding this inspection. A random review of 40 prior placements confirmed segregation orders were issued, required reviews were conducted, and the detainees received privileges and services consistent with facility policy and the standard.

During the inspection, eight detainees were on administrative segregation and seven were serving disciplinary segregation sanctions. Segregation orders and documentation of status reviews were available and complete for all 15 detainees. Of the eight detainees on administrative segregation, four were pending disciplinary hearings for fighting and four were on protective custody. ODO interviewed the four detainees on protective custody and all confirmed they were on the status at their own request and refused alternative housing. All four were seen weekly by a psychologist for mental health issues, and written reports were provided to ERO documenting the detainees' status as determined in the weekly mental health evaluation.

The Assistant Warden serves as the sexual abuse and assault program coordinator and is responsible for program oversight, staff training, and coordination with external law enforcement agencies. All staff with regular detainee contact receives four hours of pre-service training on the Prison Rape Elimination Act (PREA), and three hours every year thereafter.

ODO identified numerous deficiencies and areas of concern with ADF's Sexual Abuse and Assault Prevention and Intervention (SAAPI) program. While the facility has policies and some procedures in place, ODO found wide inconsistencies across the facility's policies, procedures, practices and record keeping. Of greatest concern were the discoveries that ADF does not report all allegations of sexual abuse and assault to ERO and case files are not properly maintained.² These findings represent deficiencies in several priority components.

ODO found no deficiencies with the staff-detainee communication standard. Staff-detainee communications at ADF are supported by Spectrum, a private contractor.³ Spectrum staff handles the administrative functions associated with the standard, such as collecting, responding to and tracking detainee requests directed to ICE, and preparing facility liaison checklists. Detainees have the option of bypassing Spectrum staff and interacting directly with ERO, if requested. According to Spectrum staff, they handled over 4,500 detainee requests between January 1, 2014 and July 10, 2014. The top three subjects of detainee requests during that period were court dates, bonds/parole, and asylum.

Talton Communications provides telephone service at ADF. Each housing pod at ADF contains one phone for every nine detainees. Telephones remain on 24 hours a day seven days a week. If paying by debit or pre-paid collect, local and long distance call charges are \$0.10 per minute. Local and long distance collect call charges, and international debit call charges, are \$0.15 per minute. Federal, state, and local taxes do apply. These rates are posted in every telephone area in each pod. ODO conducted functional checks of telephones in detainee housing units and all were found to be in good working order. Housing officers execute and log telephone serviceability checks on a routine and consistent basis, and report outages and issues. However, officers do not test the free call platform, as required by the 2011 PBNDS.

ADF's written policies on use of force and restraints address all the requirements of the standard, including confrontation avoidance and using force only as a last resort. All security staff complete training in the use of force and restraints upon hire and annually, which was confirmed through review of (b)(7) randomly-selected staff training records. Use of force and personal protection equipment was well maintained and accounted for in both the East and West buildings. Based on documentation and staff interviews, ODO determined 28 calculated and 16 immediate use-of-force incidents occurred in the 12 months preceding this inspection. A review of video and written documentation in five randomly-selected calculated and five immediate use-of-force incidents confirmed full compliance with the standard, including post-incident medical examinations, after action reviews, and notification of ERO.

² At the time of the inspection, the program coordinator reportedly had only been at ADF and in her role since November 2013. Likewise, the ERO Assistant Field Office Director had reportedly been assigned to ADF for only two months.

³ The Spectrum contract is managed by ICE.

OPERATIONAL ENVIRONMENT

DETAINEE RELATIONS

ODO interviewed 47 randomly-selected detainees of all classification levels to assess the conditions of confinement at ADF. Detainees of all classification levels (not including those in SMUs) are permitted a minimum of 12 hours out of cell time daily. Interview participation was voluntary and none of the detainees made allegations of abuse, discrimination or mistreatment.

The majority of detainees reported being satisfied with facility services and their treatment by ADF, ERO and Spectrum staff. There were a few complaints about food service, the law library and medical care.

Food Service: Approximately 35 percent of the detainees interviewed complained food service was unsatisfactory, citing small portion sizes and a lack of variety in the menu. ODO reviewed food service at ADF and found the menu at the time of the inspection well-balanced, with an adequate caloric count.

Law Library: All detainees stated they have access to the law library. One detainee stated there are not enough computers for all who would like to use them. ODO looked into the issue and found there are a sufficient number of computers to accommodate the detainee population size.

Medical Care: Approximately half of the detainees interviewed made specific medical complaints about their medical care. ODO reviewed each case and found medical care provided was appropriate and timely in each case

ICE 2011 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 PBNDS and found ADF fully compliant with the following ten standards:

1. Admission and Release
2. Custody Classification System
3. Detainee Handbook
4. Detainee Transfers
5. Disciplinary System
6. Medical Care
7. Significant Self-Harm and Suicide Prevention and Intervention
8. Special Management Units
9. Staff-Detainee Communication
10. Use of Force and Restraints

As the standards above were compliant at the time of the inspection, a synopsis for these standards is not included in this report.

ODO found 26 deficiencies in the following six standards.

1. Food Service
2. Funds and Personal Property
3. Grievance System
4. Law Libraries and Legal Material
5. Sexual Abuse and Assault Prevention and Intervention
6. Telephone Access

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

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at ADF to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE 2011 PBNDS. ODO reviewed policy and procedures, inspected all areas of the food service operation, observed meals being prepared and served, and interviewed staff and detainees.

The food service operation at ADF is operated by GEO staff. A food service manager oversees the operation and has a staff consisting of a production supervisor, (b)(7)e cook supervisors, (b)(7)e food service workers, and a clerk. ADF operates two separate kitchen facilities, one in the West building and one in the East building. Each kitchen has a work crew of (b)(7)e detainees assigned to three shifts. Detainee workers are paid \$1 daily.

ODO's review of documentation for all employees and (b)(7)e randomly-selected detainee workers confirmed all were medically cleared to work in the food service department. The detainee workers' files also documented completion of an orientation and training program prior to being assigned a designated job in the kitchen. Detainees are visually inspected for visible health issues and hygiene concerns prior to starting their shift, then change to white uniforms. Detainee workers, staff, and visitors wear hairnets and beard guards for facial hair. Gloves are worn for all persons preparing and serving food.

The East building has a satellite system of meal service, and the West building has a dining hall. Documentation confirmed the general, religious, and medical diet menus are certified by a registered dietician, and average 2,300 calories per day. The menu is on a 42-day cycle, exceeding the standard. At the time of the inspection, 63 detainees were on medical diets and 15 detainees were receiving religious diets.

ODO observed preparation and sampled the noon meal on July 9, 2014. The items served were consistent with the menu. In the West building, staff took food temperatures upon preparation and while on the serving line in the dining hall. Temperatures were maintained within the required ranges for both hot and cold food items. However, due to the satellite feeding system in the East building, cold food temperatures exceeded the acceptable minimal threshold.

Temperatures for the freezer, cooler, and dishwasher are recorded on each shift. The staff and detainee restrooms were checked. Inspection of the dry storage room found it orderly and clean and the required clearances from the ceiling, floors and walls were met. There were no signs of insect or rodent infestation in the dry storage area or anywhere in the food service department. ODO reviewed documentation indicating pest control services are provided by a local contractor monthly and as needed.

ODO observed the overall sanitation of the food services areas was good during the inspection. Detainees were observed following "clean as you go" procedures, and the floors, surfaces, and all equipment were cleaned between shifts. The detainee and staff restrooms were clean and had hot and cold water, trash receptacles, hand soap in dispensers, and paper towels; however, the detainee restroom did not have a sign reminding detainees to wash their hands prior to returning to work (**Deficiency FS-1**). The facility initiated corrective action during the course of the inspection. Reminder signs were posted in the staff restroom and at hand washing locations

throughout the kitchen. The food service administrator conducts inspections of the food service areas in both buildings on a weekly basis. A monthly inspection of the area is conducted by a multi-disciplinary team, including the infectious disease nurse. The San Bernadino County Division of Environmental Health Services inspects the Food Service areas annually. The last inspection was on June 11, 2014, and no health concerns or violations of code were cited.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE 2011 PBNDS, Food Service, section (V)(J)(9)(c), the FOD must ensure, “Adequate and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.

- c. Signs shall be prominently displayed.”

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at ADF to determine if controls are in place to inventory, receipt, store and safeguard detainees' personal property, in accordance with ICE 2011 PBNDS. ODO reviewed policies, procedures, the detainee handbook, interviewed staff, and inspected areas where property and valuables are secured.

Funds, valuables, and personal property are inventoried and receipted during intake. Property and valuables are secured in both the East and West buildings. All detainees are admitted to the facility through the intake area located in the West building. There are two property rooms, two valuable lockers and two safes located throughout the ADF campus.

All U.S. currency is deposited into a commissary account for the detainee. Foreign currency is treated as valuable property, and is stored in a separate sealed valuable property bag separate from any other valuable property. Valuables are labeled and stored in sealed security bags, and secured in a locked cabinet.

Bins are used to store property in the West building and hanging bags are used in the East building. Red tags containing serial numbers identify bins and bags. Bins are secured by the red tags and bags by an additional zip tie. ODO observed bins and bags containing I-77 tags, detainees' names, dates, signatures, and Alien number. Both property rooms are secured by key lock, accessible to only the lieutenant and (b)(7)e property officers.

Both the intake lieutenant and (b)(7)e property officers stated they have access to the locked cabinets located in the property rooms (**Deficiency F&PP-1**).⁴ Although access is limited and documenting controls are in place, the Funds and Personal Property standard states that the large valuables locker shall be accessible only to the shift supervisor.

Funds are managed by the business office. A designated staff member removes cash from the intake cash drop safe each day and keys the funds into the electronic system. Cash is then placed in a safe located in the Assistant Business Manager's office. The safe is locked by a numerical key pad, accessible only by the Detainee Accountant and (b)(7)e Business Managers. Daily report folders contain intake funds, payroll receipts, mail charges, and release information.

ODO reviewed 20 active and 20 inactive detention files and found all property was properly documented. The personal property inventory form receipt contains all the minimum information required by the standard for dedicated IGSA facilities, except for the time of admission (**Deficiency F&PP-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE 2011 PBNDS, Funds and Personal Property, section (V)(A), the FOD must ensure, "Both the safe and the large-valuables locker shall either be kept in the shift supervisor's office or otherwise secured in an area accessible only to the shift supervisor."

⁴ Priority Component. This is a repeat deficiency from ODO's September 2012 inspection.

DEFICIENCY F&PP-2

In accordance with the ICE 2011 PBNDS, Funds and Personal Property, section (V)(I)(1), the FOD must ensure, “The personal property inventory form must contain the following information at a minimum:

1. date and time of admission.”

GRIEVANCE SYSTEM (GS)

ODO reviewed the Grievance System standard at ADF 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 2011 PBNDS.

ADF's policy and detainee handbook both address the informal and formal grievance process, emergency grievances, medical grievances, the availability of assistance in filing a grievance, procedures for appeal and the opportunity to file a complaint about officer misconduct. ADF does not have a procedure for identifying and handling time-sensitive, emergency grievances involving urgent access to legal counsel and the law library (**Deficiency GS-1**). Although ADF's handbook informs detainees of the opportunity to file informal and formal grievances, it states detainees cannot file both grievances on the same issue at the same time, and doing so will result in both grievances being returned without processing (**Deficiency GS-2**).

Grievance forms are available in the housing units and detainees may obtain assistance from another detainee or facility staff in preparing a grievance. AFD provides detainees with envelopes in which to seal grievances, identifying them as sensitive or medically sensitive. Detainees deposit their grievances in a locked grievance box available in each of the housing units. The facility forwards any grievances determined to allege staff misconduct to ERO.

ADF maintains a log to document and track grievances filed by detainees. Three hundred and fifty-six formal grievances were filed by detainees in the 12 months preceding the inspection and all were addressed within reasonable timeframes. The grievance subjects break down as follows: 96 involved medical issues; 47 related to food; 29 involved property issues; 19 involved legal issues; 14 referenced staff misconduct; and 151 involved miscellaneous issues such as housing unit conditions, television, canteen, etc. Responses are provided to detainees in writing and a copy is placed in the detention file. The allegations involving staff misconduct were referred to ERO. No patterns or trends were noticed among the grievances.

Detainees may appeal any grievance decision to the grievance committee. If a detainee is unsatisfied with the grievance committee's decision it may be further appealed to the facility administrator or ERO. The grievance committee does not document in the grievance log the dates appeals are filed (**Deficiency GS-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY GS-1

In accordance with the ICE 2011 PBNDS, Grievance System, section (V)(C)(2), the FOD must ensure, "Written procedures shall also cover urgent access to legal counsel and the law library."

DEFICIENCY GS-2

In accordance with the ICE 2011 PBNDS, Grievance System, section (V)(C)(3), the FOD must ensure, "The detainee may file a formal grievance at any time during, after, or in lieu of lodging an informal complaint."

DEFICIENCY GS-3

In accordance with the ICE 2011 PBNDS, Grievance System, section (V)(C)(3)(b)(2)(d), the FOD must ensure, “The GAB shall note the grievance log with the following information:

- date appeal filed.”

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the Law Libraries and Legal Material standard at ADF 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 2011 PBNDS. ODO observed the law library, interviewed staff and detainees and reviewed policies as well as the detainee handbook.

ADF has designated law libraries in the East and West buildings of the campus. The East building is equipped with 12 computers and the West building has 14. None of the computers contained an updated version of LexisNexis (**Deficiency LL&LM-1**).⁵ ADF initiated corrective action during the course of the inspection and received an updated version. Installation of the new version on all computers in both law libraries was initiated on July 10, 2014.

The designated rooms for law-library use are well-lit, contain sufficient furnishings, and are equipped with adequate equipment and supplies to support legal research and case preparation. Legal documents can be printed and copies are made with the assistance of a staff member.

Detainees may request use of the law library by submitting a request form. Detainees are afforded a minimum of five hours per week between 7:50 a.m. and 4 p.m., and additional time is available upon request. ADF affords the same law library privileges to detainees in SMUs and a designated computer is located in the SMU housing unit to prevent comingling.

Facility staff informed ODO that illiterate and limited English proficient detainees are provided assistance with their legal paperwork, as needed. Detainees with appropriate language, reading, and writing abilities are allowed to provide assistance. The law library custodian provides indigent detainees free envelopes, stamps, notary services, and certified mail for legal matters.

ADF provides detainees all the required law library notices in the detainee handbook, but does not post them in the law library (**Deficiency LL&LM-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY LL&LM-1

In accordance with the ICE 2011 PBNDS, Law Libraries and Legal Material, section (V)(E)(1)(a)(2), the FOD must ensure that computers in the law library contain an updated version of LexisNexis.

DEFICIENCY LL&LM-2

In accordance with the ICE 2011 PBNDS, Law Libraries and Legal Material, section (V)(N), the FOD must ensure the policies and procedures governing access to legal materials, "Shall also be posted in the law library."

⁵ Priority Component. This is a repeat deficiency from ODO's September 2012 inspection.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard at ADF to determine if facilities act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators, in accordance with the ICE 2011 PBNDS.

No deficiencies were identified by ODO during its 2012 inspection, when the facility was under the 2008 PBNDS. DHS CRCL and ERO inspection reports from February 2013 and December 2013, respectively, did not identify any deficiencies in this standard. ADF signed a contract modification with ICE on May 23, 2013, agreeing to implement the 2011 Performance-Based National Detention Standards. ODO identified 16 deficiencies and seven areas of concern during this inspection.

ODO reviewed a variety of documents for this inspection, including facility policies, the detainee handbook, a sexual abuse and assault incident tracking log, intake notices, intake questionnaires, sexual abuse and assault case files, training materials, and staff training records.

The facility PREA coordinator, the nursing supervisor, and various intake, classification, and custody staff were interviewed as part of this inspection. All staff with regular detainee contact receives four hours of pre-service training on PREA, and three hours every year thereafter. Further, ODO toured and observed the intake area, medical department, and the central control rooms and housing units in both of ADF's East and West Buildings.

The Facility Administrator's signature of approval was missing from the July 1, 2013, Prevention of Sexual Assault and Abuse policy, and the policy was not fully compliant with the standard. Facility administrators are required to ensure written policy and procedures are in place and the facility is in full compliance with the standard within 90 days of the effective date of the standard (**Deficiency SAAPI-1**).⁶

ADF management does not notify ERO of all allegations of sexual abuse and assault (**Deficiency SAAPI-2**). ADF management reported to ODO a total of 13 incidents, but was only able to produce evidence of one notification to ERO. ERO staff was unable to verify receipt of any notifications.⁷ The PREA coordinator stated the ERO Field Office is notified of every incident, but only after the facility first determines whether the allegation is credible.⁸

ADF's policies do not include the requirements for coordination with ICE OPR (**Deficiency SAAPI-3**). While the policy references GEO's Office of Professional

⁶ ADF's Prevention of Sexual Assault and Abuse, Forensic Data Collection and General Incident Report policies were referenced as part of this inspection. No other policies referencing sexual abuse and assault were provided by ADF in response to ODO's data request.

⁷ ADF reported 13 incidents for the 12 months preceding the inspection. Two of the 13 incidents were documented in JICMS. ADF management provided ODO evidence of notification for only one of the two incidents in JICMS. The incident occurred January 4, 2014; ADF management reported the incident to ICE via email on January 14, 2014. ERO Field Office staff was unable to verify receipt of any notifications.

⁸ Priority Component.

Responsibility, the ICE Officer in Charge (OIC) and the ICE Assistant Field Office Director (AFOD), there is no mention of, or requirements for, coordination with ICE OPR.⁹

ADF's policies fail to specify the procedures for reporting an allegation or suspicion of sexual assault through the chain of command, including the written documentation requirements to ensure each allegation is properly addressed (**Deficiency SAAPI-4**).¹⁰ ODO found wide inconsistencies in the quality of documentation in the case files.

ADF's policies fail to specify the responsibilities of medical staff to report allegations or suspicions of assault to appropriate staff (**Deficiency SAAPI-5**). The policy states alleged abuse may be reported to *any* staff member; however, the standard calls for specific references to the responsibilities of medical staff.

None of the policies reviewed by ODO specified the evidence protocol to be used following an allegation of abuse or assault (**Deficiency SAAPI-6**). The PREA coordinator stated evidence collection is part of in-service training, but ODO did not find these protocols in any of the policies provided for review.

ADF has no procedures for coordinating internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations (**Deficiency SAAPI-7**).

ADF's policies fail to specify how a victim's legal needs shall be addressed (**Deficiency SAAPI-8**). Medical, mental health and custody are addressed in the policy, but there are no references to legal needs.

ADF's policies fail to provide instructions on how to contact the DHS OIG and ICE OPR in the event of an alleged incident. Although the policy references the DHS OIG, ICE OIC and ICE AFOD, there are no instructions in the policy on how to reach these offices and individuals (**Deficiency SAAPI-9**).

ADF's training materials lack instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse or assault (**Deficiency SAAPI-10**).¹¹

ADF does not provide detainees the name of the PREA coordinator (program coordinator), or designated staff member, and information on how to contact him or her (**Deficiency SAAPI-11**). This information does not appear in the detainee handbook, the PREA memo or in the any of the orientation videos.

None of the information provided to detainees states the prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact immigration proceedings (**Deficiency SAAPI-12**).¹²

⁹ Priority Component.

¹⁰ Priority Component.

¹¹ Priority Component.

¹² Priority Component.

None of the information provided to detainees references the right to receive treatment or counseling (**Deficiency SA-API-13**).¹³

Neither ADF's policies nor the GEO 2013 Employee Handbook specifically notify staff suspected of perpetrating sexual abuse or assault that they will be removed from all duties requiring detainee contact pending the outcome of an investigation (**Deficiency SA-API-14**).¹⁴

The PREA coordinator does not maintain two types of case files: general and administrative. Facility management maintains only one file containing all information, including medical records (**Deficiency SA-API-15**).

ADF case files were inconsistent and incomplete with regard to documentation. Examples of missing information included names of the victim(s) and assailant(s); crime characteristics; detailed reporting timelines; the staff member receiving the report of sexual assault; date(s) and time(s) the report was received; steps taken to communicate the report up the chain of command; all reports, medical forms, supporting memos and video; and any other evidentiary materials (**Deficiency SA-API-16**).

In addition to the deficiencies above, ODO identified areas of concern. These concerns did not rise to the level of deficiencies; however, they should be carefully monitored and addressed to avoid possible noncompliance in the future. These concerns are as follows:

ODO found a minimum of seven different definitions for detainee-on-detainee and staff-on-detainee abuse across ADF's policies, PREA tracking logs, and training materials. All the definitions differ in semantics and none match ICE's definitions exactly. These definitions exclude the ones contained in the ICE Sexual Assault Awareness pamphlet, which is posted in all housing units, and the definitions contained in the medical care protocols. Inconsistent definitions invite confusion among staff and detainees and may result in serious and legitimate allegations being unreported.

ODO found wide inconsistencies and the need for clarification across ADF's policy manual, training materials, employee handbook and detainee handbook. Examples of information needing consistency and clarification are: 1) the requirement that any staff member make take a report; 2) the disciplinary actions for staff who accused of or found to be engaging in sexual abuse or assault; 3) forensic evidence collection being performed by an outside party; and 4) the appropriate response to allegations or suspicions of sexual assault on detainees with disabilities. Continuity and clarification of information reduces the risk of misapplication.

Prevention and intervention strategies should be effectively communicated to detainees to prevent risk of abuse. ADF broadcasts a 20-minute video with prevention and intervention strategies in both the intake area and housing units daily. The video plays in conjunction with the "Know Your Rights" video, meaning the prevention and intervention strategies are not available every 20 minutes. ODO identified three problems: First, there are several chances for detainees to miss the prevention and intervention strategies. Second, the video audio is only available in English. The standard requires detainee notification, orientation and instruction to

¹³ Priority Component.

¹⁴ Priority Component.

be in a language detainees understand. Third, due to poor acoustics in the holding cells, the video audio is difficult to hear and understand. The prevention and intervention strategies are unavailable to detainees in writing.

ADF completes a PREA Risk Assessment questionnaire for all incoming detainees. The form includes seven yes/no questions about sexual history and is implemented by classification staff. The form is used to determine where and how detainees should be housed. During interviews, medical and classification staff answered differently when asked how the form is used and what types of responses trigger additional action by staff. Classification and medical staff should be retrained in the purpose and use of the risk questionnaire.

Classification staff stated during the inspection that when it comes to identifying sexual aggressors, they rely solely on the detainee's willingness to disclose information. The ERO Field Office should ensure ADF routinely receives Form 1-213 in order to make informed decisions.

ADF's PREA coordinator informed ODO a group of specially trained staff conduct an initial investigation when an incident of sexual abuse or assault is reported. This occurs before any notifications are made to county or ICE officials, in order to first determine whether the incident meets the county and ERO's criteria. There are no written criteria on what and how much information trained staff is to collect. ICE OPR and ERO Prevention of Sexual Assault Coordinators recommend conducting "initial assessments," rather than investigations, in order to determine what is reportable, and avoid any delays in formally reporting incidents to ICE. Interviews of alleged detainee victims should be limited to questions necessary to confirm the basic facts of the allegation.

The PREA coordinator informed ODO the sheriff's office is only contacted when the allegation involves "penetration" and if preliminary medical findings confirm the allegation. All allegations involving criminal conduct should be reported to the local law enforcement agency.

All infectious testing is performed offsite. During an interview with the nursing supervisor, ODO learned infectious testing is only offered to alleged victims if and when the county sheriff's office recommends. The nursing supervisor stated it generally takes 24 hours to get an investigative result from the county. Further, prophylactics are only offered if a doctor determines necessary. Infectious testing should never be delayed and consent to test need only come from the patient, not an outside entity.

While the ERO Field Office and ADF staff appear to have a good working relationship, it was clear during the inspection the two parties do not communicate effectively when it comes to alleged sexual abuse and assault incidents. Further, despite repeated requests by ODO, the ERO Field Office was unable to produce any documentation they received notifications from ADF about alleged sexual abuse and assault incidents. Notifications and communications regarding sexual abuse and assault incidents should be documented in writing.

The PREA coordinator informed ODO there are no existing memorandums of understanding with community victim resource centers. The facility tried establishing one with the county, but

they could not come to agreement on confidentiality terms. ADF management stated they are continuing to identify opportunities for agreements with other agencies.

ODO recommends ADF management perform a comprehensive review of all written policies, logs, training materials, and other documents that address sexual abuse and assault, to ensure all definitions and policies are consistent with PREA and ICE standards.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SAAPI-1

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(A), the FOD must ensure, “The facility administrator shall ensure that, within 90 days of the effective date of this detention standard, written policy and procedures are in place and that the facility is in full compliance with its requirements and guidelines. The facility must meet all other requirements in this standard on the effective date of the standard.”

DEFICIENCY SAAPI-2

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(A)(3), the FOD must ensure, “Each facility administrator shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program that includes, at a minimum:

3. the requirement that any allegation to staff of sexual assault or attempted sexual assault be reported immediately to a supervisor and to ERO.”

DEFICIENCY SAAPI-3

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(A)(6), the FOD must ensure, “Each facility administrator shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program that includes, at a minimum:

6. the requirements for coordination with the ICE Office of Professional Responsibility (OPR) for investigation or referral of incidents of sexual assault to another investigative agency, and discipline and prosecution of assailants...”

DEFICIENCY SAAPI-4

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(3), the FOD must ensure, “The facility administrator shall review and approve the local policy and procedures and shall ensure that the facility:

3. specifies procedures for reporting an allegation or suspicion of sexual assault through the facility’s chain of command, including written documentation requirements to ensure that each allegation or suspicion is properly reported and addressed;”

DEFICIENCY SA-API-5

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(4), the FOD must ensure, “The facility administrator shall review and approve the local policy and procedures and shall ensure that the facility:

4. specifies medical staff’s responsibility to report allegations or suspicions of sexual assault to appropriate facility staff;”

DEFICIENCY SA-API-6

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(5), the FOD must ensure, “The facility administrator shall review and approve the local policy and procedures and shall ensure that the facility:

5. specifies the evidence protocol to be used, including access to a forensic medical exam;”

DEFICIENCY SA-API-7

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(7), the FOD must ensure, “The facility administrator shall review and approve the local policy and procedures and shall ensure that the facility:

7. specifies procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations;”

DEFICIENCY SA-API-8

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(10), the FOD must ensure, “The facility administrator shall review and approve the local policy and procedures and shall ensure that the facility:

10. specifies how a confirmed or alleged victim’s future safety, medical, mental health and legal needs shall be addressed;”

DEFICIENCY SA-API-9

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(14), the FOD must ensure, “The facility administrator shall review and approve the local policy and procedures and shall ensure that the facility:

14. provides instructions on how to contact DHS/OIG or ICE/OPR to confidentially report sexual abuse or assault.

DEFICIENCY SA-API-10

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(E)(10), the FOD must ensure the, “Sexual Assault Prevention and Intervention Program shall be included in training for employees, volunteers and contract personnel and shall also be included in annual refresher training thereafter. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees must be notified of the facility’s zero –tolerance policy. The facility must maintain

written documentation verifying employee, volunteer and contractor training. Training shall include:

10. instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and/or assault.”

DEFICIENCY SAAPI-11

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(F), the FOD must ensure, “The facility shall provide detainees with the name of the program coordinator or designated staff member and information on how to contact him or her. Detainees will also be informed that they can report any incident or situation regarding sexual abuse, assault or intimidation to any staff member.”

DEFICIENCY SAAPI-12

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(F)(6), the FOD must ensure, “The facility administrator shall ensure that the orientation program, required by standard “2.1 Admission and Release,” and the detainee handbook required by standard “6.1 Detainee Handbook,” notify and inform detainees about the facility’s zero tolerance policy for all forms of sexual abuse and assault. Following the intake process, the facility shall provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum):

6. prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainees immigration proceedings;”

DEFICIENCY SAAPI-13

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(F)(7), the FOD must ensure, “The facility administrator shall ensure that the orientation program, required by standard “2.1 Admission and Release,” and the detainee handbook required by standard “6.1 Detainee Handbook,” notify and inform detainees about the facility’s zero tolerance policy for all forms of sexual abuse and assault. Following the intake process, the facility shall provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum):

7. right of a detainee who has been subjected to sexual abuse or assault to receive treatment and counseling.”

DEFICIENCY SAAPI-14

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(I)(2), the FOD must ensure, “When an employee, contractor or volunteer is alleged to be the perpetrator of detainee sexual abuse and/or assault, it is the facility administrator’s responsibility to ensure that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation and reported to the Field Office Director. The local government entity or contractor that owns or operates the facility shall also

be notified. Staff suspected of perpetrating sexual abuse or assault shall be removed from all duties requiring detainee contact pending the outcome of an investigation.”

DEFICIENCY SAAPI-15

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, section (V)(L), the FOD must ensure, “Monitoring and evaluation are essential for assessing both the rate of occurrence of sexual assault and agency effectiveness in reducing sexually abusive behavior. The program coordinator is responsible for an annual review of aggregate data (omitting personally identifying information) and shall present the findings to the Field Office Director and ICE/ERO headquarters for use in determining changes to existing policies and practices to determine whether changes are needed to further the goal of eliminating sexual abuse. Accordingly, the facility administrator must maintain two types of files.”

DEFICIENCY SAAPI-16

In accordance with the ICE 2011 PBNDS, Sexual Assault and Abuse Prevention and Intervention, sections (V)(L)(1)(a-d) and (V)(L)(2)(a-d), the FOD must ensure, “Accordingly, the facility administrator must maintain two types of files.

1. General files include:
 - a. the victim(s) and assailant(s) of a sexual assault;
 - b. crime characteristics;
 - c. detailed reporting timeline, including the name of the staff member receiving the report of sexual assault, date and time the report was received, and steps taken to communicate the report up the chain of command; and
 - d. all formal and/or informal action taken.

2. Administrative investigative files include:
 - a. all reports;
 - b. medical forms;
 - c. supporting memos and videotapes, if any; and
 - d. any other evidentiary materials pertaining to the allegation.”

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at ADF to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE 2011 PBNDS. ODO interviewed facility staff and detainees; reviewed policy, procedures, and the detainee handbook; and conducted functionality tests on the telephones located in detainee housing units.

Detainees have reasonable and equitable access to telephones at ADF. The telephone availability ratio per detainee is at the optimal level, as set forth in the 2011 PBNDS. In each housing pod, there is approximately one phone per nine detainees. Telephones remain on 24 hours per day, seven days per week. There is no limit in duration, except in instances of high demand, when detainees are expected to limit calls to 20 minutes. ADF has a TTY available for deaf or hearing-impaired detainees. Detainees in the SMU maintain telephone access privileges. Five rolling mobile telephone stations with postings are wheeled outside of an individual cell, allowing detainees to access and operate the phones through the cell port.

Talton Communications is the telephone service provider. If paying by debit or pre-paid card, collect, local and long distance call charges are \$0.10 per minute. Local and long distance collect call charges, and international debit call charges, are \$0.15 per minute. Federal, state, and local taxes do apply. These rates are posted in every telephone area in each pod.

ODO conducted telephone operability checks and tested random numbers from the pro bono legal providers list, and found the telephones and speed-dial numbers all in good working order. Listings for pro bono services, the DHS OIG, consulates, and embassies were posted above the phones in each housing pod in both English and Spanish during the inspection. Monitoring notifications and unmonitored call procedures were posted in English and Spanish on the wall in every telephone area.

ADF staff conducts telephone checks daily, which consists of ensuring each telephone has a dial tone. Officers execute and log these checks on a routine and consistent basis, and report outages and issues. However, officers do not test the free call platform, as required by the 2011 PBNDS (**Deficiency TA-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE 2011 PBNDS, Telephone Access, section (V)(A)(4)(a), the FOD must ensure, “Facility staff members are responsible for ensuring on a daily basis that telephone systems are operational and that the free telephone number list is posted. After ensuring that each phone has a dial tone, when testing equipment the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform.”