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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
Detroit Field Office
Bedford Heights City Jail
Bedford Heights, Ohio

June 19 – 21, 2012

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**COMPLIANCE INSPECTION
BEDFORD HEIGHTS CITY JAIL
DETROIT FIELD OFFICE**

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INSPECTION PROCESS	
Report Organization.....	5
Inspection Team Members.....	5
OPERATIONAL ENVIRONMENT	
Internal Relations	6
Detainee Relations	6
ICE NATIONAL DETENTION STANDARDS	
Detention Standards Reviewed	8
Access to Legal Material	9
Admission and Release	11
Detainee Classification System.....	12
Detainee Grievance Procedures	14
Detainee Handbook.....	15
Environmental Health and Safety	16
Food Service	18
Funds and Personal Property	21
Key and Lock Control.....	23
Medical Care	24
Staff-Detainee Communication	26
Use of Force.....	28

EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Bedford Heights City Jail (BHCJ) in Bedford Heights, Ohio, from June 19-21, 2012. BHCJ, which opened in 1995, is owned and operated by the City of Bedford Heights. U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at BHCJ in April 2009, under an Intergovernmental Service Agreement (IGSA) between ICE and the City of Bedford Heights. Male and female detainees of all security classification levels (Level I – lowest threat; Level II – medium threat; Level III – highest threat) are detained at the facility for periods in excess of 72 hours. BHCJ has a total capacity of 155 beds and can accommodate a maximum of 75 ICE detainees. At the time of the CI, BHCJ housed 34 ICE detainees (33 male; 1 female). The average daily detainee population is 40. The average length of stay is 30 days. Aramark provides food service under contract. BHCJ holds no accreditations.

The ICE ERO Field Office Director in Detroit, Michigan (FOD Detroit) is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). There are no ICE personnel stationed at BHCJ. An Assistant Field Office Director (AFOD) located at the ERO sub-office in Cleveland, Ohio (ERO Cleveland), has oversight responsibility for BHCJ. An IEA assigned to ERO Cleveland conducts oversight activities at BHCJ; there is no ERO Detention Service Manager (DSM) assigned to BHCJ.

The Jail Administrator is the highest ranking official at BHCJ and is responsible for oversight of daily operations. Supervisory staff at BHCJ is comprised of (b)(7)e Sergeants; non-supervisory staff is comprised of (b)(7) full-time Correction Officers, (b)(7)e part-time Correction Officers, (b)(7)e Transportation Officer, and (b)(7)e Jail Secretary.

Medical Care is provided by the City of Bedford Heights. It is well managed, and the clinic is adequately staffed. Healthcare services are provided by (b)(7)e licensed practical nurses (LPN) and a contract physician, who is the designated clinical authority. The LPNs work from 8:00 a.m. to 5:00 p.m., Monday through Friday. The physician sees detainees on Thursdays and is on-call 24 hours a day for emergencies. Recovery Resources provides mental health services as needed. A community dentist provides dental services under contract. ODO verified all licenses and credentials are in accordance with the standard.

In August 2011, ERO Detention Standards Compliance Unit (DSCU) contractor, MGT of America, Inc., conducted an Annual Review of the ICE NDS at BHCJ. The MGT Lead Compliance Inspector (LCI) recommended the facility receive an overall rating of "At Risk" due to four deficient standards: Environmental Health and Safety, Key and Lock Control, Security Inspections, and Tool Control. On January 13, 2012, the ERO Assistant Director for Detention Management assigned an overall rating of "Acceptable" after reviewing the corrective actions performed by BHCJ.

This is the first ODO inspection of BHCJ. During this CI, ODO reviewed a total 17 NDS. Five standards were fully compliant; while 29 deficiencies were found in the remaining 12 standards: Access to Legal Material (2 deficiencies), Admission and Release (2), Detainee Classification

System (4), Detainee Grievance Procedures (1), Detainee Handbook (1), Environmental Health and Safety (4), Food Service (4), Funds and Personal Property (2), Key and Lock Control (4), Medical Care (2), Staff-Detainee Communication (2), and Use of Force (1).

This report details all deficiencies and refers to specific, relevant sections of the NDS. ERO will be provided a copy of the report to assist in developing corrective actions to resolve the 29 identified deficiencies. ODO identified some deficiencies that are significant to the health and well-being of ICE detainees and staff. These deficiencies were discussed with BHCJ personnel on-site during the inspection, as well as during the close-out briefing conducted on June 21, 2012. The majority of deficiencies identified were related to practices and procedures. ODO learned through interviews that BHCJ personnel have not received any formal training on the ICE NDS. ICE staff stated they will provide NDS training to BHCJ staff in the immediate future.

ODO identified and discussed several areas of concern during the closeout briefing. ODO observed mold and mildew, and broken and missing tiles in the shower area of the male housing unit. Floor tiles in the housing units and in the main hallway are discolored as a result of dirt and wax build-up. ODO recommends facility management initiate a comprehensive program to improve and maintain facility sanitation. ODO observed detainees sleeping on mattresses placed on the floor in the female housing unit, because top bunks were being used by detainees and inmates for placement of food, books, and other personal items.

During observation of the intake processing of six detainees, ODO noted all were issued one uniform, one pair of socks, and one pair of soft-soled canvas shoes; undergarments were not provided. Detainees who have funds can purchase undergarments through the commissary, and the facility allows family members to bring detainees specified quantities and types of undergarments. If detainees cannot purchase undergarments, or family members are unable to provide undergarments to detainees during visits, detainees only have the option of wearing the undergarments with which they were admitted. ODO verified through interviews with facility staff and detainees that there is only one clothing exchange per week. ODO finds the clothing provision and exchange schedule inadequate to assure detainees maintain proper hygiene.

ICE detainees are classified by ICE prior to arrival at BHCJ, and are housed according to their classification level. BHCJ adheres to the classification levels assigned by ICE. A review of ten detention files found all contained Form I-203A, Order to Detain Aliens, listing the classification level of each detainee; however, the facility is not provided with the necessary documentation to corroborate the assigned classification level. The ten files reviewed by ODO contained no other information, forms, or supporting documents, such as detainee classification worksheets. ODO observed a Level I detainee housed in a general population unit with Level II and Level III detainees. ODO notified the BHCJ shift supervisor of this observation, and the shift supervisor immediately corrected the deficiency by transferring the Level I detainee to the appropriate housing unit.

ODO verified BHCJ has policies and procedures for detainees to file informal and formal grievances, and the forms used to file grievances are available in the housing units. BHCJ staff attempts to resolve all grievances at the lowest level possible. A review of the grievance

logbook confirmed responses to grievances are received in a timely manner. ODO confirmed the facility did not have a procedure for identifying and handling emergency grievances.

During this CI, ODO observed the admission of six detainees and noted that facility handbooks were not provided. BHCJ staff stated failure to issue facility handbooks at admission was an oversight. This issue was brought to the attention of BHCJ management during the close-out briefing. BHCJ management stated they would immediately provide handbooks to detainees in custody, and to all detainees admitted to BHCJ going forward.

Review of the Environmental Health and Safety NDS confirmed a running inventory of chemicals used and stored in the laundry area is not maintained. ODO noted jail inmates were working in the laundry area unsupervised, heightening the importance of compliance with the standard. The facility maintains a master index of Material Safety Data Sheets (MSDS); however, a master index of all hazardous substances, with their locations, is not maintained. BHCJ performs weekly testing of the emergency power generator for 20 minutes. Though testing frequency exceeds the standard, testing duration does not meet the one-hour requirement. The emergency generator is not tested or serviced by an external company on a quarterly basis. Emergency generators serve a vital life-safety function in the event of a power outage, so prescribed preventive maintenance and testing is essential.

All work associated with the food service operation is performed by Aramark Correctional Services staff and BHCJ inmate workers. ICE detainees do not work in food service. Menus are planned and certified by a registered dietician before implementation. A logbook documented only three searches of the kitchen during the 60 days preceding the ODO inspection. During interviews, Correctional Officers confirmed daily searches of the kitchen are not conducted. ODO observed leftover meals were being retained for three days instead of the maximum 24 hours required by the NDS. The Assistant Food Service Director addressed this deficiency by generating a directive stating leftovers shall not be retained for more than 24 hours. BHCJ does not have a ceremonial meal schedule, nor does it have a Chaplain to fulfill duties related to religious meals. ODO confirmed no detainees have requested religious meals.

Detainees are tested for tuberculosis (TB) upon admission, and given a physical examination (PE) within 14 days. Detainees access health care services by submitting sick call requests to Housing Unit Officers, who enter the request information on a sick-call log sheet. While ODO verified the sick call system allows for timely triage and follow-up, patient confidentiality is violated by the access of Correctional Officers to medical information on the sick-call forms. ODO recommends the facility install secure boxes into which detainees may insert request slips for pick-up on a scheduled basis by medical staff.

An IEA conducts one scheduled and one unscheduled visit a week to BHCJ. ODO verified visits by ICE staff through review of a visitation logbook maintained at the entrance to the housing units. ODO verified detainees are able to submit written requests and questions to ICE and BHCJ staff. Review of logbooks confirmed responses to detainee requests are provided within 72 hours, as required by the NDS. ICE staff stated FOD Detroit management does not make regular, unannounced visits to BHCJ. ODO confirmed ERO management has not visited the facility since August 2011.

Detainees receive indoor and outdoor recreation for a minimum of five hours per week. Detainees have the opportunity to participate in classes to complete testing for a General Educational Development (GED) diploma. Detainees have access to religious programs, telephones, and a law library. Visitation is offered three days per week, and special visits are allowed upon request.

INSPECTION PROCESS

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

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

REPORT ORGANIZATION

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

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

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

INSPECTION TEAM MEMBERS

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

Special Agent (Team Leader)
Special Agent
Special Agent
Contract Inspector
Contract Inspector
Contract Inspector

ODO, Houston
ODO, Houston
ODO, Houston
Creative Corrections
Creative Corrections
Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the Jail Administrator, BHCJ supervisory staff, the AFOD, and the Supervisory Immigration Enforcement Agent (SIEA) who oversees BHCJ. During the interviews, all staff stated the working relationship between BHCJ and ICE is good, and morale is fair.

The Jail Administrator stated the staffing level at BHCJ is sufficient to handle the current ICE detainee population. BHCJ supervisory staff stated they have seen ICE staff visiting detainees in each of the housing units, communicating with them, and addressing their issues or concerns at least once a week. BHCJ supervisory staff stated the implementation and use of video teleconference cameras (VTC) for immigration court hearings has expedited the process and significantly decreased the length of stay for detainees.

ICE staff stated the working relationship between ICE and BHCJ staff is good. ICE staff also stated the facility is short-staffed. ODO confirmed (b)(7)e

(b)(7)e

(b)(7)e ODO recommends a staffing increase on each shift to ensure detainees are receiving the necessary time to participate in all BHCJ programs and activities.

DETAINEE RELATIONS

ODO interviewed ten randomly-selected male detainees to assess the overall living and detention conditions at BHCJ. All detainees interviewed stated they were not provided with undergarments upon admission to the facility. During observation of the intake processing of six detainees, ODO noted all were issued one uniform, one pair of socks, and one pair of soft-soled canvas shoes; undergarments were not provided. Detainees who have funds are allowed to purchase undergarments through the commissary, and the facility allows family members to bring detainees specified quantities and types of undergarments. If detainees cannot purchase undergarments, or family members are unable to provide undergarments to detainees during visits, detainees only have the option of wearing the undergarments with which they were admitted. ODO verified through interviews with facility staff and detainees that there is only one clothing exchange per week. ODO finds the clothing provision and exchange schedule inadequate to assure detainees maintain proper hygiene.

All detainees stated they did not receive a facility-specific detainee handbook. This was confirmed by ODO. Detainees stated they were unaware of the grievance process, because detainee handbooks explaining grievance procedures were not issued.

All detainees stated they are not allowed any time to use the law library. BHCJ staff stated detainees are afforded up to five hours of law library access per week, but detainees stated they were unaware a law library existed in the facility. ODO reviewed the logbook for the law library, and no requests from detainees had been submitted during the 12 months preceding the ODO inspection.

Detainees complained about food portions, a lack of variety, and not receiving enough hot meals. ODO confirmed menus are planned and certified by a registered dietitian before implementation. During the CI, several detainees threatened a hunger strike if the variety in the menu did not change. BHCJ staff stated it was not the first time detainees have threatened to go on hunger strike due to food service. The Assistant Food Service Director stated she will contact her corporate office and the registered dietitian to explore options to diversify the menu.

All detainees stated they could identify and contact their Deportation Officer (DO); however, ODO found schedules for DO visits were not posted within the housing units, only the names and telephone numbers of each DO were posted. All detainees stated ICE staff visits the housing units a minimum of once each week.

There were no complaints regarding the quality of medical services; however, all detainees stated the response time of medical staff is slow. ODO review of the Medical Care NDS confirmed timely responses to sick call requests.

ICE NATIONAL DETENTION STANDARDS

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

- Detainee Transfer
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Suicide Prevention and Intervention
- Telephone Access

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

ODO found deficiencies in the following 12 standards:

- Access to Legal Material
- Admission and Release
- Detainee Classification System
- Detainee Grievance Procedures
- Detainee Handbook
- Environmental Health and Safety
- Food Service
- Funds and Personal Property
- Key and Lock Control
- Medical Care
- Staff-Detainee Communication
- Use of Force

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

ACCESS TO LEGAL MATERIAL (ALM)

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

The law library is located in a quiet room, and has one computer. ODO verified the computer contained current versions of LexisNexis and word processing software. BHCJ management stated detainees are afforded up to five hours of law library access per week; however, detainees, stated they were unaware a law library existed in the facility. ODO reviewed the logbook for the law library, and no requests from detainees had been submitted within the 12 months preceding the ODO inspection. No printer or general office supplies are located in the law library. BHCJ staff stated that when documents need to be printed, detainees are allowed to save files on thumb drives. Staff prints the documents for detainees from the thumb drives (**Deficiency ALM-1**).

The BHCJ detainee handbook informs detainees about the availability of legal materials and the procedures for requesting law library access, but detainees are not provided a detainee handbook upon admission. The detainee handbook does not address procedures for requesting time in the law library beyond the five hour per week minimum. In addition, the rules and procedures governing access to legal material are not posted in the law library area (**Deficiency ALM-2**). The BHCJ Jail Administrator corrected this on-site by posting the rules, procedures, and hours for the law library within the law library area and in the housing units.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(B), the FOD must ensure the law library shall provide an adequate number of typewriters and/or computers, writing implements, paper, and office supplies to enable detainees to prepare documents for legal proceedings.

The facility shall designate an employee with responsibility to inspect the equipment at least weekly and ensure that it is in good working order, and to stock sufficient supplies.

Equipment and office supplies shall generally include:

1. Typewriters with replacement typewriter ribbon and correction tape. Computers may also be provided for detainee use.
2. Carbon paper (unless a copier is available)
3. Writing implements
4. Writing tablets

5. Non-toxic liquid paper

DEFICIENCY ALM-2

In accordance with the ICE NDS, Access to Legal Material, section (III)(Q)(1-6), the FOD must ensure the detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

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

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

ADMISSION AND RELEASE (AR)

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

New arrivals are screened and interviewed by Intake Officers. The intake process includes completion of emergency contact information forms and medical questionnaires, and an orientation presentation given by a BHCJ correctional supervisor. Detainees are pat-searched for contraband upon entry. Based on interviews and a review of policy, strip searches are conducted only if reasonable suspicion exists that a detainee is in possession of contraband or a weapon.

During observation of the intake processing of six detainees, ODO noted they were issued one uniform, one pair of socks, and one pair of soft-soled canvas shoes; underwear was not provided. Detainees who have funds are allowed to purchase undergarments through the commissary, and the facility allows family members to bring detainees specified quantities and types of undergarments for both male and female detainees. If detainees cannot purchase undergarments, or family members are unable to provide undergarments to detainees during visits, detainees only have the option of wearing the undergarments with which they were admitted. ODO verified through interviews with facility staff and detainees that there is only one clothing exchange per week (**Deficiency AR-1**). ODO finds the clothing provision and exchange schedule inadequate to assure detainees maintain proper hygiene.

Observation of the intake process also found a detainee handbook was not issued to any of the six detainees (**Deficiency AR-2**). This deficiency was identified previously during the August 2011 ERO annual inspection. Issuance of handbooks during admission ensures detainees are provided with necessary information on facility operations.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE NDS, Admission and Release, section (III)(A)(2), the FOD must ensure staff will issue every arriving detainee personal-hygiene items, clothing, sheets and blankets appropriate for local weather conditions (see the "Issuance of Clothing, Bedding, and Towels" Standard). In accordance with the ICE NDS, Issuance and Exchange of Clothing, Bedding, and Towels, section (III)(E), the FOD must ensure detainees shall be provided with clean clothing, linen and towels on a regular basis to ensure proper hygiene. Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly.

DEFICIENCY AR-2

In accordance with the ICE NDS, Admission and Release, section (III)(K), the FOD must ensure that upon admission every detainee will receive a detainee handbook. It will fully describe all policies, procedures, and rules in effect at the facility, in accordance with the "Detainee Handbook" standard.

DETAINEE CLASSIFICATION SYSTEM (DCS)

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

During interviews, BHCJ and ICE personnel stated the classification of detainees at BHCJ is conducted by ERO field office staff prior to the arrival of detainees at BHCJ. Review of ten detention files found all contained Form I-203A, Order to Detain Aliens, listing the detainee's classification level, a digital photograph of the detainee, property inventory, receipt for funds, and a medical questionnaire. The ten files contained no other information or forms, such as the detainee classification worksheet or Form I-213, Record of Deportable/Inadmissible Alien (**Deficiency DCS-1**). Availability of information supporting the assigned classification level is important for validation and reclassification purposes, should the need arise.

During a review of housing assignments, ODO noted a detainee with a Level I classification was housed in a general population unit with Level II and III detainees. The facility's shift supervisor immediately corrected the deficiency by transferring the Level I detainee to the appropriate housing unit (**Deficiency DCS-2**). ODO recommends BHCJ management takes steps to assure separation of detainees based on classification.

The BHCJ classification system does not include provisions for reclassifications of detainees (**Deficiency DCS-3**). Reclassification may be necessary when new information is made available, or as a result of a disciplinary incident. Classification levels determine housing assignments, so it is critical that reclassification occurs when necessary to assure detainee safety.

Review of the detainee handbook found procedures for appealing classification levels are addressed, but an explanation of the classification levels is not provided (**Deficiency DCS-4**). Explaining classification levels assures detainees understand the basis for their assigned level and any corresponding restrictions. This deficiency was cited during the August 2011 ERO annual inspection. ODO confirmed detainees are not provided handbooks during admission.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System, section (III)(A)(1), the FOD must ensure all detainees are classified upon arrival, before being admitted into the general population. INS will provide CDFs and IGSA facilities with the data they need from each detainee's file to complete the classification process.

DEFICIENCY DCS-2

In accordance with the ICE NDS, Detainee Classification System, section (III)(E)(1)(a-d), the FOD must ensure all facilities shall ensure that detainees are housed according to their classification level.

All classification levels are decided by the general makeup of the total population of the facility. Under no circumstances will issues of facility management or other factors external to the detainee classification system influence a detainee's classification level. All classification levels are decided by the general makeup of the total population of the facility [sic].

New arrivals are generally classified by convictions when assessing the criminal record reports. Use of convictions for classification will be limited, as suggested by the following guidelines.

I. Level 1 Classification

- a. May not be housed with Level 3 Detainees.
- b. May not include any detainee with a felony conviction that included an act of physical violence.
- c. May not include any detainee with an aggravated felony conviction.
- d. May include detainees with minor criminal records and nonviolent felonies.

DEFICIENCY DCS-3

In accordance with the ICE NDS, Detainee Classification System, section (III)(G), the FOD must ensure all facility classification systems shall ensure that a detainee may be reclassified any time and the classification level redetermined.

DEFICIENCY DCS-4

In accordance with the ICE NDS, Detainee Classification System, section (III)(I)(1)(2), the FOD must ensure the detainee handbook's section on classification will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each.
2. The procedures by which a detainee may appeal his/her classification.

DETAINEE GRIEVANCE PROCEDURES (DGP)

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

ODO verified BHCJ has policies and procedures for detainees to file both formal and informal grievances. BHCJ uses a standard request form for all grievances, which is readily available to all detainees by requesting a form from the on-duty Housing Unit Officer. Each detainee grievance is filed with the Jail Administrator; detainees may appeal the decisions of the Jail Administrator directly to ERO.

The Jail Administrator also serves as the Grievance Coordinator. ODO reviewed 20 grievances filed between January 2012 and May 2012. Eight grievances pertained to medical care, and 12 pertained to food service, such as lack of taste and small portion size. All grievances reviewed were adjudicated, and response times ranged from the same day the grievance was filed to five days from the date of filing. There were no appeals or outstanding grievances pending at the time of the review.

ODO confirmed the facility did not have a procedure for identifying and handling emergency grievances (**Deficiency DGP-1**). Emergency grievance procedures provide staff with clear instructions on how to handle issues requiring urgent attention.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(B), the FOD must ensure each facility shall implement procedures for identifying and handling an emergency grievance. An emergency grievance involves an immediate threat to a detainee's safety or welfare. Once the receiving staff member approached by a detainee determines that he/she is in fact raising an issue requiring urgent attention, emergency grievance procedures will apply.

DETAINEE HANDBOOK (DH)

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

ODO interviewed ten detainees, and all stated they had not received a facility-specific handbook. ODO confirmed BHCJ has a large quantity of facility-specific handbooks in English and Spanish, but does not provide the handbooks to detainees upon admission to the facility (**Deficiency DH-1**). BHCJ staff stated failure to issue facility handbooks at admission was an oversight. This issue was brought to the attention of BHCJ management during the close-out briefing. BHCJ management stated they would immediately provide handbooks to detainees in custody, and to all detainees admitted to BHCJ going forward.

Other omissions from the detainee handbook are reported as **Deficiencies ALM-2, DCS-4, and F&PP 2**.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE NDS, Detainee Handbook, section (I), the FOD must ensure every OIC will develop a site-specific detainee handbook to serve as an overview of, and guide to, the detention policies, rules, and procedures in effect at the facility. The handbook will also describe the services, programs, and opportunities available through various sources, including the facility, INS, private organizations, etc. Every detainee will receive a copy of this handbook upon admission to the facility.

Detainees are expected to behave in accordance with the rules set down in the handbook, and will be held accountable for violations. Therefore, the facility staff will advise every detainee to become familiar with the material in the handbook.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

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

With the exception of food service, ODO found the sanitation of the facility to be poor. Mold and mildew, and broken and missing tiles were observed in the shower area of a male housing unit. Floor tiles in housing units and in the main hallway are discolored as a result of dirt and wax build-up. ODO recommends the facility initiate a comprehensive program to improve and maintain facility sanitation.

A running inventory of chemicals used and stored in the laundry area is not maintained (**Deficiency EH&S-1**). Maintaining inventories supports control, accountability, and monitoring of usage. Inmates work in the laundry unsupervised, which heightens the importance of compliance with the standard. The facility maintains a master index of MSDS, but does not maintain a master index of all hazardous substances, with their locations (**Deficiency EH&S-2**). A master index promotes accountability and control, and assures information critical to an emergency response is available in a central location.

BHCJ performs weekly testing of the emergency power generator for 20 minutes. This testing frequency exceeds the standard, but the duration of testing does not meet the one-hour requirement. The emergency generator is not tested or serviced by an external company on a quarterly basis (**Deficiency EH&S-3**). Emergency generators serve a vital life-safety function in the event of a power outage, so prescribed preventive maintenance and testing is essential.

ODO was informed detainees with barbering skills are allowed to cut hair. Barber operations are conducted in an open area of the male and female housing unit bathrooms, and sanitation regulations for barber operations are not posted (**Deficiency EH&S-4**). Barbering was not conducted during the review; however, ODO confirmed required sanitation equipment and supplies are available.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

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

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(C), the FOD must ensure the Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file.

The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

DEFICIENCY EH&S-3

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary.

The biweekly test of the emergency electrical generator will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation. The emergency generator will also receive quarterly testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output.

DEFICIENCY EH&S-4

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1)(4), the FOD must ensure sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to:

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

FOOD SERVICE (FS)

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

All work associated with the food service operation is performed by Aramark Correctional Services staff and BHCJ inmate workers. Detainees do not work in food service. Aramark staff prepares all the meals; inmate workers only perform cleaning and sanitation duties. ODO verified staff and inmate workers are medically cleared to work in food service. Menus are planned and certified by a registered dietitian before implementation. The facility has a dining room where ICE detainees are served their meals. ODO confirmed food temperature requirements are met.

A logbook documented only three searches of the kitchen during the 60 days preceding the ODO inspection. During interviews, Correctional Officers confirmed daily searches of the kitchen are not conducted (**Deficiency FS-1**). This deficiency was identified during the August 2011 ERO annual inspection. Daily searches ensure workers do not remove food items, including items which may be fermented and spices than can be used for hallucinogenic purposes.

BHCJ management stated there are rarely leftovers from a meal. If there are remains, they amount to four or five servings and are retained for three days (**Deficiency FS-2**). During the review, the Assistant Food Service Director addressed this deficiency by generating a directive stating leftovers may be retained not longer than 24 hours.

Procedures are in place for providing medical and Common Fare diets; however, a ceremonial meal schedule for religious meals has not been developed (**Deficiency FS-3**). Interviews with the Assistant Food Service Director and the Officer in Charge (OIC) confirmed BHCJ does not have a ceremonial meal schedule, nor does it have a Chaplain to fulfill duties related to religious meals. ODO confirmed no detainees have requested religious meals.

Inspection of sack meals verified they contain food items required by the NDS, with the exception of properly packaged fresh vegetables or commercially packaged snack foods (**Deficiency FS-4**). During the review, the Assistant Food Service Director corrected this deficiency by directing staff to include a bag of potato chips in sack lunches.

During the observation of lunch meal service, five detainees complained the pasta salad was spoiled and the carrots were undercooked. ODO conducted a taste test of the lunch-time meal, and found the food to be edible and good-tasting. The next day, ODO interviewed the same five detainees, all of whom stated the problem was the lack of variety, the quantity of the food, and the repetitive serving of sandwiches for lunch and dinner. Eight additional detainees from the same housing unit stated they found the food to be satisfactory, but complained the portions were small.

ODO interviewed the Assistant Food Service Director regarding detainee claims that sandwiches are served for both lunch and dinner meals. The Assistant Food Service Director confirmed, on seven days of the current four-week menu cycle, a cold sandwich is served for both lunch and dinner, with one warm side dish. ODO does not cite this as a deficiency related to section (III)(C)(1) of the standard, which requires two hot meals a day, because one hot item is served with both meals. The Assistant Food Service Director stated the corporate office and the registered dietitian will be consulted in order to explore options to diversify the menu.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(B)(5), the FOD must ensure all facilities must establish daily searches (shakedowns) of detainee work areas (trash, etc.) as standard operating procedures, paying particular attention to trash receptacles. Also required are searches of detainees leaving certain work areas (e.g., bakery, vegetable preparation, dining room, warehouse). These searches reduce the possibility that hot food or contraband will leave the restricted area. Unless directed otherwise by facility policy or special instructions, staff shall prevent detainees from leaving the food service department with any food item.

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(D)(8), the FOD must ensure prepared food items which have not been placed on the serving line may be retained for no more than 24 hours. Leftovers offered for service a second time shall not be retained for later use, but shall be discarded immediately after offering. All leftovers shall be labeled to identify the product, preparation date, and time.

DEFICIENCY FS-3

In accordance with the ICE NDS, Food Service, section (III)(E)(10), the FOD must ensure the Chaplain, in consultation with the local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the next calendar year, providing it to the OIC. This schedule shall include the date, religious group, estimated number of participants, and special foods required. Ceremonial and commemorative meals shall be served in the food service facility unless otherwise approved by the OIC.

The food service department shall be the only source of procurement for food items. To maintain equity in menu design, all meals shall be limited to food items on the facility's master-cycle menu. To facilitate food preparation, consultations between the FSA and local religious representative(s) concerning appropriate menus shall occur six-to-eight weeks in advance of the scheduled observance. The religious provider may, through the food service department, procure the ritual-observance food items (in minimal quantities). Such items will not generally constitute the main entree for the ceremonial meal.

DEFICIENCY FS-4

In accordance with the ICE NDS, Food Service, section (III)(G)(6)(c)(1-3), the FOD must ensure each sack shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork). Commercial bread or rolls may be preferable because they include preservatives. To

ensure freshness, fresh, facility-made bread may be used only if made on the day of lunch preparation. Sandwiches should be individually wrapped or bagged in a secure fashion, to prevent the food from deteriorating. Meats, cheeses, etc., should be freshly sliced the day of sandwich preparation. Leftover cooked meats shall not be used after 24 hours.

In addition, each sack shall include:

1. One piece of fresh fruit or properly packaged canned fruit (paper cup with lid), complete with a plastic spoon; and
2. One ration of a dessert item, e.g., cookies, doughnuts, fruit bars. Extremely perishable items, e.g., fruit pie, cream pie, other items made with milk, cream, or other dairy ingredients shall be excluded; and
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 [sic]. These items enhance the overall acceptance of the lunches.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at BHCJ to determine if controls are in place to inventory, receipt, store, and safeguard detainees' personal property, in accordance with ICE NDS. ODO reviewed policies, procedures, and the detainee handbook; interviewed staff; observed processing of detainees; and inspected areas where property is maintained.

BHCJ has policies and procedures in place to ensure the control and safeguarding of detainee property from the time of admission until the time of release. ODO confirmed funds and valuables are properly inventoried and logged. Detainees are issued receipts for property and funds surrendered at the time of admission. The policy does not address requirements for lost or damaged property (**Deficiency F&PP-1**). These requirements support consistent handling and documentation of lost or damaged property, ensure accountability of staff who handle property, and offer detainees the opportunity to file a claim for missing or damaged property.

The detainee handbook notifies detainees of property that may be retained in their possession; however, it does not address procedures for requesting certified copies of identity documents, storing or mailing property not allowed in their possession, or filing claims for lost or damaged property (**Deficiency F&PP-2**). ODO confirmed detainee handbooks were not provided to detainees upon admission. Providing detainees with a handbook detailing all services offered at the facility, and the related procedures for accessing those services, ensures detainees are made aware of all opportunities available to them at the facility.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE NDS, Funds and Personal Property, section (III)(H)(1-7), the FOD must ensure each facility shall have a written policy and procedures for detainee property reported missing or damaged.

Lost/Damaged Property in CDFs and IGSA

All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly receipted detainee property, as follows:

1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard;
2. Supervisory staff will conduct the investigation;
3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;
4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim;

5. The [sic] will promptly reimburse detainees for all validated property losses caused by facility negligence;
6. The [sic] will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
7. The senior contract officer will immediately notify the designated INS officer of all claims and outcomes.

DEFICIENCY F&PP-2

In accordance with the ICE NDS, Funds and Personal Property, section (III)(J)(2-5), the FOD must ensure the detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
3. The rules for storing or mailing property not allowed in their possession;
4. The procedure for claiming property upon release, transfer, or removal;
5. The procedure for filing a claim for lost or damaged property.

KEY AND LOCK CONTROL (K&LC)

ODO reviewed the Key and Lock Control standard at BHCJ to determine if facility safety and security is maintained by requiring keys and locks to be controlled and maintained, in accordance with the ICE NDS. ODO reviewed policies and procedures, inspected documentation and inventory lists, and interviewed staff.

The facility has a designated Security Officer responsible for all administrative duties related to key and lock control. There is no written position description for the Security Officer (**Deficiency K&LC-1**). Written position descriptions address required duties related to key and lock control, and support accountability. The facility uses an outside contractor to repair and service locks. The Security Officer has not completed locksmith training (**Deficiency K&LC-2**).

Locks in the maintenance area are not included on the inventory (**Deficiency K&LC-3**). All locks and locking devices must be inventoried to ensure proper control and accountability. ODO verified inventories of the key boxes in Central Control are current and up-to-date. Observation and review of documentation found keys are logged each time they are issued and returned by staff. During inspection of emergency key rings in Central Control, ODO found six master keys (**Deficiency K&LC-4**). Master keys pose a security risk, because they open all grills and gates, and their loss necessitates replacement of all locks and keys.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY K&LC-1

In accordance with the ICE NDS, Key and Lock Control, section (III)(A)(1), the FOD must ensure the Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.

DEFICIENCY K&LC-2

In accordance with the ICE NDS, Key and Lock Control, section (III)(A)(2), the FOD must ensure all security officers shall successfully complete an approved locksmith-training program.

DEFICIENCY K&LC-3

In accordance with the ICE NDS, Key and Lock Control, section (III)(B)(1), the FOD must ensure the Security Officer shall maintain inventories of all keys, locks, and locking devices in the Lock Shop.

DEFICIENCY K&LC-4

In accordance with the ICE NDS, Key and Lock Control, section (III)(B)(4)(c), the FOD must ensure grand masterkeying [sic] systems are not authorized.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at BHCJ to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO toured the clinic, observed intake screening, interviewed staff, and reviewed medical policies and procedures, 25 detainee medical records, and medical staff credentials.

BHCJ holds no accreditations; however, policies reference adherence to the State of Ohio Jail Standards. Healthcare services are provided by two LPNs and a contract physician, who is the designated clinical authority. The LPNs work schedule is 8:00 a.m. to 5:00 p.m., Monday through Friday. The physician sees detainees on Thursdays, and is on-call 24 hours a day for emergencies. Recovery Resources, located in Cleveland, Ohio, is the mental health service provider used by BHCJ as necessary. A community dentist provides dental services under contract. ODO verified all licenses and credentials are in accordance with the standard.

Overall, ODO found healthcare services to be adequate. Initial intake screening is performed by trained Correctional Officers. ODO confirmed intake screening was conducted upon arrival in all 25 records reviewed, including screening for signs and symptoms of TB. All detainees undergo subsequent testing to rule out TB by way of a chest x-ray (CXR) rather than a Purified Protein Derivative (PPD) skin test. A CXR is a more efficient means of testing for TB, because the results are immediate. A CXR was performed within a day of arrival in all cases reviewed; however, ODO notes, depending on when a detainee is admitted, a CXR may be delayed. For example, detainees received on a Friday may not have a CXR until the following Monday or Tuesday. Unless a Booking Officer identifies signs or symptoms of TB, detainees are placed in general population pending a CXR. ODO recommends the facility either expedite a CXR or consider designating an area for housing detainees pending medical clearance.

A health appraisal and a PE are performed by the physician. ODO verified a PE was completed within the required 14-day timeframe in all 25 records reviewed, and the ICE Health Service Corps performance improvement criteria were met. Medications are distributed by Correctional Officers who complete an approved medication distribution training program. Nurses review Medication Administration Records (MAR) to ensure proper documentation.

ODO verified medical staff maintains current certifications in cardiopulmonary resuscitation (CPR) and first aid; however, review of (b)(7)(e) detention staff training files found no documentation of CPR or first aid certifications (**Deficiency MC-1**). The Jail Administrator stated training for detention staff has been lacking due to changes in leadership at the jail. It is critical that all officers are trained to properly respond to health-related emergencies, because on-site coverage by medical staff is limited. ODO recommends all officers complete training at the earliest opportunity, and BHCJ management takes steps to ensure all CPR and first aid certifications are current.

Detainees access health care services by submitting sick call requests to Housing Unit Officers, who enter the sick-call information on a sick-call log sheet. However, detainees may also give the requests directly to a Nurse. Nursing staff reviews the log and request forms, and triages complaints. Detainees are seen during nurses' sick call the same day, or are scheduled for

physician's sick call, which is held on Thursdays. The physician is notified of any issue requiring more immediate attention. While ODO verified the sick call system allows for timely triage and follow-up, patient confidentiality is violated by the access of Correctional Officers to medical information, as documented on the sick-call forms (**Deficiency MC-2**). ODO recommends the facility consider installing secure boxes into which detainees may insert request slips for pick-up on a scheduled basis by medical staff.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(H)(1-5), the FOD must ensure detention staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following:

1. The recognition of signs of potential health emergencies and the required response;
2. The administration of first aid and cardiopulmonary resuscitation (CPR);
3. The facility plan and its required methods of obtaining emergency medical assistance;
4. The recognition of signs and symptoms of mental illness (including suicide risk) retardation, and chemical dependency; and
5. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services.

DEFICIENCY MC-2

In accordance with the ICE NDS, Medical Care, section (III)(M), the FOD must ensure all medical providers shall protect the privacy of detainees' medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well-being of detainees.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at BHCJ 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 NDS. ODO reviewed logbooks and the detainee handbook, and interviewed ICE and BHCJ staff and detainees.

An IEA conducts one scheduled and one unscheduled visit each week at BHCJ to monitor detention conditions, and to address inquiries and requests from detainees. ODO verified these visits through a review of a visitation logbook maintained at the entrance to the housing units. Detainee request forms are available from the Housing Unit Officer posted outside the housing units. Interviews of ICE staff and a review of logbooks confirmed responses to detainee requests are provided within 72 hours. ICE staff stated FOD Detroit management does not make regular, unannounced visits to BHCJ (**Deficiency SDC-1**). ODO confirmed ERO management has not visited the facility since August 2011.

All detainees interviewed were able to identify and contact a DO; however, ODO found schedules for DO visits were not posted within the housing units. Only the names and telephone numbers of each DO were posted (**Deficiency SDC-2**). Posting a schedule allows detainees to formulate questions for discussion in advance of a visit from an assigned DO.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(1), the FOD must ensure 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 [sic] 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 rooms.

While visiting the Special Management Unit, the detainees shall be interviewed, living conditions will be observed and detainee-housing records will be reviewed.

Each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSA's.

DEFICIENCY SDC-2

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(2)(b), the FOD shall devise a written schedule and procedure for weekly detainee visits by District ICE deportation staff. The ICE officer will also visit the facility's Special Management Units (SMU) to interview any ICE detainees housed there, monitor housing conditions, review detainees' classification and basis for placement in the SMU, and review all records in this regard. Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access. The ICE Field Office Director shall have specific procedures for documenting the visit. IGSA's with larger populations should be visited more often if necessary.

USE OF FORCE (UOF)

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

Confrontation avoidance is addressed in facility policy, and in the initial and annual training programs. ODO verified the facility has a cadre trained in the use-of-force team technique. Appropriate protective gear and a video camera are readily accessible. ODO confirmed there were no calculated or immediate uses of force involving ICE detainees during the 12 months preceding the ODO inspection. An immediate use of force situation is created when detainee behavior constitutes a serious and immediate threat to the detainee, staff, other detainees, property, or the security and orderly operation of the facility. It may be necessary for staff to respond to such a situation without a supervisor's direction or presence. A calculated use of force is warranted when no immediate threat is posed, and there is sufficient time to potentially diffuse the situation without resorting to force.

Facility policy does not address after-action reviews (**Deficiency UOF-1**). An after-action review provides critical analysis to determine if the force used was necessary, appropriate, and in compliance with policy. Written procedures direct the completion of reviews consistent with established guidelines. During the review, BHCJ management revised the use of force policy to incorporate a requirement for after-action reviews.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE 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 [sic] will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures.