



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight  
Washington, DC 20536-5501

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## Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
Miami Field Office  
Krome Service Processing Center  
Miami, Florida

August 21 – 23, 2012

**COMPLIANCE INSPECTION  
KROME SERVICE PROCESSING CENTER  
MIAMI FIELD OFFICE**

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## EXECUTIVE SUMMARY

The Office of Professional Responsibility, Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Krome Service Processing Center (KSPC) in Miami, Florida, from August 21 to 23, 2012. The facility opened in 1980, and began housing detainees from the former U.S. Immigration and Naturalization Service in 1981. U.S. Immigration and Customs Enforcement (ICE) owns and operates the facility to house detainees of all security classification levels (Level I – lowest threat, Level II – medium threat, Level III – highest threat) for over 72 hours. The average daily detainee population at KSPC is 574, nearly filling the 581 bed, 196,059 square foot facility. The average length of stay is 12 days. At the time of inspection, the facility housed 560 male detainees (147 Level I, 274 Level II, 139 Level III). KSPC does not house female detainees.

Doyon-Akal JV (Joint Venture) is contracted to provide detention services, security operations, and food service. KSPC holds accreditation from the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and The Joint Commission (TJC), formerly known as the Joint Commission on Accreditation of Healthcare Organizations.

The Enforcement and Removal Operations (ERO), Field Office Director, Miami, Florida (ERO Miami) is responsible for ensuring facility compliance with ICE policies and the Performance-Based National Detention Standards (PBNDS). An Assistant Field Office Director (AFOD) is stationed at KSPC, and is the highest-ranking ERO official at the facility. In addition to the AFOD, ERO staff at KSPC is comprised of (b)(7)e Supervisory Detention and Deportation Officers (SDDO), (b)(7)e Supervisory Immigration Enforcement Agents (SIEA), (b)(7)e Deportation Officers (DO), and (b)(7)e Immigration Enforcement Agents (IEA). The AFOD stated there are currently (b)(7)e vacant SIEA positions and (b)(7)e vacant Enforcement and Removal Assistant (ERA) positions at KSPC. A permanently-assigned ERO Detention Service Manager (DSM) monitors facility compliance with the PBNDS.

The Project Manager is the highest ranking Doyon-Akal JV official at KSPC, and is responsible for oversight of detention services, security operations, and food service. In addition to the Project Manager, Doyon-Akal JV supervisory staff consists of the deputy project manager, (b)(7)e captains, and (b)(7)e full-time supervisors. Detention staff consists of (b)(7)e full-time detention officers and (b)(7)e part-time detention officers.

In February 2011, ODO conducted a Focus Review at KSPC. Of the 27 PBNDS reviewed, 13 were in full compliance. The remaining 14 standards accounted for 30 deficiencies. ODO conducted the Focus Review in February 2011 as a result of an influx of allegations reported to the Joint Intake Center (JIC) from October 2010 to December 2010. The allegations reported to the JIC during this time period were related to non-compliance with the 2008 PBNDS in the areas of Food Service, Funds and Personal Property, Grievance System, Medical Care, Staff-Detainee Communication, Transportation (By Land), and Use of Force and Restraints.

In April 2012, ERO Detention Standards Compliance Unit contractor, the Nakamoto Group, Inc., conducted an annual review of the PBNDS at KSPC. KSPC received an overall rating of "Meets Standards," and was found compliant with all 41 standards reviewed.

During this CI, ODO reviewed 18 PBNDS. Fourteen standards were determined to be fully compliant. Five deficiencies were identified in the following four standards: Hold Rooms in Detention Facilities (1 deficiency), Medical Care (1), Population Counts (1), and Use of Force and Restraints (2). Specifically, numerous detainees were held in hold rooms for more than 12 hours, and the medical transfer summary of a detainee who had transferred from KSPC to another detention facility did not mention he had an active Methicillin Resistant Staphylococcus Aureus (MRSA) infection. Furthermore, population counts are 10 hours apart between the morning and evening counts, rather than eight hours; and after-action reviews for use of force incidents were not conducted within two working days after the incidents occurred. There were no repeated deficiencies from the 2011 Focus Review.

This report details all deficiencies identified by ODO and refers to the specific, relevant sections of the PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. These deficiencies were discussed with KSPC personnel on-site during the inspection, as well as during the closeout briefing conducted on August 23, 2012.

ODO attributes KSPC's high level of compliance with the PBNDS and the low number of deficiencies identified in this CI to the presence of a dedicated ERO standards compliance team, in addition to the presence of an on-site DSM. Doyon-Akal JV also supplements the ERO standards compliance inspection team with (b)(7)e full-time staff members.

KSPC maintains an electronic grievance log to document and track all formal grievances submitted by detainees. ODO verified grievance forms are placed in the detention file of each detainee lodging a grievance. The grievance log reflects KSPC received and processed 115 formal grievances between January 2012 and August 2012. Thirty-nine pertained to complaints about staff, but none involved officer misconduct; 28 pertained to medical care; 16 pertained to facility operations related to food service, clothing, sanitation, and personal property; 12 pertained to disciplinary matters; nine pertained to communications-related mail, visitations, and telephone service; seven pertained to classification and custody; three pertained to facility programs; and one pertained to a miscellaneous issue.

Medical services at KSPC are provided by the ICE Health Service Corps (IHSC). Current staffing for IHSC consists of (b)(7)e positions. Of the (b)(7)e positions, (b)(7)e are currently vacant. Specifically, the (b)(7)e vacant positions are comprised of (b)(7)e physician, (b)(7)e physician assistant, and (b)(7)e registered nurses. Current medical staffing at KSPC includes, but is not limited to, the Health Services Administrator (HSA), the Assistant HSA, the Clinical Director, a physician, a psychologist, a psychiatrist, a clinical social worker, a pharmacist, a dentist, and registered nurses. The facility was not able to provide a copy of their current medical staffing plan when requested during the inspection.

ODO reviewed 30 medical files and confirmed all detainees are medically screened and physically examined in a timely manner by medical staff upon arrival at KSPC. Screening includes a digital chest X-ray to determine the presence or absence of tuberculosis (TB) infection. Results of the chest X-ray are received by the facility within a four-hour timeframe, and must be received before the detainee is assigned to a housing unit.

Detainees access routine medical care by submitting written medical requests on forms available in English, Spanish, and Creole. A review of 40 detainee medical requests showed detainees are evaluated within one to two days after submitting their medical requests.

There have been a total of four detainee deaths since the facility began housing detainees in 1981, but none since the last Focus Review conducted by ODO in February 2011. There have been no suicides since the facility began housing detainees in 1981. There have been no suicide attempts but a total of 40 suicide watches since January 2012; all were the result of verbal ideations. During this CI, there were no detainees on suicide watch. ODO reviewed the facility's suicide prevention training plan and noted all required elements are covered in accordance with the PBNDS. ODO confirmed suicide prevention training for all correctional and medical staff is current. ODO verified KSPC policy requires officers to conduct and document 15-minute checks of detainees placed on suicide watch in accordance with the PBNDS.

KSPC has a designated Sexual Abuse and Assault Prevention and Intervention (SAAPI) Coordinator, an alternate SAAPI Coordinator, and a SAAPI team. The SAAPI team is chaired by the facility psychiatrist; other members include the SAAPI Coordinator (or the alternate SAAPI Coordinator), the Health Services Administrator, the Clinical Director, the Clinical Social Worker, the psychologist, and a registered nurse. Having a SAAPI team exceeds the requirements of the PBNDS and is cited as a best practice, because it assures a dedicated approach to preventing and responding to sexual abuse and assaults. Detainees are informed of the SAAPI program in the detainee handbook, during orientation via the facility orientation video, and through postings in housing units.

Detainees are screened during the intake process for sexual abuse victimization history and predatory history to determine potential sexual aggressors. KSPC separates detainees with a history of predatory or abusive sexual behavior from detainees with a history of victimization. The SAAPI Coordinator informed ODO there has been one incident of reported sexual abuse and assault since January 2012. In this incident, both the offender and the victim were detainees. ODO reviewed the SAAPI log and noted the incident was reported on May 15, 2012. The victim was medically examined by medical staff. The case file contained documents recording notification to ICE, the Miami-Dade Police Department, and other required agencies, including the Joint Intake Center. This incident is currently under investigation by the Miami-Dade Police Department and the ICE Office of Professional Responsibility. The SAAPI Coordinator is monitoring the status of the investigation, and has been placing updates and other pertinent documents in the case file. ODO also notes the local facility policies and the PBNDS have been followed by staff in this incident.

At the time of the inspection, there were six detainees in segregation, four detainees in administrative segregation and two detainees in disciplinary segregation. The Administrative Special Management Unit (SMU) and the Disciplinary SMU at KSPC are well lit, temperature-appropriate, and sanitary. ODO reviewed Facility Liaison Visit Checklists, and confirmed ERO officers regularly visit the SMU to interact with detainees and closely monitor the living conditions in the SMU.

A secure lockbox is located in the dining hall for detainees to submit and drop off requests. The lockbox is checked on a daily basis and is only accessible to ERO staff. Detainee requests are electronically logged and responses are provided to detainees in a timely manner, within 72 hours of receipt. ERO officers conduct weekly scheduled visits with detainees to address their questions or concerns. Visitation schedules are conspicuously posted in each housing unit. Local policy and procedures also require ERO supervisory and non-supervisory staff to conduct and document unannounced visits with detainees. ODO verified regular and unannounced supervisory and non-supervisory staff visits have been conducted and documented by ERO staff.

KSPC has a comprehensive written policy governing the use of force. The facility does not use four-point restraints, restraint chairs, or any electro-muscular disruption devices. Protective equipment and hand-held video cameras, for use in calculated use of force incidents, are available in two locations within the facility for quick access to the equipment and accelerated response time. Since January 1, 2012, a total of 45 use of force incidents have taken place at KSPC. Of the 45 incidents, one involved calculated use of force and 44 involved immediate use of force.

During the inspection, Tropical Storm (TS) Isaac was forecast to affect the Miami metropolitan area within 48 to 72 hours. An emergency evacuation meeting was conducted by the facility's management staff, including participation by representatives of the medical department. As a result, the facility's Special Operation Center was activated. ODO was able to monitor actual interactions between staff and ICE leadership via conference calls with the U.S. Virgin Islands, the Commonwealth of Puerto Rico, and Washington, DC. In addition, ODO observed staff performing their duties in compliance within the standard guidelines established by the facility's emergency plans, and witnessed ERO staff exhibiting a high level of knowledge in collaborating, handling, and operating the facility's Emergency Command Center involving a hurricane and an adverse weather event occurring in real time.



## INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards or the ICE PBNDS, as applicable. The PBNDS apply to KSPC. In addition, ODO may focus its inspection based on detention management information provided by the 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 KSPC 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 KSPC.

## REPORT ORGANIZATION

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

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the PBNDS, 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



Special Agent (Team Leader)	ODO, San Diego
Detention and Deportation Officer	ODO, Headquarters
Special Agent	ODO, Phoenix
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

## OPERATIONAL ENVIRONMENT

### INTERNAL RELATIONS

ODO interviewed the AFOD, the SDDO of the ACA Compliance Team, and the Doyon-Akal JV Project Manager and Deputy Project Manager. During the interviews, ICE and Doyon-Akal JV leadership stated the working relationship between the two entities is excellent, and the morale of ICE and Doyon-Akal JV staff is very good.

The Project Manager and the Deputy Project Manager both stated they have consistently observed ICE staff visiting the housing units multiple times each week, and communicating with ICE detainees to address their issues or concerns. The Project Manager praised the leadership of the AFOD, and said the professionalism of the ICE staff has resulted in the facility's high level of compliance with the PBNDS.

The SDDO praised the members of his ACA Compliance Team for doing an excellent job ensuring the facility maintains a high level of compliance with the PBNDS. The SDDO also said the facility is in need of additional network printers, and he would like to have all IEAs in his ACA Compliance Team issued BlackBerry devices to facilitate quick access to electronic mails.

### DETAINEE RELATIONS

ODO interviewed 25 randomly-selected male detainees to assess the overall living and detention conditions at KSPC. Four detainees alleged they did not receive the facility's local detainee handbook supplement; however, ODO reviewed the detention files of these four detainees and confirmed all four detainees had signed a receipt acknowledging they had received the local detainee handbook supplement and the ICE National Detainee Handbook. ODO inspected the housing units of these four detainees and observed their detainee handbooks were placed on top of their beds.

One detainee claimed he was paying for stamps for sending outgoing mail, despite being an indigent detainee; however, ODO verified this detainee had \$500 deposited in his commissary account, thus not qualifying him as an indigent detainee. One detainee alleged he was not receiving medical care for a chronic condition caused by an arm injury that was sustained prior to being detained by ICE. ODO reviewed this detainee's medical file and confirmed he had been receiving medical care daily since his arrival at KSPC.

Other than the above issues, ODO received no complaints concerning access to the law library and legal materials, issuance and replenishment of basic hygiene items, food service, recreation, religious services, visitation, the grievance system, or access to an ICE DO. All detainees interviewed said they have not been strip searched, and have not observed or experienced any verbal, physical, or sexual abuse by staff at KSPC.



## **ICE PERFORMANCE-BASED NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 18 PBNDS and found KSPC fully compliant with the following 14 standards:

- Admission and Release
- Detainee Handbook
- Disciplinary System
- Emergency Plans
- Food Service
- Funds and Personal Property
- Grievance System
- Hunger Strikes
- Sexual Abuse and Assault Prevention and Intervention
- Special Management Units
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Telephone Access
- Visitation

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

ODO found deficiencies in the following four areas:

- Hold Rooms in Detention Facilities
- Medical Care
- Population Counts
- Use of Force and Restraints

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

## **HOLD ROOMS IN DETENTION FACILITIES (HR)**

ODO reviewed the Hold Rooms in Detention Facilities standard at KSPC to determine if detainees placed temporarily in hold rooms, awaiting further processing, are in a safe, secure and comfortable environment, and not held confined in hold rooms for over 12 hours, in accordance with the ICE PBNDS. ODO interviewed ICE and Doyon-Akal JV staff, reviewed policies and hold room logbooks, and observed the hold rooms.

The hold rooms are clean, sanitary, appropriately ventilated, and well lit. Each hold room contains sufficient seating for the maximum room capacity. The hold rooms are under constant observation by staff working in the area. ODO observed detainees receiving basic personal hygiene items. Searches of detainees were conducted in accordance with the PBNDS. The facility has a written evacuation plan designating an officer with the responsibility of removing detainees from the hold rooms in case of fire, building evacuation, or other emergencies.

ODO reviewed hold room logs and noted numerous detainees were held in hold rooms for more than 12 hours (**Deficiency HR-1**). This deficiency was also identified during the April 2012 ERO annual inspection. ODO addressed this deficiency with the Doyon-Akal JV captain responsible for the admission and release of detainees, the DSM, the ERO ACA Compliance Team, the HSA, and the Contracting Officer's Technical Representative (COTR) for the contract with Doyon-Akal JV. All staff members interviewed were aware of this deficiency. The COTR indicated the ERO ACA Compliance Team now monitors the intake log twice a month to identify the timeframes detainees have been held in the hold rooms. A report is completed and forwarded to the SIEA on a monthly basis. ODO was presented with statistical information which indicated KSPC has been making progress in complying with this standard since the beginning of 2012. Specifically, there were 58 detainees held in the hold rooms for more than 12 hours in February 2012, 13 detainees in May 2012, seven detainees in June 2012, and four detainees in July 2012.

Doyon-Akal JV staff prepares a memorandum each time a detainee is held in the hold rooms for more than 12 hours to document the reason for the extended time in the hold room. When facility staff is aware a large number of detainees will be arriving at KSPC, overtime can be authorized to maintain compliance with this standard.

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

### **DEFICIENCY HR-1**

In accordance with the ICE PBNDS, Hold Rooms in Detention Facilities, section (V)(B), the FOD must ensure the maximum aggregate time an individual may be held in a Hold Room is 12 hours.

## MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at KSPC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE PBNDS. ODO toured the medical department and the short stay unit (SSU), interviewed staff and detainees, verified staff credentials, and reviewed health care policies and procedures, staff training records, and detainee medical records.

Medical services at KSPC are provided by IHSC. The medical department is adequate in size and contains sufficient equipment to meet the needs of the detainee population. Current medical staffing at KSPC includes, but is not limited to, the HSA, the Assistant HSA, the Clinical Director, a physician, a psychologist, a psychiatrist, a clinical social worker, a pharmacist, a dentist, and registered nurses. The facility was not able to provide a copy of their current staffing plan when requested during the inspection. Of the (b)(7)e current staffing positions, (b)(7)e are vacant: (b)(7)e physician (b)(7)e physician assistant, and (b)(7)e registered nurses. An unlicensed physician assistant had been reassigned to the medical records department, resolving a deficiency identified by ODO during a Focus Review conducted in February 2011.

The medical department is accredited by the ACA, the NCCHC and the TJC. KSPC has decided to allow the TJC accreditation to expire in 2013 without seeking re-accreditation. KSPC will continue to maintain the NCCHC and ACA accreditations.

The medical department has 30 beds dedicated to both medical and mental health care, and includes six negative pressure isolation rooms for housing detainees with TB. There are two detainee waiting rooms in the medical department equipped with restrooms and drinking fountains. The facility has a fully-stocked pharmacy staffed by a licensed pharmacist. All medications are stored in the pharmacy, a secure area to which only the pharmacist and physician have keys. Medications that may be needed by other medical staff are stored in a medication cabinet in another secure area separate from the pharmacy.

All detainees interviewed, including one detainee housed in the SSU for hunger strike observation, reported they are satisfied with the health care they receive. It should be noted that the detainee on hunger strike observation admitted to ODO he went on hunger strike to avoid potential deportation. Nursing staff is on-site at the facility 24 hours a day, with a physician on emergency call, as defined in the KSPC Emergency Services policy. Examinations of detainees by medical staff are conducted in complete privacy.

A review of 30 medical files confirmed all detainees are medically screened by nursing staff upon arrival at KSPC. Screening includes a digital chest X-ray to determine the presence or absence of TB infection. Results of the chest X-ray are received by the facility within a four-hour timeframe and must be received before the detainee is assigned to a housing unit. The same 30 medical files also showed detainees received their initial physical examination (PE) within 14 days of arrival at KSPC. Detainees identified as having a significant health issue at intake have their PE within one to two days of arrival at KSPC. All PEs are completed by a licensed physician or physician assistant.

Detainees access routine medical care by submitting written medical requests on forms available in English, Spanish, and Creole. Detainees submit their completed medical request forms by placing them in a secure medical request box located in the central dining room. The request forms are retrieved by medical staff every morning, and detainees have the opportunity to speak with medical staff at that time. A review of 40 detainee medical requests showed detainees are evaluated within one to two days after submitting their medical requests. Detainees who have an emergent health problem are evaluated as required.

The morning distribution of medication also takes place in the dining room as detainees arrive for breakfast. Medications are also dispensed at health services twice during the day at designated times for pill distribution.

The facility uses an electronic medical record system, and computers are located in all offices and examination rooms. Hard copies of medical documents are kept and maintained in a secure medical records office within the medical department. While reviewing medical records, ODO noted one medical transfer summary for a detainee departing from KSPC to another facility was not complete. The medical transfer summary listed the detainee's medication, but did not list the detainee's current health status, including all significant health issues (**Deficiency MC-1**). Specifically, the detainee had an active MRSA infection at the time of the transfer and this condition was not listed on the medical transfer summary. MRSA is a bacterial infection that is resistant to treatment by a certain class of antibiotics. The detainee was on a ten-day regimen of a prescribed antibiotic for this infection and, at the time of transfer, the detainee had not completed the ten-day course of antibiotic prescription. The receiving facility was not informed of this detainee's medical condition on the medical transfer summary.

ODO reviewed the medical records of five ICE detainees with insulin-dependent diabetes mellitus, and verified the care was consistent with treatment guidelines. ODO also reviewed custody staff training records and confirmed all were certified in first aid and cardiopulmonary resuscitation (CPR). Medical staff provided evidence of current licensure, as well as first aid and CPR training. Correctional staff received training on the four-minute response time, which is included in CPR certification.

Mental health care is provided by a staff that includes a psychiatrist, a psychologist, a social worker, and a mental health registered nurse. Full mental health assessments are completed on detainees within the required 14-day timeframe after the detainee's arrival. The requirement to contact the respective DHS/ICE Chief Counsel in cases of involuntary administration of psychotropic medication is identified in policy. This resolves a deficiency previously identified by ODO during the Focus Review conducted in February 2011. There have been five cases of involuntary medication administered at KSPC since January 2012, and a review of the medical records for all five detainees indicated appropriate notifications were made by medical staff to ICE legal counsel.

During the inspection, tropical storm Isaac was forecast to affect the Miami metropolitan area within 48 to 72 hours. An emergency evacuation meeting was conducted by the facility's management staff, including participation by representatives of the medical department. Within four hours of this meeting, the medical department had prepared 563 individual Medical Summary of Federal Prisoner/Alien Transit forms, one for each detainee to be evacuated, and



packaged a two-week supply of prescribed medication for approximately 200 detainees receiving them in preparation for possible evacuation out of the facility in the event the storm became a hurricane.

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

### **DEFICIENCY MC-1**

In accordance with the ICE PBNDS, Medical Care, section (V)(U)(4)(c), the FOD must ensure a summary of the detainee's medical care (transfer summary) shall be marked "CONFIDENTIAL MEDICAL RECORDS" and shall accompany the detainee who is being transferred. This includes detainees who are being transferred into or out of ICE custody. Full copies of the medical records or parts thereof must be made immediately available upon the request of the receiving facility's administrative health authority or clinical medical authority. Other requirements for the transfer of records are contained in the Detention Standard on Transfers of Detainees.

NOTE: The ICE PBNDS, Transfer of Detainees, section (V)(D)(6)(c)(1), requires the sending facility's medical staff shall prepare a Transfer Summary that must accompany the transferee. Either the USM 553 Form or a facility-specific form may be used, provided it shows:

- TB clearance, including PPD and Chest x-ray results, with the test dates;
- Current mental and physical health status, including all significant health issues;
- Current medications, with specific instructions for medications that must be administered en route; and
- The name and contact information of the transferring medical official.

## POPULATION COUNTS (PC)

ODO reviewed the Population Counts standard at KSPC to determine if the facility has an effective system of conducting population counts, which ensures detainee accountability, in accordance with the ICE PBNDS. ODO interviewed ERO and Doyon-Akal JV staff, and reviewed post orders, the local detainee handbook, and policies.

ODO observed staff in the Control Center preparing for population count. Staff ensures all activities cease during population counts, and formal counts take place in all units simultaneously. ODO verified that (b)(7)(e) officers conducting the count in each area sign the count slips. Formal counts are conducted four times per 24-hour period to ensure accountability of all detainees housed in the facility. Emergency counts are conducted in situations such as power failures and escape attempts.

The facility conducts official counts (face to photo) at 0400 hours, 0800 hours, 1800 hours, and 2230 hours; however, ODO noted the population counts between 0800 hours and 1800 hours are ten hours apart from each other, rather than eight hours (**Deficiency PC-1**). This deficiency was also identified during the April 2012 ERO annual inspection. ICE staff stated the facility's inability to provide outdoor recreation to the entire detainee population and have an official count during a time detainees are participating in outdoor recreation is the reason why the morning and evening population counts are ten hours apart. KSPC is constructing a new outdoor recreation yard to be completed around October 2012. Once this new outdoor recreation yard is put into service for detainee use, the 1800 hours population count will be changed to 1600 hours. Therefore, the morning and afternoon population counts will be eight hours apart, instead of ten hours, meeting the requirements of the PBNDS.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY PC-1

In accordance with the ICE PBNDS, Population Counts, section (V)(A)(1), the FOD must ensure the formal count(s) shall be conducted at least once every eight hours (ordinary once per shift) at a time determined by the chief of security. Counts shall be scheduled to achieve full accountability with minimal interference with daily work and activity schedules.



## USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the Use of Force and Restraints standard at KSPC to determine if necessary use of force and the use of restraints 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 PBNDS. ODO toured the facility, inspected equipment, and reviewed policies, training records, pertinent documentation, and video recordings.

KSPC has a comprehensive written policy governing the use of force. The facility does not use four-point restraints, restraint chairs, or any electro-muscular disruption devices. Protective equipment and hand-held video cameras for use in calculated use of force incidents are stored in two locations within the facility for quick access to the equipment and accelerated response time. ODO reviewed (b)(7) training files of staff and confirmed staff has been receiving pre-service and annual training regarding use of force.

Since January 1, 2012, a total of 45 use of force incidents have taken place at KSPC. Of the 45 incidents, 44 were immediate use of force situations, created when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. In that situation, staff may respond without a supervisor's direction or presence. ODO reviewed documentation for the 44 immediate use of force incidents and determined KSPC complied with the requirements of the PBNDS and local policies.

ODO also reviewed documentation and the video recording of the single calculated use of force incident, which involved a detainee in a holding cell refusing to be handcuffed for transport. Calculated use of force is feasible and preferred in most cases and is appropriate when the detainee is in a location where the detainee poses no immediate threat of harm, even if the detainee is verbalizing threats or brandishing a weapon, provided staff sees no immediate danger of the detainee's causing harm to himself or others. Calculated use of force affords staff time to strategize and resolve situations in the least confrontational manner and assist to de-escalate the situation. A calculated use of force needs to be authorized in advance by the facility administrator or designee; in this case the shift supervisor did not comply with this requirement (**Deficiency UOF&R-1**). Otherwise, the use of force complied with the PBNDS and KSPC policy. The video recording included introduction of the team members, the supervisor giving the detainee a last chance to be handcuffed, the team technique to restrain the detainee, examination by medical staff after restraints were placed on him, movement to the transport van, and a debriefing of the incident. Incident reports were complete and video recordings were attached to the report, with copies forwarded to the on-site SDDO.

After-action reviews were conducted for all use of force incidents; however, the reviews took place beyond the two-working day timeframe following the incident (**Deficiency UOF&R-2**). Specifically, the convening of the after-action review team did not take place in the majority of the incidents for an average of 28 days following the incident. However, the after-action reviews were comprehensive and addressed all other provisions of the PBNDS.

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

### **DEFICIENCY UOF&R-1**

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(I), the FOD must ensure a calculated use of force needs to be authorized in advance by the facility administrator (or designee).

### **DEFICIENCY UOF&R-2**

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(P)(3), the FOD must ensure the After-Action Review Team shall complete and submit its After-Action Review report to the facility administrator within two working days of the detainee's release from restraints. The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate.