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Office of Professional Responsibility

Inspections and Detention Oversight

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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Newark Field Office
Delaney Hall Detention Facility
Newark, New Jersey**

January 29 – 31, 2013

**COMPLIANCE INSPECTION
DELANEY HALL DETENTION FACILITY
NEWARK 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS	
Detention Standards Reviewed.....	8
Environmental Health and Safety	9
Food Service	10
Grievance System	12
Law Libraries and Legal Material.....	13
Medical Care.....	14
Staff-Detainee Communication	16

EXECUTIVE SUMMARY

The Office of Professional Responsibility, Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Delaney Hall Detention Facility (DHDF) in Newark, New Jersey, from January 29 to 31, 2013. DHDF opened in August 2011. In October 2011, U.S. Immigration and Customs Enforcement (ICE) began housing detainees at the DHDF under an intergovernmental service agreement with Essex County. DHDF is owned and operated by Community Education Centers, Incorporated (CEC), and is a sub-contractor to the Essex County Correctional Facility (ECCF), which is adjacent to DHDF. The facility is approximately 118,880 square feet, and has a capacity of 1,016 beds, 450 of which are dedicated to Level I (lowest threat) adult male and female detainees for periods in excess of 72 hours. The average daily detainee population at DHDF is 315. The average length of stay for an ICE detainee is 50 days. At the time of this inspection, the facility housed 284 detainees (243 male, 41 female).

CEC is responsible for detention services, security operations, medical care, and food service. DHDF holds accreditation from the American Correctional Association.

The Enforcement and Removal Operations (ERO), Field Office Director (FOD), Newark, New Jersey (FOD Newark), is responsible for ensuring facility compliance with ICE policies and the ICE Performance-Based National Detention Standards (PBNDS). A Supervisory Immigration Enforcement Agent is stationed at DHDF, and is the highest-ranking ERO official at the facility. In addition to the Supervisory Immigration Enforcement Agent, ERO staff at DHDF is comprised of (b)(7) Immigration Enforcement Agents. An Assistant Field Office Director (AFOD) and a Supervisory Detention and Deportation Officer rotate between DHDF and the Elizabeth Contract Detention Facility in Elizabeth, New Jersey. The AFOD stated there are no vacant positions at DHDF. An ERO Detention Service Manager is not permanently assigned to DHDF; however, at the time of the CI, a temporary Detention Service Manager was monitoring facility compliance with the PBNDS.

The Facility Administrator is the highest ranking CEC official at DHDF, and is responsible for oversight of detention services, medical care, security operations, and food service. In addition to the Facility Administrator, CEC supervisory staff consists of the Senior Deputy Director, the Deputy Director of Programs, the Quality Assurance Manager, the Food Services Administrator (FSA), and the Health Services Administrator (HSA). Detention staff consists of approximately (b)(7) correctional counselors.

This CI is the first ODO inspection of DHDF.

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

During this CI, ODO reviewed 15 PBNDS. ODO determined nine standards were fully compliant. ODO identified ten deficiencies in the following six standards: Environmental Health and Safety (1 deficiency), Food Service (2), Grievance System (2), Law Libraries and Legal Material (1), Medical Care (2), and Staff-Detainee Communication (2). With several exceptions, deficiencies were minor in nature, posing minimal impact to life-safety issues and the overall

operational readiness of the facility. The deficiencies impacting detainee safety included: medical intake screening forms are not reviewed by the Clinical Medical Authority (CMA) to assess priority for treatment, CEC policy and procedures do not ensure that all medical grievances are received by the administrative health authority within 24 hours or the next business day, and there are no instructions regarding detainee grievances alleging staff misconduct. Additionally, detainees prescribed psychotropic medications are not provided an additional specific informed consent form for the medication.

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 DHDF personnel on-site during the inspection, as well as during the closeout briefing conducted on January 31, 2013.

DHDF maintains a grievance logbook 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 DHDF received and processed 115 formal grievances between January 2012 and January 2013. Of these, 36 grievances pertained to minor complaints about staff, but none involved officer misconduct; 19 grievances pertained to food service; 17 grievances related to issues with barber services, money transfers from other detention facilities, and disagreements among detainees; 15 grievances pertained to the detainee telephone system being inoperable at times; the remaining 28 grievances encompassed a variety of issues such as living conditions, recreation, mail, and clothing. ODO reviewed randomly-selected formal grievances submitted by detainees during this time period. ODO verified that all requests were documented and recorded in the grievance log, and answered with a timely response to the detainee. ODO did not observe any noticeable patterns or trends in the grievances reviewed.

Medical services at DHDF are provided by CEC. The clinic is open 24 hours a day, seven days a week. A Registered Nurse (RN) serves as the HSA. The designated CMA is a CEC physician who is on-site four days a week. (b)(7)e additional CEC physicians provide services at DHDF: (b)(7)e is on-site on Fridays, the other is available as needed. In addition to the (b)(7)e CEC physicians, an obstetrician/gynecologist (OB/GYN) and a psychiatrist provide services under sub-contract with CEC. The OB/GYN is on-site one day every two weeks, and a psychiatrist is on-site one day per week. Additional staff includes (b)(7)e full-time and (b)(7)e part-time RNs, (b)(7)e full-time and (b)(7)e part-time Licensed Practical Nurses, (b)(7)e Medical Records Technician, and (b)(7)e Medical Secretary. Dental services are provided by a dentist and a dental assistant, both of whom are employees of Essex County. The medical unit had no vacancies at the time of the inspection. ODO confirmed all professional licenses are available on-site and are primary source verified.

DHDF uses the language line telephone system for translation services. Detainees are not charged co-pays or other fees for medical services. The DHDF clinic has separate areas for male and female detainees. Each area has an examination room, a medication room, and a medical records area. The office of the HSA is located in the male detainee section. DHDF accepts only detainees with stable or low-level medical acuity; the facility does not have infirmary housing, observation cells, or negative pressure rooms for tuberculosis (TB) isolation. Detainees who develop conditions requiring specialized medical attention are transferred to ECCF, or the East

Orange General Hospital. Pharmacy services are provided by Contract Pharmacy Services. Medications are supplied in detainee-specific dose packs.

ECCF completes an initial medical evaluation, a mental health screening, and administers a TB test via chest x-ray prior to a detainee transfer to DHDF. Upon arrival at DHDF, an RN conducts follow-up medical and mental health intake screenings on detainees. ODO reviewed 23 detainee medical records, and confirmed TB clearance and completion of screening using a form meeting the requirements of the PBNDS; however, none of the intake screening forms were reviewed by the CMA to assess priority for treatment as required by the PBNDS.

Detainees access healthcare services by completing sick call requests that are available in the housing units. The completed request forms, which are available in English and Spanish, are deposited by detainees in readily-accessible lockboxes for collection by an ERO officer. ODO verified requests are triaged daily to determine priority for care, and detainees are seen for sick call in a timely manner. An RN conducts sick call on a daily basis using medical protocols approved by the CEC corporate Medical Director. Follow-up appointments and referrals were completed as required.

CEC medical staff stated there have been no incidents where psychotropic medications were involuntarily administered to detainees; however, a review of medical records confirmed that two detainees receiving psychotropic medications had not signed informed consent forms specific to these medications. The HSA stated the facility does not consider administration of medications a procedure requiring separate consent; however, given the nature and sensitivity of medications administered for psychiatric purposes, the HSA acknowledged that specific consent should be obtained. The HSA stated policy and procedures will be implemented to incorporate consent for additional procedures. A general consent for treatment form signed during the intake process was present in all 23 records reviewed.

ODO verified there have been no detainee deaths, suicides, suicide attempts, or suicide watches at DHDF since the facility began housing detainees in 2011. DHDF does not have a suicide watch cell. Detainees determined by medical staff to be at risk for suicide are immediately transferred to ECCF for suicide watch management, and further medical and mental health evaluation. ODO verified documentation of suicide prevention training for all correctional and medical staff is current. DHDF policy requires officers to conduct and document 15-minute checks of detainees placed on suicide watch in accordance with the PBNDS.

DHDF designated the clinical coordinator in charge of the Detainee Programs Department as the Sexual Abuse and Assault Prevention and Intervention (SAAPI) Coordinator. ODO verified there have been no incidents of sexual abuse or assault to-date at DHDF. Detainees with a history of sexually aggressive or predatory behavior are not assigned to DHDF. Upon arrival at DHDF, detainees are screened for victimization risk and to identify potential sexual aggressors. This process also occurs during medical intake screening. Potential aggressors are identified and are immediately transferred to another facility. Detainees with a history of, or who are at risk for victimization are referred to mental health staff for further evaluation and assistance. Information on the SAAPI program is provided to detainees during orientation, in the detainee handbook, and via informational postings in the receiving and discharge areas, the medical unit,

in hallways, and in all housing units. The postings are in English and Spanish, and all postings include a toll-free telephone number for reporting incidents.

DHDF does not operate an Administrative Special Management Unit or a Disciplinary Special Management Unit. Detainees requiring segregation are transferred to ECCF.

Under the DHDF staff-detainee communication policy, detainees have the opportunity to submit written questions, requests, or concerns to DHDF and ERO staff via written request forms available throughout the facility. The completed request forms, which are available in English and Spanish, are deposited by detainees in readily-accessible lockboxes for collection by an ERO officer. ERO officer visitation schedules and Department of Homeland Security – Office of Inspector General (DHS-OIG) Hotline posters are conspicuously posted throughout the facility. ODO verified regular and unannounced supervisory and non-supervisory staff visits are conducted and documented by ERO staff.

From July 1 to December 31, 2012, ERO received and processed 72 formal requests submitted by detainees. ODO could not determine if 27 requests were responded to and returned within 72 hours of receipt as required by the PBNDS, because the date a staff response was returned to the detainee was not recorded. Additionally, copies of five completed detainee requests were not filed or maintained in individual detention files. ERO management stated that assigned personnel will be directed to properly record detainee requests, and all requests will be filed in individual detention files.

ODO verified there have been no calculated or immediate use of force incidents involving detainees since the facility began housing detainees in 2011. (b)(7)e

(b)(7)e

(b)(7)e

ODO verified the DHDF use of force policy is comprehensive and addresses all requirements of the PBNDS.

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 DHDF. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at DHDF 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, the ENFORCE Alien Booking Module, and the ENFORCE Alien Removal Module. ODO also gathered facility facts and inspection-related information from ERO Headquarters staff to prepare for the site visit at DHDF.

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 defines a deficiency as a violation of written policy that can be specifically linked to 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)
Special Agent
Special Agent
Contract Inspector
Contract Inspector
Contract Inspector

ODO, Phoenix
ODO, Phoenix
ODO, San Diego
Creative Corrections
Creative Corrections
Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the AFOD, the Supervisory Detention and Deportation Officer, the CEC Senior Deputy Director, and the CEC Director. During interviews, ICE and CEC leadership stated the working relationship between the two entities is excellent, and the morale of ICE and CEC staff is high. Concerns related to the training and retention of CEC correctional counselors due to frequent turnover were mentioned by ERO and DHDF management.

The Senior Deputy Director and the Director stated they have observed ICE staff visiting the housing units multiple times each week, and communicating with ICE detainees to address issues or concerns. The CEC Director praised the leadership of the AFOD, and stated the professionalism of the ICE staff has resulted in a high level of facility compliance with the PBNDS.

DETAINEE RELATIONS

ODO interviewed ten male and four female detainees to assess the overall living and detention conditions at DHDF. The length of detention for these detainees ranged from 12 days to 18 months. ODO confirmed all detainees were provided a national detainee handbook and a facility handbook in English and Spanish. One male detainee claimed he had not received a handbook; however, ODO's review of the detention file verified receipts signed by the detainee for both handbooks. All of the detainees interviewed could identify and had contact information for their assigned Deportation Officer. All detainees stated ERO officials visit the housing areas consistently. ODO confirmed through a review of facility visitation logs that ERO personnel visit the housing units in compliance with the PBNDS.

All male detainees stated their medical care at DHDF is adequate; however, four female detainees complained about medical care. One female detainee stated she had suffered from a sore throat, but was not seen by medical staff for three days and was only provided Tylenol. A second female detainee complained she had suffered from a headache, but was not seen by medical staff for three days. ODO reviewed the medical files for both detainees and confirmed proper medical care was provided in accordance with the PBNDS. A third female detainee alleged, when she expressed a desire to discontinue her prescribed anti-depressant medication, medical officials at DHDF threatened to transfer her to ECCF if she refused to take the medication. Medical records did not support the allegation. A fourth female detainee complained, for approximately two months, she had received improper treatment for a dermatological condition; however, ODO review of medical records confirmed successful treatment for a skin rash.

All male detainees stated they were satisfied with the quality of food service at DHDF; however, two female detainees stated the facility had served them burnt pizza and cold, uncooked food. ODO observed the noon meal service for female detainees. ODO observed hamburger patties placed on the trays in advance of the arrival of the female detainees. As a result, testing by ODO with a food thermometer found the temperature of the food had decreased to 118 degrees. When brought to the attention of the FSA, the patties were replaced, and the detainee servers were

counseled. During the remainder of the meal, temperatures of both hot and cold items were intermittently checked and found to have retained appropriate temperatures. The FSA stated meal items would no longer be placed on trays prior to detainees being served. ODO was unable to verify or refute food being uncooked or burnt.

All detainees stated they receive hygiene supplies upon their arrival at the facility, and are provided with replacements free of charge. There were no complaints regarding telephone calls, contacting consular officials, sending and receiving mail, recreation, religious services, visitation, obtaining grievance forms, or access to the law library. There were no allegations of excessive force or sexual abuse of any kind.

ICE PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 15 PBNDS and found DHDF fully compliant with the following nine standards:

- Correspondence and Other Mail
- Detainee Handbook
- Emergency Plans
- Hunger Strikes
- Sexual Abuse and Assault Prevention and Intervention
- Suicide Prevention and Intervention
- Telephone Access
- Tool Control
- Use of Force and Restraints

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 six standards:

- Environmental Health and Safety
- Food Service
- Grievance System
- Law Libraries and Legal Material
- Medical Care
- Staff-Detainee Communication

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

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

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

Facility sanitation is adequate. ODO observed and interviewed staff, and verified a clear understanding of the need for inventories, proper storage, and issuance procedures regarding hazardous materials. A master file for Material Safety Data Sheets is maintained in the maintenance office, and Material Safety Data Sheets are available throughout the facility. ODO confirmed hazardous substances are properly stored, and inventories are accurate. Eye wash stations, which meet Occupational Safety and Health Administration (OSHA) standards, are installed throughout the facility.

During a tour of DHDF, ODO observed fire extinguishers strategically located throughout the facility. All had been inspected in January 2013. Evacuation routes were posted in all areas. Diagrams in English and Spanish included “You are here” markers, emergency equipment locations, and areas of safe refuge. Fire drill documentation confirmed full compliance with the PBNDS. The Newark Fire Department inspected the facility on December 11, 2012. DHDF is compliant with minimum fire safety standards mandated by the State of New Jersey Safety Code.

The City of Newark tested the DHDF water supply on May 7, 2012. The results met the New Jersey Department of Environmental Protection potable water standards. DHDF uses a private contractor to remove medical waste in accordance with OSHA requirements. A private contractor services emergency generators. ODO verified documentation of generator testing and current maintenance. ODO confirmed the facility has a contract for weekly and as-needed pest control services. ODO reviewed documentation and confirmed required services are provided.

Facility procedures are in place for the safe handling and disposal of used needles and other sharp objects in the medical area. The clinic has two disposal containers for sharp objects mounted to the wall five feet above the floor. ODO verified a clean-up kit is available in the event of a blood or body fluid spill.

Hair care for female and male detainees is provided in separate rooms. ODO confirmed there was no hot running water in the room used for female hair care (**Deficiency EH&S-1**). DHDF maintenance staff corrected this deficiency during the inspection by replacing a broken valve.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE PBNDS, Environmental Health and Safety, section (IX)(1), the FOD must ensure the [barbering] room shall be supplied with hot and cold running water.

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at DHDF to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE PBNDS. ODO interviewed detainees and staff, inspected storage areas, observed meal preparation and service, sampled the vegetarian and regular diet trays, and reviewed policy and relevant documentation.

The food service program at DHDF is managed by CEC. CEC staff consists of the FSA and three food service workers. Detainees are eligible for assignment to food service and supplement the work performed by CEC staff. ODO verified all staff and detainee workers are medically cleared prior to beginning work in the food service department. Upon selection, detainee workers receive job instruction and training on proper hand washing techniques, sanitation, safety, and job duties for specific assignments. ODO observed staff and detainees wearing hair coverings and beard guards when handling or serving food.

DHDF has a five week menu cycle. The master menus were certified as nutritionally adequate by a registered dietician in January 2013. At the time of the review, 60 detainees were on medical or religious diets. ODO reviewed documentation and confirmed special diets are approved and provided in accordance with the PBNDS. ODO confirmed detainees are notified of the pork-free menu in the facility detainee handbook.

Meals are prepared in the kitchen and placed in serving containers for delivery to the cafeteria in a locked food cart. The cafeteria is immediately adjacent to the kitchen. In the cafeteria, the serving containers are placed on a heated serving line. Detainee workers place food onto individual trays for distribution to detainees as they arrive. ODO confirmed meals are prepared, delivered, and served under staff supervision. ODO observed the DHDF Superintendent and other administrative staff managing the dining room during meals.

During service of the noon meal, ODO observed pooled water in food tray compartments, which caused food items such as hamburger buns and potato chips to become wet (**Deficiency FS-1**). ODO brought this to the attention of the FSA. The FSA immediately had a worker dry each remaining tray with a towel. ODO recommends the facility take steps to ensure trays are adequately air-dried after being sanitized and prior to the plating of food. ODO observed hamburger patties placed on trays in advance of the arrival of female detainees. As a result, testing with a food thermometer confirmed the hamburger patties had cooled to 118 degrees (**Deficiency FS-2**). When brought to the attention of the FSA, the patties were replaced, and the detainee servers were counseled. During the remainder of the meal, temperatures of both hot and cold items were intermittently checked for appropriate temperatures. The FSA stated meal items would no longer be placed on trays prior to detainees being served to ensure proper temperatures.

Sanitation in the kitchen and cafeteria is adequate. DHDF does not use knives in the facility. ODO verified all other tools are properly secured and inventoried. Dry storage, freezers, and refrigerators are in compliance with both temperature and storage specifications. ODO verified required checks of kitchen equipment and water temperatures are documented. DHDF uses a contracted vendor to provide weekly pest control inspections, which exceeds the PBNDS requirement for monthly pest control services. The Essex County Health Department inspected the food service operation on October 19, 2012, and DHDF received a satisfactory rating.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE PBNDS, Food Service, section (V)(J)(7)(g)(3), the FOD must ensure [the facility] air-dry all equipment and utensils after sanitizing by means of drain boards, mobile dish tables, and/or carts.

DEFICIENCY FS-2

In accordance with the ICE PBNDS, Food Service, section (V)(D)(2)(a), the FOD must ensure sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.

GRIEVANCE SYSTEM (GS)

ODO reviewed the Grievance System standard at DHDF 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 PBNDS. ODO interviewed staff and reviewed policies, grievance logs, and the facility handbook.

The Grievance Coordinator appropriately logs all grievances, to include the date of receipt, the nature of the grievance, and the date of response. CEC has comprehensive policy and procedures regarding detainee grievances; however, CEC policy and procedures do not ensure that all medical grievances are received by the administrative health authority within 24 hours or the next business day (**Deficiency GS-1**). Facility managers corrected this deficiency on-site, and amended their policy and procedure to adhere to this PBNDS requirement.

While reviewing facility policy and procedure, ODO noted there were no instructions concerning how to address the receipt of a detainee grievance alleging staff misconduct. ODO interviewed facility managers and verified, should facility officials receive such a grievance, the implied and accepted procedure is to forward the information to the DHDF Human Resources Department for investigation to determine whether or not disciplinary action is warranted. DHDF management did not have a policy or procedure in place to require forwarding of misconduct grievances to ERO (**Deficiency GS-2**). DHDF management instituted a policy and procedure to accommodate this PBNDS requirement.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY GS-1

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

- Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day;

DEFICIENCY GS-2

In accordance with the ICE PBNDS, Grievance System, section (V)(G), the FOD must ensure staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/DRO.

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the Law Libraries and Legal Material standard at DHDF 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 PBNDS. ODO observed ICE detainees in the law library, interviewed staff, and reviewed law library policies and rules governing detainee use of the law library as provided in the detainee handbook.

Facility officials operate and maintain two law libraries for separate use by male and female detainees. Counselors supervise detainees using the law libraries, and each library is assigned a designated counselor who checks for sufficient supplies and maintains the equipment. The libraries provide adequate seating and workspaces for detainees. All areas are well lit and reasonably isolated from noisy areas. The libraries are open daily, and can be accessed by detainees between 0900 and 2100. ODO examined the computers in the law libraries and verified the Lexis-Nexis legal resource software is current.

The facility offers certified mail services to detainees, and there is a notary public available on-site to provide notary services for legal matters.

The detainee handbook contains facility rules and procedures for accessing and using the law library and legal materials; however, the handbook does not provide the procedure for notifying an employee of missing or damaged materials. The facility has rules and procedures posted in the law libraries; however, the law library postings do not provide the procedure for notifying an employee of missing or damaged materials (**Deficiency LL&LM-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY LL&LM-1

In accordance with the ICE PBNDS, Law Libraries and Legal Material, Section (V)(O)(6), the FOD must ensure the Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

6. The procedure for notifying a designated employee that library material is missing or damaged.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at DHDF 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 clinic, reviewed policies and procedures, inspected detainee medical records, verified all medical staff credentials, and interviewed health care and administrative staff.

Healthcare is provided by CEC. The clinic is open 24 hours a day, seven days a week and is administered by an RN serving as the HSA. The designated CMA is a CEC physician who is on-site four days a week. (b)(7)e additional CEC physicians provide services at DHDF: (b)(7)e is on-site on Fridays, the other is available as needed. In addition to the (b)(7)e CEC physicians, an OB/GYN and a psychiatrist provide services under sub-contract with CEC. The OB/GYN is on-site one day every two weeks. The psychiatrist is on-site one day each week. Additional staff includes (b)(7)e full-time and (b)(7)e part-time RNs, (b)(7)e full-time and (b)(7)e part-time LPNs, (b)(7)e Medical Records Technician, and (b)(7)e Medical Secretary. Dental services are provided by a dentist and a dental assistant, who are both employees of Essex County. There were no vacancies in the medical unit at the time of the review. All professional licenses are available on-site and are primary source verified. ODO found staffing sufficient to address the healthcare needs of the detainee population.

DHDF uses the language line telephone system for translation services. Detainees are not charged co-pays or other fees for medical services. The DHDF clinic has separate areas for male and female detainees. Each area has an examination room, a medication room, and a medical records area. The office of the HSA is located in the male detainee section. DHDF accepts only detainees with stable or low-level medical acuity. The facility does not have infirmary housing, an observation cell, or a negative pressure room for TB isolation. Detainees who develop a condition requiring specialized medical attention are transferred to ECCF, or the East Orange General Hospital. Pharmacy services are provided by Contract Pharmacy Services. Medications are supplied in detainee-specific dose packs.

ECCF completes an initial medical evaluation, a mental health screening, and a TB test via chest x-ray prior to transferring a detainee to DHDF. Upon arrival at DHDF, an RN conducts a follow-up medical evaluation and a mental health intake screening on each detainee. ODO reviewed 23 medical records, and confirmed TB clearance and completion of screening using a form meeting the requirements of the PBNDS; however, none of the intake screening forms were reviewed by the CMA to assess priority for treatment (**Deficiency MC-1**). ODO determined clinical medical authority for this purpose has not been delegated to a qualified medical professional as allowed by ICE Health Services Corps Operations Memorandum 11-002, dated May 10, 2011, and no review of intake screenings takes place.

A physician performs a physical examination on each detainee. Medical records reviewed by ODO confirmed completion of a physical examination in each case within an average of three and one-half days following admission, which is well within the 14 days required by the PBNDS. ODO noted chronic conditions identified at intake are evaluated during each physical examination, and all records reviewed by ODO confirmed appropriate treatment and follow up.

Detainees access healthcare services by completing sick call requests available in the housing units. The completed request forms, which are available in English and Spanish, are deposited by detainees in readily-accessible lockboxes for collection by an ERO officer. ODO verified requests are triaged daily to determine priority for care, and detainees are seen for sick call in a timely manner. An RN conducts sick call on a daily basis using medical protocols approved by the CEC corporate Medical Director. Follow-up appointments and referrals are completed as required.

CEC medical staff stated there have been no incidents where psychotropic medications were involuntarily administered on detainees; however, a review of medical records confirmed two detainees on psychotropic medications had not signed consent forms specific to these medications (**Deficiency MC-2**). The HSA stated the facility does not consider administration of medications a procedure requiring separate consent; however, after acknowledging the nature and sensitivity of medications administered for psychiatric purposes, CEC management stated policy and procedures will be implemented to obtain consent for any and all additional procedures, to include the administration of medication. General consent for treatment forms are signed during the intake process and were present in all 23 records reviewed by ODO.

Training records for all medical personnel and (b)(7) randomly-selected custody staff confirmed current certification in cardio-pulmonary resuscitation, use of the automated external defibrillator, and first aid.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE PBNDS, Medical Care, section (V)(I)(1), the FOD must ensure the clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).

DEFICIENCY MC-2

In accordance with the ICE PBNDS, Medical Care, section (V)(T), the FOD must ensure, for any additional procedure, a separate documented informed consent will be obtained.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at DHDF to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE PBNDS. ODO interviewed staff and detainees, toured and observed housing units, and reviewed ERO visitation records and Facility Liaison Visit Checklists.

Under the DHDF staff-detainee communication policy, detainees have the opportunity to submit written questions, requests, or concerns to DHDF and ERO staff via a request form. Detainee request forms are available throughout the facility. The completed request forms, which are available in English and Spanish, are deposited by detainees in readily-accessible lockboxes for collection by an ERO officer. ERO officer visitation schedules and DHS-OIG Hotline posters are conspicuously posted throughout the facility.

ODO reviewed the Facility Liaison Visit Checklists from July 1 to December 31, 2012, and confirmed ERO officers consistently conduct unannounced visits on a weekly basis to monitor and observe detainee living conditions in the housing units. Documentation of ERO scheduled visits also showed ERO officers interact with detainees on a weekly basis to address their questions or concerns. ODO reviewed the Telephone Serviceability Worksheets and noted ERO officers test the telephones in the housing units on a weekly basis to verify and ensure the units are working properly.

From July 1, 2012, to December 31, 2012, ERO received and processed 72 formal requests submitted by ICE detainees. ODO reviewed the ERO request log for this time period and noted the date of the staff response was not recorded for 27 detainee requests; therefore, ODO could not determine whether the requests were responded to and returned to the detainee within 72 hours of receipt (**Deficiency SDC-1**). Copies of five completed detainee requests were not filed or maintained in individual detention files (**Deficiency SDC-2**). Although maintaining copies of grievances in detention files is a requirement for service processing centers and contract detention facilities, intergovernmental service agreement facilities must conform to the procedure, or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by the procedure. ERO management stated that assigned personnel will be directed to properly record detainee requests, and all requests will be filed in individual detention files.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(B)(1)(a), the FOD must ensure the staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt.

DEFICIENCY SDC-2

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(B)(2), the FOD must ensure *a copy of each completed Detainee Request shall be filed in the detainee's detention*

file and be retained there for at least three years. Copies of confidential requests shall be maintained in the A-file.