



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 Buffalo Field Office
Albany County Correctional Facility
Albany, New York**

November 18–20, 2014

**COMPLIANCE INSPECTION
ALBANY COUNTY CORRECTIONAL FACILITY
BUFFALO 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.

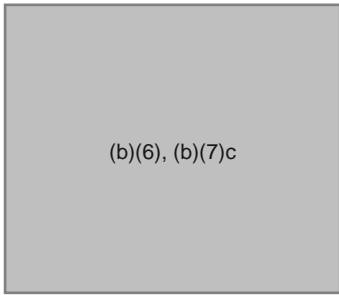
Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, 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



Management and Program Analyst (Team Lead)	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Albany County Correctional Facility (ACCF) in Albany, New York, from November 18 to 20, 2014. ACCF, which opened in 1931, is owned by the County of Albany and operated by the Albany County Sheriff’s Office. ERO began housing detainees at ACCF in 1996 under an Intergovernmental Service Agreement with the United States Marshals Service. Male and female detainees of security classification levels I through VI are detained at the facility for periods in excess of 72 hours. The inspection evaluated ACCF’s compliance with the 2000 NDS.

The ERO Field Office Director (FOD), in Buffalo, New York, is responsible for ensuring facility compliance with the 2000 NDS and ICE policies. No ICE employees are physically located at ACCF. There is no ERO Detention Service Manager (DSM) assigned to ACCF.

Capacity and Population Statistics	Quantity
Total Bed Capacity	1043
ICE Detainee Bed Capacity (No dedicated number)	N/A
Average Daily Population	651
Average ICE Detainee Population	16
Average Length of Stay (Days)	14
Male Detainee Population (as of 11/18/14)	4
Female Detainee Population (as of 11/18/14)	2

A Sheriff is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. Aramark Correctional Services provides food services and Corizon Correctional Healthcare provides medical services. The facility is accredited by the National Commission on Correctional Health Care.

This inspection represented ODO’s first visit to ACCF. During this inspection ODO reviewed 15 NDS and found ACCF compliant with five standards. ODO found a total of 25 deficiencies, in the remaining ten standards: Access to Legal Materials (1 deficiency), Detainee Classification System (5), Detainee Grievance Procedures (2), Environmental Health and Safety (2), Food Service (6), Special Management Unit-Administrative Segregation (1), Special Management Unit-Disciplinary Segregation (1), Staff-Detainee Communication (3), Telephone Access (3), and Use of Force (1). ODO made no recommendations regarding facility policy and procedures and cited one best practice.¹

This report details all deficiencies and refers to the specific, relevant sections of the 2000 NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed preliminary findings with ACCF and ERO management during the inspection and at a closeout briefing conducted on November 20, 2014.

The admission process for detainees entering ACCF includes medical, mental health, and suicide screenings. Detainees are issued all the items required by the standard and also undergo sexual abuse and assault screenings. All incoming detainees receive pat-down searches and then are required to sit in a “Boss Chair,” which electronically detects metal objects. Facility policy prohibits strip searching detainees unless reasonable suspicion is established in accordance with ICE and facility policy.

¹ Best practices are annotated in this report as “BP.”

All detainees are issued a copy of the ICE National Detainee Handbook, the facility handbook and a Prison Rape Elimination Act pamphlet in English and Spanish. Detainees acknowledge receipt by signing a form. Translation is available for detainees exhibiting literacy or language difficulty. An ACCF committee reviews the facility handbook annually. Amendments are posted in the housing units during the year. The handbook was last reviewed in August 2014.

Detainee property is inventoried, documented, marked and stored in a designated property room. Incoming U.S. currency is deposited into a kiosk. Small valuables and foreign currency are inventoried separately, and maintained in the property room. Transaction receipts are provided to detainees, placed in the detention file, and forwarded to the ACCF financial clerk.

Classification of detainees is conducted by ACCF staff. ACCF's classification system takes into account both the criminal and mental health history of detainees. ACCF's classification system follows the State of New York's classification requirements, but not ICE's requirements. Due to ACCF's classification practices, level III detainees are not always monitored or escorted. The facility handbook fails to provide notice of any appeal process.

ACCF does not have one designated law library; instead, each housing unit contains a computer with access to LexisNexis. Detainees may access the computers from 8:00 a.m. to 9:00 p.m., two days a week. Computers are located within 12 feet of the officer's post, which allows for adequate supervision, but does not isolate users from noise or distractions.

Detainees have opportunities to file grievances; however, the facility does not provide detainees all the proper notifications required in the standards, such as the procedures for identifying and handling emergency grievances, the procedures for appealing decisions to ICE, and how to file a complaint about officer misconduct directly with the DHS Office of Inspector General.

ACCF's master index lists hazardous substances and includes locations, Material Safety Data Sheets, emergency contact information, and documentation of periodic review for accuracy. The New York State Fire Marshal conducted an inspection of ACCF in May 2014. ODO observed only written evacuation plans in English were posted in the facility. No exit diagrams were posted in the facility. ACCF policy requires completion and documentation of fire drills in each department; however, fire drills are conducted in all areas on a quarterly basis rather than monthly.

The food service operation is managed by Aramark Correctional Services. Staffing consists of a food service director (b)(7)e, assistant directors, a food service manager (b)(7)e, cook supervisors and a crew of (b)(7)e inmate workers. No detainees work in food service. All staff and inmate workers receive pre-employment medical clearances.

ACCF has a satellite system of meal service involving preparation of meals in the kitchen and delivery to the housing units. ODO's inspection of the sack meals for transportation found they did not include a pre-package snack. Additional deficiencies were found with the kitchen equipment and physical space. Paint was observed peeling from the walls, ceiling, and ductwork in various locations in the kitchen. An overhead pipe in the dry storage area was dripping water into a large trash can. Trash and food items were present on the floor in the main kitchen area on consecutive days during the inspection. A large mixer had food and batter splashes on its upper

portion and sides, and the drip pan for the stove was covered with burnt grease and baked-in food matter. The employee and inmate worker restrooms were lacking soap, hand towel dispensers, and trash receptacles. Some of these deficiencies were addressed during the inspection.

ACCF health care is provided by Correctional Medical Care, Inc. (CMC) a private correctional healthcare company. CMC provides health care coverage 24 hours a day, seven days a week. The medical staff is comprised of a Health Service Administrator (HSA), who is a registered nurse (RN), and the medical director is a physician who is the designated clinical medical authority. An additional (b)(7) RNs and (b)(7) licensed practical nurses are on staff. CMC staff includes a nurse practitioner, an administrative assistant (b)(7) medical records technicians, a dentist, and a dental assistant.

Mental health services are provided by employees of the Albany County Mental Health Department. Healthcare and emergency services not available at the facility are provided at Albany County Medical Center ten minutes away. ODO confirmed credentials for all medical personnel are current and primary source verified. Current training in cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), and first aid was documented in the files of all health care staff and ten randomly selected correctional staff at the time of the inspection.

ACCF's health services unit consists of a nursing sick call area with two holding cells, an officer's station, and two rooms used for sick call examination. The health services unit also has three examination/treatment rooms, a pharmacy, and dental and optometry suites. In addition, there is an infirmary with two observation and two negative pressure isolation cells; three examination rooms; a nursing station; X-ray suite; four administrative offices and staff restrooms, and a room used for storage of equipment and supplies and biohazards waste pending removal from the facility by the Stericycle company.

Detainees access healthcare by submitting sick call requests directly to medical staff during medication distribution, or placing them in secure medical boxes within the general population housing units. ACCF uses the Language Link telephonic interpretation service as needed to communicate with detainees.

The facility's policy on suicide prevention and intervention met all requirements contained in the NDS. ACCF staff confirmed there have been no suicide attempts or suicide watches during the 12 months preceding this inspection. Detainees are screened for suicide risk during intake screening, and procedures are in place for referral to medical staff for evaluation. Medical and detention staff received suicide prevention and intervention training, which includes an annual "man down" drill to simulate a suicide emergency, wherein staff must demonstrate suicide intervention and emergency response techniques. ODO cites this as a best practice (**BP-1**).

Although ACCF was not required to comply with the 2011 PBNDS Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard at the time of the inspection, ODO noted the efforts made by the facility to comply with the standard's requirements. The facility has established a comprehensive zero-tolerance written policy and procedures that address the Prison Rape Elimination Act (PREA). New staff and contractors receive PREA training during orientation. Detainees are provided information by way of the facility handbook with a PREA

pamphlet insert, and are shown an orientation video regarding sexual misconduct and how to report it. ODO observed postings in the housing units and booking areas regarding the facility's zero tolerance for sexual assault and abuse, and how to report allegations. Detainees are asked about any history of sexual abuse during the admission process.

ACCF's SMU for administrative and disciplinary segregation has 19 single occupancy cells. Separation is afforded by cell assignment. ODO's inspection found the cells were well-lit, adequately ventilated, and maintained in a sanitary condition. No detainees were on administrative segregation during the 12 months preceding this inspection. ACCF does not have a policy governing the SMU. Instead, written procedures for its operation are addressed in the post order for the unit. However, the post order does not include procedures for review of detainees on administrative segregation.

No detainees were on disciplinary segregation at the time of the compliance inspection, and according to facility staff and ERO, no detainees received disciplinary segregation sanctions during the 12 months preceding this inspection. ODO's review of the facility's written procedures confirmed there are no written procedures for status review of detainees on disciplinary segregation.

Detainees have opportunities to communicate with ERO staff in writing and in person. Scheduled visits by ERO staff occur twice weekly, and notices are posted in the detainee living areas and other areas with detainee access. ODO found ERO staff does not conduct unannounced visits as required, and the facility handbook lacks specific notices and procedures for communicating with ICE. Also, the DHS OIG hotline posters were not in every housing unit and appropriate common areas.

Detainees may access telephones from 7:00 a.m. to 11:00 p.m. daily. During the inspection, all the telephones were in proper working order. Call rates for interstate prepaid calls is \$0.21 per minute and interstate collect calls are \$0.25 per minute. The facility handbook lacked required information, including that non-legal calls are subject to monitoring. Both facility and ERO staff reported conducting routine telephone checks.

ACCF has a written policy governing the use of force. Confrontation avoidance is emphasized in policy as well as in the training curriculum. ACCF's non-deadly force devices include oleoresin capsicum (OC) spray and tasers; however, the policy states use of tasers on detainees is prohibited. Written documentations and security camera video confirmed there were no incidents involving detainees during the 12 months preceding this inspection. A review of facility policy confirmed it addresses all elements required by the NDS with one exception: it does not include procedures for conducting an after action review of use-of-force incidents.

OPERATIONAL ENVIRONMENT

DETAINEE RELATIONS

ODO interviewed a total of five detainees (4 males and 1 female)² housed at the facility at the time of this inspection to assess the conditions of confinement at ACCF. All detainees interviewed had been housed at the facility from one day to two months. Interview participation was voluntary and none of the detainees reported having witnessed or experienced any mistreatment, discrimination, or abuse (physical, verbal or sexual) while at ACCF.

None of the detainees interviewed expressed dissatisfaction with facility services, including food service and medical care. All confirmed receipt of the ICE National Detainee Handbook, facility handbook and hygiene items. All stated they have access to grievance forms, legal material, recreation, religious services, visitation, and interpretation services. Detainees stated ERO staff visit the housing units and interact with them at least twice weekly.

² One of the two female detainees declined an interview.

ICE 2000 NATIONAL DETENTION STANDARDS

ODO reviewed a total of 15 NDS and found ACCF fully compliant with the following five standards:

1. Admission and Release
2. Detainee Handbook³
3. Funds and Personal Property
4. Medical Care
5. Suicide Prevention and Intervention

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 25 deficiencies in the following ten standards.

1. Access to Legal Materials
2. Detainee Classification System
3. Detainee Grievance Procedures
4. Environmental Health and Safety
5. Food Service
6. Special Management Unit -Administrative Segregation
7. Special Management Unit-Disciplinary Segregation
8. Staff-Detainee Communication
9. Telephone Access
10. Use of Force

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

³ The Detainee Handbook standard was found compliant during the inspection; however, deficiencies related to the Detainee Handbook are located under Deficiencies DCS-5, DGP-2 and SDC-2.

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at ACCF 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 2000 NDS. ODO reviewed policy and procedures, toured the facility, interviewed staff, viewed Lexis-Nexis software and supplies, and inspected documentation

ACCF does not have a room designated for law library purposes. Each housing unit has a computer equipped with the current version of LexisNexis and electronic versions of all other legal materials required by the standard. The computers are located within 12 feet of the officer's station to allow adequate supervision; however, ODO observed the computer locations within the housing units do not afford sufficient isolation from noise or distractions (**Deficiency ALM-1**).

Computers are available between the hours of 8:00 a.m. to 9:00 p.m., two days a week. Procedures are in place to allow additional time upon request. Access rules and available legal materials were present. ODO's review of logs found infrequent use of the computers by ICE detainees.

ACCF has a designated law library clerk responsible for updating and maintaining the operability of all computers and the printers on a weekly basis or as needed. Printing and copying capability is provided at no charge. The clerk is also responsible for making daily rounds to respond to any special requests related to access to legal materials.

The ACCF policy states outside organizations and persons may submit published legal material for installation on the computer with ERO authorization. Detainees are permitted to provide assistance to other detainees. The facility prohibits charging other detainees for legal assistance. Non-English speaking or illiterate detainees receive assistance from ACCF staff or other detainees upon request. Detainees are permitted to retain all their legal materials in general population and the SMU.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE 2000 NDS, Access to Legal Materials, section (III)(A), the FOD must ensure, "The facility provides a law library in a designated room with sufficient space to facilitate detainees' legal research and writing. The law library shall be large enough to provide reasonable access to all detainees who request its use. It shall contain a sufficient number of tables and chairs in a well-lit room, reasonably isolated from noisy areas."

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System standard at ACCF to determine if there is a requirement for a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE 2000 NDS. ODO toured the facility, reviewed policy, the facility handbook and other relevant documentation, inspected detainee files, interviewed several ACCF staff, as well as the local ICE representatives.

Classification of detainees is handled by ACCF staff using information provided from ERO. During the inspection, ACCF staff reported ERO staff does not provide all the documentation necessary to properly classify detainees. ERO staff only provides an I-203 “Order to Detain” form and a Federal Bureau of Investigations (FBI) number for all new detainee arrivals (**Deficiency DCS-1**). ACCF staff acknowledged this practice does not meet the standard, and the issue was discussed with both ERO and ACCF leadership during the inspection.

The facility has a thorough classification policy in place; however, the classification system is based on levels I through VI, as required by the State of New York. The facility does not follow ICE’s classification system (**Deficiency DCS-2**). Detainees and county inmates are separated using this I through VI level system. Each level is housed independent of the other, and the roster confirmed the detainees were housed separately, according to their classification levels. Facility staff was unaware of the ICE classification system and were unable to articulate any comparisons to their VI level system and the ICE III level system. This level system disparity was brought to the attention of ACCF and local ERO staff.

All detainees are classified before being admitted to general population. After booking, detainees are held in the reception unit, where they watch an orientation video and held up to five days pending medical clearance (TB test). The orientation video contains information on facility operations, rules and regulations, and provides an overview of PREA.

In the reception unit, each detainee is confined to a cell for 23 hours per day where there is no commingling of detainees. Dayroom/recreation time is regulated. A caseworker meets with the detainee in the unit and gathers personal information. The ACCF classification sergeant uses this information, the I-203 form, and any data gathered through an FBI number review to classify the detainee. The FBI number allows ACCF staff to obtain background information on the detainee, including information from the National Crime Information Center. The classification sergeant confirmed the classification decision made by her is final and there is no supervisory review (**Deficiency DCS-3**).

There were six detainees at ACCF at the time of the inspection. All six files were reviewed and found to contain an I-203, and FBI number check report. Three of the six were classified using the New York numerical level system, and these classification documents were contained in the appropriate files. In reviewing the facility roster, ODO found two detainees classified as level II and one as level III (NY classification level system). Each was separated by their level in general population. Three of the detainees were new arrivals, and because they had not yet been classified, they did not have any classification documents in their files.

Because ACCF does not use the ICE III level system, a level III detainee is not always monitored or escorted (**Deficiency DCS-4**). Facility staff reported that the only inmates or detainees that are ever escorted are those identified in a Security Risk Group Status (SRGS).

Detainees are allowed to be reclassified per policy and the facility handbook. They can also appeal their classification decisions through the grievance process or in writing to the classification sergeant. However, detainees are not given notice of any appeal process in the policy or facility handbook (**Deficiency DCS-5**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with ICE 2000 NDS, Detainee Classification System section (III)(A)(1), the FOD will ensure that “ICE will provide CDF’s and IGSA facilities with the data they need from each detainee’s file to complete the classification process.”

DEFICIENCY DCS-2

In accordance with ICE 2000 NDS, Detainee Classification System section (III)(B), the FOD will ensure that the officer assigned to intake/processing “will review the detainee’s A-file, work-folder and/or information provided by ICE, to identify and classify each new arrival according to the Detainee Classification System (DCS).”

DEFICIENCY DCS-3

In accordance with ICE 2000 NDS, Detainee Classification System section (III)(C), the FOD will ensure that “a supervisor will review the intake/processing officer’s classification files for accuracy and completeness.”

DEFICIENCY DCS-4

In accordance with ICE 2000 NDS, Detainee Classification System section (III)(E)(3), the FOD will ensure that “level III detainees are always monitored and escorted.”

DEFICIENCY DCS-5

In accordance with ICE 2000 NDS, Detainee Classification System section (III)(I)(2), the FOD will ensure that the detainee handbook’s section on classification will include “the procedures by which a detainee may appeal his/her classification.”

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedure standard at ACCF 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 2000 NDS.

The grievance system at ACCF allows detainees to file informal and formal grievances; however, the facility does not have procedures for identifying and handling an emergency grievance (**Deficiency DGP-1**). Grievance forms are available in each housing unit and detainees may obtain assistance from other detainees or facility staff in preparing a grievance. Interpretive services are available telephonically. The facility forwards any grievances alleging staff misconduct to ERO and has established a grievance committee to address detainee appeals.

A designated grievance officer maintains an electronic grievance log to document and track all grievances and respective outcomes. The log confirmed there were no informal or formal grievances filed by detainees during the 12 months preceding this inspection.

ACCF's handbook includes all the required notifications and information with exception of the procedures for contacting ICE to appeal the decision of the facility's officer in charge, or information about the opportunity to file a complaint about officer misconduct directly with the Justice Department (**Deficiency DGP-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE 2000 NDS, Detainee Grievance Procedures, section (III)(B), the FOD must ensure, "Each facility shall implement procedures for identifying and handling an emergency grievance."

DEFICIENCY DGP-2

In accordance with the ICE 2000 NDS, Detainee Grievance Procedures, section (III)(G)(4)(6), the FOD must ensure, "The grievance section of the detainee handbook will provide notice of the following:

4. The procedures for contacting ICE to appeal the decision of the OIC of a CDF or an IGSA facility.
6. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to:"

Department of Justice
P.O. Box 27606
Washington, DC 20038-7606

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at ACCF to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE 2000 NDS. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, and fire drills.

The sanitation of the facility was good overall. However, in some stairwells of the older building, leaves had blown in through open windows. In addition, inspection of the eight shower stalls within the detainee housing unit found all had soap scum and two shower heads were leaking. The safety officer made note of these observations and indicated he would have them corrected.

ODO confirmed the facility's master index of hazardous substances included storage locations, an up-to-date listing of emergency telephone numbers, and the master file of Material Safety Data Sheets (MSDS). The index and MSDS are available electronically on all staff computer stations in the facility. A form documenting the semi-annual reviews of the master index was reviewed and confirmed current and complete. In addition, documentation reflected a copy of the index was furnished to the local fire department. ODO verified inventories of chemicals were current. During interviews, officers articulated knowledge of procedures for control and handling chemicals. A review of (b)(7) staff training files confirmed annual and in-service training on safety procedures.

Documentation of weekly and monthly fire and safety inspections by a qualified safety officer was reviewed. ACCF has (b)(7)e certified safety officers who conduct the weekly and monthly inspections. The facility was inspected by the New York State Fire Marshal in May of 2014.

ODO observed only written evacuation plans in English were posted in the facility. No exit diagrams were posted at any location (**Deficiency EH&S-1**). When questioned about the lack of diagrams, the safety officer and other administrative staff informed ODO the New York State Commission on Corrections granted a waiver to not post the diagrams for security reasons; however, none of the staff could produce documentation of the waiver.

Fire drills were conducted in all areas on a quarterly basis rather than monthly (**Deficiency EH&S-2**). Staff stated the New York State Commission on Corrections requires only quarterly fire drills. ODO's review of fire drill documentation confirmed emergency keys were drawn and tested.

Inspection of the medical department found sharps are inventoried at the beginning and end of each shift. ODO conducted an inventory of the sharps with the Health Services Administrator and confirmed they were current and accurate.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE 2000 NDS, Environmental Health and Safety, section (III)(L)(3)(g)(h), the FOD must ensure, “Every institution will develop a fire prevention, control, and evacuation plan to include, among other things, the following:

- g. accessible, current floor plans (buildings and rooms); prominently posted evacuation maps/plans; exit signs and directional arrows for traffic flow; with a copy of each revision filed with the local fire department;
- h. conspicuously posted exit diagrams conspicuously posted for and in each area.”

DEFICIENCY EH&S-2

In accordance with the ICE 2000 NDS, Environmental Health and Safety, section (III)(L)(4), the FOD must ensure, “Monthly fire drills will be conducted and documented separately in each department.”

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at ACCF to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE 2000 NDS. ODO reviewed documentation, interviewed staff, inspected the food service area, and observed meal preparation and service.

The food service operation is managed by contractor, Aramark Correctional Services. Aramark staff consists of the food service director and two assistant directors. In addition, there is a food service manager and (b)(7) cook supervisors employed by Albany County. A correctional officer is assigned to the kitchen during the hours that the (b)(7) person inmate work crew is present. No detainees work in food service. ODO reviewed and verified documentation of medical clearances for the inmate workers and all Aramark and county food service staff were present.

The facility has a satellite feeding operation. During observation of food preparation, ODO noted a staff person checked food temperatures to confirm they met requirements. Prepared food was placed in insulated trays which were loaded on carts and delivered to the housing unit by an inmate worker under the direct supervision of a correctional officer. All items were on the approved menu and in the portion size prescribed by the menu. ODO's inspection of the sack meals for transportation found they contained two non-pork meat sandwiches, an apple or orange, and cookies, but did not include a pre-packaged snack (**Deficiency FS-1**). The food service director stated he was unfamiliar with the NDS and did not know a snack item was required.

ODO verified all menus were certified by a registered dietitian, and procedures were in place for providing religious and medically prescribed meals. During the inspection, there were no detainees on religious or medical diets.

A contract is in place for pest control services. No signs of any vermin or pest infestation were noted by ODO. The kitchen is inspected annually by the New York State Health Department, the last inspection having been conducted on November 6, 2014. Kitchen staff completes daily inspections, the Aramark food service director conducts weekly inspections, and a team consisting of the food service director, food service manager, safety officer, and a member of the medical staff conduct monthly inspections. ODO observed the sanitary conditions in the kitchen were poor. Paint was observed peeling from the walls, ceiling, and ductwork in various locations in the kitchen. An overhead pipe in the dry storage area was dripping water into a large trash can (**Deficiency FS-2**). The facility initiated corrective action and the leak was repaired prior to completion of the inspection. Trash and food items were present on the floor in the main kitchen area on consecutive days during the inspection (**Deficiency FS-3**). A large mixer had food and batter splashes on its upper portion and sides, and the drip pan for the primary stove was covered with burnt grease and baked-in food matter (**Deficiency FS-4**). Inspection of the employee and inmate worker restrooms found they were maintained in an unsanitary condition and lacking soap, hand towel dispensers, and trash receptacles. Trash was observed on the floors, and paint was peeling from the walls and ceiling (**Deficiency FS-5**). These conditions signify the facility does not meet the NDS requirement to maintain a high level of sanitation in the food service department (**Deficiency FS-6**).

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE 2000 NDS, Food Service, section (III)(G)(6)(c)(3), the FOD must ensure, “Each sack meal shall include:

3. Such extras as properly packaged fresh vegetables, e.g., celery sticks, carrot sticks, and commercially packaged “snack foods”, e.g., peanut butter crackers, cheese crackers, individual bags of potato chips. These items enhance the overall acceptance of the lunches.”

DEFICIENCY FS-2

In accordance with ICE 2000 NDS, Food Service, section (III)(H)(5)(b), the FOD must ensure, “All facilities meet the following environmental standards:

- b. Overhead pipes removed or covered, to eliminate the food safety hazard posed by leaking or dusty pipes.”

DEFICIENCY FS-3

In accordance with ICE 2000 NDS, Food Service, section (III)(H)(5)(c), the FOD must ensure, “All facilities meet the following environmental standards:

- c. Routinely cleaned walls, floors, and ceilings in all areas.”

DEFICIENCY FS-4

In accordance with ICE 2000 NDS, Food Service, section (III)(H)(7)(c)(2), the FOD must ensure,

2. “Equipment surfaces not intended for contact with food, but located in places exposed to splatters, spills, etc., require frequent cleaning. Therefore, they shall be reasonably smooth, washable, free of unnecessary ridges, ledges, projections, and crevices, with upkeep that contributes to cleanliness and sanitation.”

DEFICIENCY FS-5

In accordance with ICE 2000 NDS, Food Service, section (III)(H)(9)(a)(c), the FOD must ensure,

- a. “Adequate and conveniently located toilet facilities shall be provided for all service staff and detainee workers. Toilet fixtures shall be of sanitary design and readily cleanable. Toilet facilities, including rooms and fixtures, shall be kept clean and in good repair. Signs shall be prominently displayed directing all personnel to wash hands after using the toilet.
- c. Soap or detergent and paper towels or a hand drying device providing heated air shall be available at all times in each lavatory. Waste receptacles shall be conveniently placed near the hand-washing facilities.”

DEFICIENCY FS-6

In accordance with ICE NDS, Food Service, section (III)(H)(1), the FOD must ensure, “All food service employees are responsible for maintaining a high level of sanitation in the food service department. Food service staff shall teach detainee workers personal cleanliness and hygiene; sanitary methods of preparing, storing, and serving food; and the sanitary operation, care and maintenance of equipment, including automatic dishwashers and pot and pan washers. An effective food sanitation program both prevents health problems and creates a positive environment.”

SPECIAL MANAGEMENT UNIT (SMU) - ADMINISTRATIVE SEGREGATION

ODO reviewed the Special Management Unit – Administrative Segregation standard at ACCF to determine if the facility has procedures in place to temporarily segregate detainees for administrative reasons, in accordance with the ICE 2000 NDS. ODO toured the Special Management Unit (SMU), interviewed staff, and reviewed policies and SMU documentation.

ACCF's SMU has 19 single-occupancy cells. There are three showers and two recreation enclosures. Inspection found the cells were well ventilated, adequately lit, appropriately heated and maintained in good sanitary condition. There were no detainees on administrative segregation at the time of the inspection and ODO's review of the SMU log for the 12 months preceding this inspection identified no detainee placements. Staff estimated it had been two years since a detainee was placed in the SMU.

ACCF does not have a policy governing the SMU. Instead, written procedures for its operation are addressed in the post order for the unit. ODO's review confirmed the post order addresses issuance of segregation orders, living conditions, privileges and services consistent with the standard; however, it does not include procedures for review of detainees on administrative segregation (**Deficiency SMU AS-1**).

It is noted the SMU is not used for detainees with mental health issues. Rather, detainees determined in need of separation from the general population by mental health professionals are assigned to the mental health unit. Mental health professionals are stationed within the unit and see patients daily. There was no record of placement of a detainee in the mental health unit.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU AS-1

In accordance with the ICE 2000 NDS, Special Management Unit – Administrative Segregation, section (III)(C), the FOD must ensure, "All facilities shall implement written procedures for the regular review of all administrative detention cases, consistent with the procedures specified below."

SPECIAL MANAGEMENT UNIT (SMU) - DISCIPLINARY SEGREGATION

ODO reviewed the Special Management Unit –Disciplinary Segregation standard at ACCF to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary reasons, in accordance with the ICE 2000 NDS. ODO toured the Special Management Unit (SMU), interviewed staff, and reviewed policies and SMU documentation.

ACCF’s SMU for both administrative and disciplinary segregation has 19 single-occupancy cells. There are three showers and two recreation enclosures. Inspection found the unit well ventilated, adequately lit, appropriately heated and in good sanitary condition. There were no detainees on disciplinary segregation at the time of the inspection, and ODO’s review of the SMU log identified no detainee disciplinary segregation placements for the 12 months preceding this inspection. Staff estimated it had been two years since a detainee was placed in the SMU.

ODO’s review of the facility’s written procedures confirmed detainees may be placed on disciplinary segregation status only when sanctioned for a rule violation at a disciplinary hearing. Required living conditions, privileges, services and reviews mirror the requirements of the standard; however, there are no written procedures for status review of detainees on disciplinary segregation (**Deficiency SMU DS-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU DS-1

In accordance with the ICE 2000 NDS, Special Management Unit – Disciplinary Segregation, section (III)(C), the FOD must ensure, “All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the procedures specified below.”

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at the ACCF to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff; and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE 2000 NDS. ODO reviewed policies and procedures, request forms, logs and interviewed detainees and staff.

ODO's review of the facility liaison visit logbook and facility electronic records revealed that ERO staff does not conduct unannounced visits with detainees, or to facility housing units, food service areas, the recreation area, special management units, or infirmary rooms **(Deficiency SDC-1)**. The unannounced visits provide ICE management an opportunity to observe the general environment at the facility, and encourage informal conversations with facility staff and detainees. (b)(7)e IEAs are assigned to the facility to conduct weekly scheduled visits and to address inquiries and requests from detainee. ERO visitation schedules are conspicuously posted in English and Spanish languages in each housing unit, including the special management units. ODO visited three housing units and the special management units, and confirmed each housing unit had a logbook to document ICE visits.

Scheduled visits by ERO staff occur on Tuesday and Friday, and notices are posted in the detainee living areas and other areas with detainee access. These visits are documented on facility liaison visit checklists maintained at the ERO Buffalo Field Office.

Detainees have opportunities to communicate with ERO and ACCF staff regularly. Detainee request forms are available in all housing units. Detainees give all request forms regarding facility concerns to the housing unit officer. When detainees have requests for ERO, housing unit officers provide envelopes to detainees so that requests can be sealed and placed in a separate box for ERO. ERO staff maintains an electronic log to document detainee requests. The electronic log captures the date of receipt, the detainee's name and nationality, A-number, name of the staff member who logged the requests, the date the request was returned to the detainee, and other pertinent information. ODO reviewed four detainee requests during 12 months preceding this inspection and noted ERO staff responded to all four requests within 72 hours. A review of the request log found all four requests involved immigration proceedings. ODO's review of four active and 15 inactive detention files found completed detainee requests forms are maintained in each detainees' detention file.

ODO reviewed a random sample of the facility liaison visit checklists during the 12 months preceding this inspection and noted all forms were properly completed. ERO staff performs and documents weekly serviceability of telephones accessible to detainees. ODO tested all telephones available for use by detainees and confirmed each was functional.

ODO reviewed facility policies and the facility handbook. The facility handbook does not contain information that states the detainee has the opportunity to submit written questions, requests, or concerns to ERO staff and the procedures for doing so **(Deficiency SDC-2)**. In accordance with the ICE "Change Notice National Detention Standards," dated June 15, 2007, DHS Office of Inspector General Hotline posters were not observed in every housing unit and in appropriate common areas **(Deficiency SDC-3)**.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(A)(1), the FOD must ensure, “policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility’s living and activity areas to encourage informal communication between staff and detainees and informally observing living and working conditions. These unannounced visits shall include but not be limited to:

- a. Housing Units;
- b. Food Service preferably during the lunch meal;
- c. Recreation Area;
- d. Special Management Units (Administrative and Disciplinary Segregation); and Infirmary room.”

DEFICIENCY SDC-2

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B)(3), the FOD must ensure, “the handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request.”

DEFICIENCY SDC-3

In accordance with the Change Notice, National Detention Standards Staff Detainee Communication, dated June 15, 2007, “Each Field Office Director shall ensure that the attached document regarding the OIG Hotline is conspicuously posted in all units housing ICE detainees. This applies to all Service Processing Centers, Contract Detention Facilities and Inter-Government Service Agreement facilities.”

DHS OIG Hotline

Write to:

245 Murray Drive, S.E., Building 410
Washington, D.C. 20538

Email to:

DHSOIGHOTLINE@DHS.GOV

Or Telephone

1-800-323-8603”

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at ACCF 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 2000 NDS. ODO reviewed policy, procedures, and the facility handbook, interviewed staff, randomly tested phones, and observed phone areas and phones in use.

Global Tel Link (GTL) is ACCF's telephone provider. Routine detainee calls are collect or prepaid via the GTL account program. Instructions for establishing an account are posted and addressed in the facility handbook. The rate for interstate prepaid calls is \$0.21 per minute and interstate collect calls are \$0.25 per minute. Upon admission, each detainee is provided a free phone call.

Telephone use is addressed in the facility handbook and a document listing telephone "Dos and Don'ts" was posted at the phone banks. However, this document does not include telephone access rules. ODO found the same information provided in the handbook is included in ACCF's "ICE Detainee Posting Book." This book contains English and Spanish versions of required notifications and was available in most housing units. The book was missing from two male housing areas and the female unit (**Deficiency TA-1**).

During a tour of the housing units, ODO confirmed ACCF meets or exceeds the required telephone-to-detainee ratio in all areas. ODO tested 18 randomly selected telephones and verified operability. A review of documentation confirmed ERO staff conducts weekly serviceability checks which include calling a minimum of five consulates and one pro bono legal service. Staff produced a listing of phone numbers which detainees may call free-of-charge, including the DHS OIG, consulates, courts and legal services. The numbers are programmed not to record. Procedures are in place for detainees to request the opportunity to place a call in private, and for returning calls of an emergency nature.

Telephone calls of a non-legal nature are subject to monitoring at ACCF; however, monitoring of calls is not addressed in the facility's policy (**Deficiency TA-2**). Detainees are notified non-legal calls are monitored by way of a recording upon initiation of a call and the facility handbook. They are not provided with information on the procedure for requesting an unmonitored call (**Deficiency TA-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE 2000 NDS, Telephone Access, section (III)(B), the FOD must ensure, "The facility posts telephone access rules in writing where the detainees may easily see them."

DEFICIENCY TA-2

In accordance with the ICE 2000 NDS, Telephone Access, section (III)(K), the FOD must ensure, "The facility shall have a written policy on the monitoring of detainee telephone calls."

DEFICIENCY TA-3

In accordance with the ICE 2000 NDS, Telephone Access, section (III)(K)(2), the FOD must ensure, “The facility shall also place notice at each monitored telephone stating the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.”

USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at the ACCF to determine if necessary use of force is utilized only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE 2000 NDS. ODO toured the facility, inspected equipment, interviewed staff, reviewed local policy, training records, and documentation.

ODO was informed there were no use of force incidents involving detainees during the 12 months preceding this inspection. ACCF staff stated they could not recall using force on a detainee. ACCF has fixed security cameras positioned throughout the facility and two hand-held audio-visual cameras for use during calculated use of force incidents. The hand-held cameras are located in two different secure offices for ready accessibility.

ACCF has (b)(7) member Correctional Emergency Response Team (CERT). The facility's intermediate force devices include OC spray and tasers, though it is noted the policy states use of tasers on detainees is prohibited. The policy also states the Superintendent or designee must authorize use of both tasers and OC spray, and a CERT squad leader must supervise the action. A review of (b)(7) randomly selected officers' training records confirmed initial and annual training in use of force, and current certification in the use of OC spray and taser deployment. ODO confirmed CERT members receive refresher training on a quarterly basis, and protective gear is available for CERT actions.

A review of facility policy confirmed it addresses all elements required by the standard with one exception: it does not include procedures for conducting after action reviews of use of force incidents (**Deficiency UOF-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE 2000 NDS, Use of Force, section (III)(K), the FOD must ensure, "Written procedures shall govern the use of force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures."