



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO Baltimore
Howard County Detention Center
Jessup, Maryland**

June 10–12, 2014

**COMPLIANCE INSPECTION
HOWARD COUNTY DETENTION CENTER
BALTIMORE FIELD OFFICE**

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INSPECTION PROCESS

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

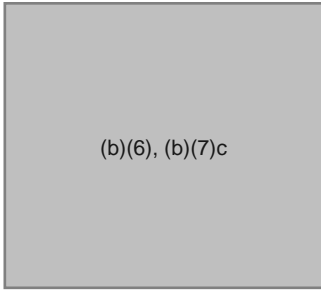
Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection,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

REPORT ORGANIZATION

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

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

INSPECTION TEAM MEMBERS



Management Program Analyst (Team Lead)

ODO

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EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Howard County Detention Center (HCDC) in Jessup, Maryland, from June 10 to 12, 2014. HCDC, which opened in 1983, is owned by the County of Howard, Maryland. ERO began housing detainees at HCDC in 1995 under an intergovernmental service agreement (IGSA) contract. Male and female detainees of all security classification levels (Levels I through III) are detained at the facility for periods in excess of 72 hours. The compliance inspection evaluated HCDC’s compliance with the 2000 NDS and the 2011 PBNDS Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard.¹

The ERO Field Office Director (FOD) in Baltimore, Maryland, is responsible for ensuring facility compliance with the 2000 NDS and ICE policies. An Assistant Field Office Director (AFOD), a Supervisory Detention and Deportation Officer (SDDO), (b)(7)e Deportation Officers (DO) and an Immigration and Enforcement Agent (IEA) oversee standards compliance. No Detention Service Manager is assigned to HCDC. ICE personnel are not stationed onsite at the facility.

Capacity and Population Statistics	Quantity
Total Bed Capacity	463
ICE Detainee Bed Capacity	154
Average Daily Population	320
Average ICE Detainee Population	80
Average Length of Stay (Days)	34
Male Detainee Population (as of 06/10/14)	26
Female Detainee Population (as of 06/10/14)	0

A Director of Corrections is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. HCDC provides food services and ConMed Health Care Management provides medical services. The facility holds no accreditations.

In May 2012, ODO conducted a compliance inspection of HCDC under the 2000 NDS. ODO reviewed 21 standards and found HCDC in compliance with nine standards. A total of 38 deficiencies were found in the remaining 12 standards.

During this inspection, ODO reviewed 17 NDS and the 2011 SAAPI standard and found HCDC in compliance with ten standards. ODO found a total of 19 deficiencies, in the remaining eight standards: Access to Legal Material (1 deficiency), Admission and Release (1), Detainee Grievance Procedure (2), Environmental Health and Safety (3), Food Service (6), Special Management Unit-Administrative Segregation (3), Special Management Unit-Disciplinary Segregation (2), Staff-Detainee Communication (1). ODO made two recommendations² regarding facility policy and procedures and identified no best practices in this report.

This report details all deficiencies and refers to the specific relevant sections of the 2000 NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed preliminary findings with HCDC and ERO personnel during the inspection and at a closeout briefing conducted on April 17, 2014.

¹ The facility signed a contract modification to incorporate the 2011 SAAPI standard on June 18, 2013.

² Recommendations will be annotated in the report as “R.”

Detainees entering HCDC are initially processed and classified through the ERO Baltimore Field Office. HCDC completes the admissions process by performing screening interviews; completing questionnaires; and issuing detainees clothing, towels, bedding and hygiene items. Detailed medical, mental health and sexual abuse history screenings are performed during the intake process. A facility handbook and video orientation are provided in both English and Spanish language.

All detainees interviewed stated they are strip searched during intake processing, after returning from contact visits with attorneys and family, after court visits, and during random facility shake-downs. ODO discussed requirements of the Change Notice Admission and Release – National Detention Standard Strip Search Policy, dated October 15, 2007, with HCDC staff at the closeout briefing. The Change Notice prohibits routine strip searches of detainees without reasonable suspicion that the individual possesses contraband. ODO confirmed the required Form G-1025, Record of Search, is not completed to document the strip searches and is not maintained in the detainee detention files.

Detainee property is inventoried, logged and documented on a personal property form and stored in numbered bags in the property room, and valuables are sealed in a bag and stored in a wall safe at the intake desk. Detainees sign and are given a numbered receipt. Access to the property room and valuables safe is limited to authorized staff members. United States currency is counted and recorded in the facility's Jail Management System (JMS), logged, and placed in a locked cash box in intake until it is deposited into the detainee's commissary account. The cash box is only accessible by the facility's money manager. Foreign currency is placed in individual personal property bags with other belongings. Detainees sign receipts for property and funds upon release from HCDC. Abandoned property is turned over to ERO for disposition. HCDC conducts quarterly inventory audits of all detainee property.

The law library is well-lit, contains sufficient furnishings, and is equipped with adequate computers and supplies to support legal research and case preparation. The law library is located in a designated room near the housing units. Detainees, including those in segregation units, are afforded a minimum of five hours of law library time per week and additional time is available upon request. The law library offers three desktop computers with word-processing software, and they contain the most recent version of LexisNexis. Detainees have access to paper, writing utensils, and envelopes. The facility handbook does not inform readers that a library is available for detainee use, the scheduled hours of access to the law library, the procedures for requesting access to the library, the procedure for requesting additional time in the library, the procedure for requesting legal reference material not maintained in the law library, nor the procedure for notifying a designated employee that library material is missing or damaged.³

HCDC has written policy and procedures addressing detainee correspondence and other mail. There is no limit on the number of letters detainees may send or receive. Detainees are notified of correspondence procedures and rules by way of the detainee handbook. ODO reviewed 16 detainee files and verified detainees signed for the handbook. Also, detainees are required to sign statements notifying them that all general correspondence will be inspected for contraband.

³ The Detainee Handbook standard was found compliant during the inspection; however, a deficiency related to the Detainee Handbook is located under Deficiency ALM-1.

Legal mail is opened in the presence of the detainee, and the detainee signs a legal mail log book acknowledging receipt. Outgoing general correspondence is checked for contraband and delivered to the postal service the next business day. Procedures are in place for special correspondence which meets the requirements of the NDS.

Detainees are classified by ERO prior to arrival at HCDC using the ICE Risk Classification Assessment. Classification documents are reviewed, approved and finalized by an ERO supervisor and provided to HCDC for review during intake and assignment of appropriate housing. ODO's review of the housing roster and procedures confirmed Level I and Level III detainees do not commingle in housing units or common areas. ODO's review of ten randomly selected detainee files verified all ten included a completed Risk Classification Assessment form, and the detainees were assigned to housing based on their classification. All ten files included additional information supporting classification decisions. Any request for reclassification is processed by ERO.

The grievance system at HCDC allows detainees to file informal, formal and emergency grievances. The facility does not have a grievance officer and a grievance committee to review formal complaints by detainees. An audit coordinator is responsible for coordinating all grievances filed. HCDC's policies and procedures do not include information that would allow a detainee to terminate or bypass the informal grievance process and proceed directly to a formal grievance. There were seven grievances filed during the past year, all of which were resolved.

HCDC's local handbook, last revised on July 8, 2013, describes the facility rules, regulations, services and programs available to detainees. English and Spanish versions of the facility handbook are provided to all newly arriving detainees. The ICE National Detainee Handbook is issued to detainees at the ERO Baltimore Field Office. ODO identified that even though detainees may have signed for a handbook while they were in the Baltimore Field Office, the facility had no detainee handbooks on hand and many of the detainees left their books at the Field Office. Thus, there were many detainees who complained they did not know the procedures on how to file grievances or complaints or have telephone numbers to call to submit a complaint. ODO recommends ERO maintain a supply of handbooks at the HCDC.

Facility sanitation is maintained at an acceptable level. HCDC maintains a master index of all hazardous substances, including diagrams of their locations and a master file of Material Safety Data Sheets. ODO confirmed all chemicals, flammables, and combustible materials are stored and issued as required by the standard. ODO verified required weekly and monthly fire and safety inspections are conducted by facility staff, and monthly fire drills are conducted and documented in accordance with the NDS. Exit diagrams in the booking area, kitchen, library, and housing units W F-4, D, and F2 were in English only, and do not have "you are here" markers and emergency equipment locations. This is a repeat deficiency from ODO's May 2012 inspection.

HCDC's emergency power generators are tested and serviced by an external company on a biweekly basis; however, documentation to confirm biweekly testing was not available, and there was no documentation of testing and servicing of the generators by an external generator service company.

HCDC has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units by kitchen staff members on insulated trays. Staff consists of a dietary supervisor, and (b)(7)e lead cooks. No detainees are assigned to work in the food service area. (b)(7)e county inmates work in the kitchen, serving food, washing dishes and cleaning floors. Food service employees had been medically cleared. ODO was informed during detainee interviews there are frequent changes to the menu. The dietary supervisor is required to report menu substitutions to the facility's assistant director; however, substitutions are reported verbally and are not documented. The sanitation in the kitchen was adequate, however, fruit flies were observed in multiple areas of the kitchen, including around the ice machine and in the dry storage area. ODO recommends that food equipment be covered when not in use.

Procedures are in place at HCDC to provide medical and common fare diets; however, the facility's ceremonial meal schedule has not been updated since 2012. This is a repeat deficiency from ODO's May 2012 inspection.

ODO confirmed there were no detainee hunger strikes during the 12 months preceding this inspection. HCDC policy on hunger strikes addresses the management of hunger strikes in accordance with the NDS.

The facility holds no accreditations, but follows the Maryland Commission on Correctional Standards (MCCS) and NCCHC standards. Medical and mental health services are provided by ConMed Healthcare Management, Inc. Full-time positions include the Health Services Administrator, who is a registered nurse, (b)(7)e staff registered nurses, (b)(7)e licensed practical nurses, a mental health coordinator and an administrative assistant. There are (b)(7)e part-time and (b)(7)e as-needed registered nurses, and (b)(7)e part-time and (b)(7)e as-needed licensed practical nurse.

The medical director is a physician who is onsite once a week for six hours, and sees a minimum of 10 patients a day. There are (b)(7)e physician assistants who rotate onsite coverage as needed and on-call coverage 24 hours daily. A contract psychiatrist is onsite up to eight hours a week, and a contract dentist is onsite six hours per week.

The medical area of the facility has one examination room offering sufficient privacy, a patient restroom and shower, and offices for the Health Services Administrator (HSA), administrative assistant and medical providers. It also contains equipment for responding to medical emergencies. The medical area also includes a nurses station, behind which the secure pharmacy and medical records room are located. ODO observed the contact number for the Language Line interpretation service was posted in the medical unit and in the intake screening room. In addition, there are two observation rooms, two of which provide negative pressure air flow for tuberculosis isolation, and a waiting area. All specialized medical services are provided by community providers. Howard County General Hospital is used for emergency services. A review of all medical and (b)(7)e randomly selected officers' training records confirmed current training in first-aid, four-minute response, cardiopulmonary resuscitation, and automated external defibrillator (AED) use.

Nursing staff conduct medical screening upon detainee arrival. The intake screening process includes obtaining general consent for treatment and tuberculosis testing by way of purified protein derivative (PPD) skin testing. Detainees with current and past positive PPD are

scheduled for chest X-rays. Radiology services are provided by Dynamic Mobile Imaging. Mental health screening is completed by the mental health coordinator. Health appraisals, which include hands-on physical examinations and dental screenings, are performed by the medical director or a physician assistant.

Detainees access health care services by submitting a request in an electronic kiosk system which is programmed in English and Spanish. Requests are transmitted directly to medical and are triaged by nursing staff. Hard-copy sick call slips and envelopes are provided to detainees in the Special Management Unit, and are delivered to the HSA at least once daily.

Pharmacy services are provided by contractor CorrectRx. Detainees in the general population are escorted to the medical unit to receive their medication, and medications for detainees in the segregation unit are delivered by way of a secure medication cart. ODO's observation of medication distribution and review of medication administration records found nurses consistently document medication administration.

HCDC operates two Special Management Units (SMUs). Each SMU is well ventilated, adequately lit, temperature appropriate, and maintained in a sanitary condition. Detainee activities are documented electronically in HCDC's Jail Management System. ODO verified entries were made for services and privileges required by the NDS; however, the electronic Jail Management System does not have a field for recording distribution of meals.

At the time of the inspection, one male detainee was assigned to administrative segregation. Pending review of an incident involving an assault by another detainee in the housing unit, a segregation order was not completed and provided to the detainee within 24 hours. The detainee was not allowed outdoor recreation.

The two detainees assigned to disciplinary segregation during the inspection were sanctioned with disciplinary segregation for fighting. Segregation orders were completed and segregation reviews were conducted in accordance with the NDS. Per facility policy, the detainees were not allowed outdoor recreation.

HCDC has a SAAPI and Training Coordinator. Detainees receive information about the SAAPI program by way of the detainee handbook, during the intake PREA orientation video, and by postings located in the receiving and discharge area, in the medical department, hallways, and in the housing units. The information is provided in English and Spanish, and includes toll-free telephone numbers for reporting incidents. In the event of an allegation, incident, or suspected sexual abuse or assault, the detainee victim is immediately taken to the health services department for stabilization and assessment. Detainees are screened during the intake process for sexual abuse victimization history and predatory history. HCDC separates detainees with a history of predatory or abusive sexual behavior from detainees with a history of victimization. The SAAPI Coordinator stated there were no reported incidents of sexual abuse or assault in the 12 months preceding this CI.

ODO reviewed (b)(7) staff training records and confirmed the SAAPI training is comprehensive and addresses all required elements of the standard. Detainees receive information of the SAAPI program by way of the detainee handbook, during intake by watching a PREA orientation video,

and by postings in the receiving and discharge areas. ODO interviewed HCDC staff and verified their knowledge of the SAAPI program and how to handle information received concerning possible sexual abuse or assault. Posters regarding the Prison Rape Elimination Act and sexual harassment are conspicuously displayed throughout the facility.

ICE staff conducts weekly scheduled visits to monitor facility and detainee living conditions, address detainee concerns, and allow for informal interaction with detainees. ERO management from the Baltimore Field Office makes regular monthly unannounced visits to HCDC which was confirmed through staff interviews and by examining the facility visitation logbook. ODO observed that the DHS OIG Hotline number is not posted in all housing units.

According to the HSA, no detainee suicide attempts or watches occurred in the preceding 12 months. ODO verified screening for suicide potential occurs as part of intake screening. ICE policy requires that detainees determined to be at-risk for suicide are immediately referred to medical and mental health staff for further evaluation, and are housed and monitored in accordance with the NDS standard. Per the facility's policy, only a physician is authorized to remove a detainee from suicide watch. ODO's inspection found the beds are secured to the floor and free of objects or structures that could facilitate a suicide attempt.

Detainees have reasonable and equitable access to telephones at HCDC. The number of telephones in the general housing areas meets the requirements of the standard. The telephone availability ratio is approximately one telephone for every 18 detainees. Upon arrival at HCDC, detainees are allowed to make free calls in the intake area. If unable to reach a family member or friend, detainees are given the opportunity to make another attempt, free of charge, during orientation the next day. Access to the phone system, thereafter, is by way of a personal identification number issued to all detainees during intake. Detainees are given emergency messages and are allowed to return emergency telephone calls without delay.

Review of the service logs confirmed facility personnel conduct daily inspections of telephones and respond to maintenance issues within 24 hours. ODO tested two telephones in each of the three detainee housing units, and they were found to be in good working order. No complaints were expressed by detainees about telephone services. Notification that telephone calls are subject to monitoring is posted on each telephone and in the facility-specific handbook. Procedures for telephone use and for obtaining an unmonitored call are addressed in the handbook and posted in each housing unit. Upon written request, HCDC accommodates detainees with a private telephone in the front office to place legal calls.

HCDC has a comprehensive use of force policy addressing all requirements of the NDS, including confrontation avoidance and using force only as a last resort. A review of (b)(7)e randomly selected staff training records confirmed HCDC officers receive required training in use of force principles and techniques, including confrontation avoidance, the use of force continuum, and the application of restraints. HCDC has a Special Emergency Response Team (SERT), members of which are available on all shifts in the event the need for calculated use of force arises. ODO's inspection found protective equipment is stored in a secure room with staff-only access and readily accessible to team members. A video camera is located in the control center, and documentation reflects its operability is verified at least weekly. Oleoresin capsicum (OC) spray is authorized in accordance with facility policy and certification of staff carrying OC

spray was verified by ODO. According to staff interviews and based on review of documentation, there was no calculated and one immediate use of force incident involving detainees in the past year. ODO's review of documentation confirmed compliance with the standard, including completion of an after-action review, medical examination of the detainee, and notification of ERO.

OPERATIONAL ENVIRONMENT

DETAINEE RELATIONS

ODO interviewed 20 randomly-selected ICE detainees (20 males) from classification levels I, II and III, to assess the conditions of confinement at HCDC. Interview participation was voluntary and none of the detainees expressed allegations of abuse, discrimination or mistreatment. The majority of detainees reported being satisfied with facility services, with the exception of the complaints outlined below, regarding the detainee handbook, detainee searches, food service and recreation.

Detainee Handbook: Two detainees interviewed stated they had not received a facility handbook or an ICE National Detainee Handbook. ODO verified signed receipts for the facility handbook were contained in the detention files of all three detainees. The ICE National Detainee Handbook is issued at the FOD Baltimore office and accompanies the detainees to HCDC. A review of 20 randomly selected detention files confirmed all 20 detainees signed for an ICE National Detainee Handbook during their initial in-processing. Detainee handbooks are available in English and Spanish.

Detainee Searches: All 20 detainees interviewed complained of being strip-searched after coming back from court, visits with attorneys and family, and during random facility shakedowns. ODO reviewed 20 detention files and found no files contained documents to support a strip search based on reasonable suspicion. ODO cited this as a deficiency under the Admission and Release standard. According to the facility's written policy, strip-searches do occur after attorney or family visits, but require the facility to document the search in detail on Form G-1025, Record of Search. ODO found this was not happening in any cases.

Food Service: Seven detainees complained about being served bologna on a regular basis in place of a menu item. ODO reviewed the posted menu and consulted with the food service administrator, who stated the facility has not substituted a scheduled item with bologna, and bologna is only served when it is listed as an item on the menu.

Recreation: Six detainees stated they have been given outdoor recreation once since the beginning of 2014. ODO verified that recreation is afforded to all detainees in accordance with the NDS requirements.

ICE 2000 NATIONAL DETENTION STANDARDS

ODO reviewed a total of 17 NDS and one 2011 PBNDS, and found HCDC fully compliant with the following 10 standards:

1. Correspondence and Other Mail
2. Detainee Classification System
3. Detainee Handbook
4. Funds and Personal Property
5. Hunger Strike
6. Medical Care
7. Sexual Abuse and Assault Prevention and Intervention (2011 PBNDS)
8. Suicide Prevention and Intervention
9. Telephone Access
10. Use of Force

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

ODO found 19 deficiencies in the following eight standards.

1. Access to Legal Material
2. Admission and Release
3. Detainee Grievance Procedures
4. Environmental Health and Safety
5. Food Service
6. Special Management Unit-Administrative Segregation
7. Special Management Unit-Disciplinary Segregation
8. Staff-Detainee Communication

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

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at HCDC to determine if detainees have access to a law library, legal materials, and supplies and equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS. ODO toured the law library, interviewed staff, and reviewed the detainee handbook.

HCDC has a dedicated law library located in a designated room and provides sufficient space to facilitate legal research and writing. The library contains a sufficient number of tables and chairs in a well-lit room, reasonably isolated from noisy areas. The law library includes six desktop computers equipped with LexisNexis, a printer, and supplies. ODO verified all six computers contained a current version of LexisNexis and word-processing software.

The library is managed by (b)(7)e part-time HCDC staff members. Detainees submit request forms to HCDC officers in order to access the law library. Detainees are permitted to use the law library for a minimum of five hours per week during designated library hours, and can request additional time if needed. Additional law library access is available from mobile carts having computers equipped with the latest version of the Lexis/Nexis software, with a cart located in each housing unit (W4, W6, and Hendricks Hall) from 9:30 a.m. to 3 p.m., and from 5 p.m. to 10 p.m., seven days per week. HCDC policy affords law library privileges to detainees in the SMU. Detainees have access to paper, writing utensils, and envelopes. Legal documents are printed through request and with the assistance of a staff member.

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

Notice to detainees about access to legal material is not comprehensively covered in the local detainee handbook, nor is information posted in the law library to inform detainees of the procedures for requesting additional time in the law library; the procedure for requesting legal reference materials not maintained in the law library, nor is the procedure for notifying a designated employee that library material is missing or damaged (**Deficiency ALM-1**).

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

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 the HCDC 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 officers and detainees concerning the intake and release procedures at the facility, reviewed detention files and viewed the orientation video.

Detainees arriving at HCDC are initially processed at the ERO Baltimore Field Office. The admission process at HCDC includes searching detainees, recording personal information, conducting basic criminal history checks, collecting photographs and fingerprints, performing medical and mental health screenings, and taking inventory of detainee property.

Detainees are given the opportunity to shower and are issued clean clothing, bedding, towels, and personal hygiene items. All detainees interviewed by ODO stated they were afforded an opportunity to shower before entering their assigned housing units.

If a detainee arrives with identity documents, including passports and birth certificates, the facility informs ICE, and ICE takes custody of the documents as required.

Detainees are issued a facility handbook containing information about the facility operations, programs and services. ERO issues the ICE National Detainee Handbook to each detainee prior to arriving at the facility. ODO verified both the national and facility detainee handbooks are provided in English and Spanish, and interpreter services are available for translation. Receipts for the facility handbooks and detainees' personal property are maintained in the detainees' individual detention files. The facility handbook is programmed onto kiosks located in individual housing units, and detainees have unrestricted access to kiosks. In addition, detainees view an ICE-approved orientation video that is played in English and Spanish each afternoon in each housing unit. In the event the kiosks are not available, ODO recommended ERO maintain a supply of hard copies of the ICE National Detainee Handbooks at the HCDC **(R-1)**.

ODO also verified that during the intake process all detainees are routinely stripped searched without reasonable suspicion upon admission to the facility, as well as after returning from contact visits with attorneys and family, after court appearances, and during random facility shakedowns. HCDC management stated, "strip searches may be conducted as deemed necessary when the facility has reasonable suspicion to believe that you may be concealing a weapon or other contraband." ODO reviewed 15 files and confirmed HCDC does not complete and maintain the required Form G-1025, Record of Search, in the detention files **(Deficiency AR-1)**.

Among the 15 active and 15 inactive, randomly-selected detention files reviewed by ODO, all files contained an Order to Detain or Release (Form I-203 or I-203a) authorizing detention and release of detainees. No detainees were processed in or out of the facility during the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the Change Notice Admission and Release-National Detention Standard Strip Search Policy, dated October 15, 2007, the FOD must ensure, “facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitored showering, and other required exposure of the private parts of a detainee’s body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possessing. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-rays, and metal detector. If information developed during admissions, processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G-1025, Record of Search.”

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedure standard at HCDC 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.

HCDC's policies and the detainee handbook address informal and formal grievance processes, emergency grievances, the availability of assistance in filing a grievance, procedures for appeal, and the opportunity to file a complaint about officer misconduct. Detainees have the opportunity to file a grievance by submitting a grievance form to the housing unit officers or by placing the grievance form in a locked box in the housing unit.

The facility's handbook provides notice to detainees of the procedure for filing a grievance and appeal, the right to have the grievance referred to higher levels, the procedure for contacting ICE to appeal a decision to the facility director, the policy prohibiting staff from retaliating against any detainee for filing a grievance, and the opportunity to file a complaint about officer misconduct. HCDC's handbook provides notice of both the informal and formal grievance procedures.

A formal grievance may begin with the detainee submitting a written complaint to the housing correctional officer, who reviews the grievance to determine if it can be resolved. The housing correctional officer then submits the grievance to a shift leader or supervisor for review. If the shift leader cannot resolve the written grievance, it is marked "unresolved" and forwarded to the appropriate department head. The facility supervisor or department head ultimately determines whether a formal grievance has been resolved or remains unresolved. ODO found no unresolved grievances.

HCDC does not have a grievance committee to review formal complaints by detainees **(Deficiency DGP-1)**. An audit coordinator is responsible for coordinating all grievances filed at HCDC. Completed grievance forms and responses are kept in a folder in the audit coordinator's office. A copy is also placed in detainee's detention file.

HCDC has an informal grievance system in place that allows detainees to have grievances addressed at the lowest level possible in an efficient and timely manner. ODO reviewed HCDC policies and procedures and confirmed the informal grievance process at HCDC does not address giving detainees the option to bypass or terminate an informal grievance in order to proceed directly to a formal grievance, or provide for maintenance of records for all informally resolved grievances **(Deficiency DGP-2)**.

ODO reviewed the grievance log for the past year, May 2013 to June 2014, and found a total of seven formal grievances all of which were resolved. Four of the grievances concerned medical issues; one pertained to classification, another to detainee commissary, and another concerned haircuts. There were no allegations of staff misconduct or harassment. No concerning trends were noticed among the seven grievances. The log is maintained by the audit coordinator and contains all pertinent information, such as the nature of the grievance, and the date of resolution.

Log numbers are assigned in chronological order as grievances are received. Detainees may appeal a grievance to the facility's director, and if they are dissatisfied with the outcome, the detainee may appeal the grievance directly with ICE.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (I), the FOD must ensure, "Every facility will develop and implement standard operating procedures (SOP) that address detainee grievances. Among other things, each SOP must establish a reasonable time limit for: (i) processing, investigating, and responding to grievances; (ii) convening a grievance committee to review formal complaints; and (iii) providing written responses to detainees who filed formal grievances, including the basis for the decision. The SOP must also prescribe procedures applicable to emergency grievances. All grievances will receive supervisory review, and include guarantees against reprisal."

DEFICIENCY DGP-2

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(A)(1), the FOD must ensure, "The detainee is free to bypass or terminate the informal grievance process, and proceed directly to the formal grievance stage. If an oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome; however the staff member will document the results for the record and place his/her report in the detainee's detention file."

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at HCDC 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 policies and documentation of inspections, hazardous chemical management, and fire drills.

ODO observed an acceptable level of sanitation was maintained throughout the facility. Hazardous substances were listed in a master index which includes Material Safety Data Sheets (MSDS), emergency contact information, and documentation of periodic review for accuracy. MSDS binders were also present in areas where substances are stored and used. ODO confirmed running inventories of chemicals were accurate. During interviews, staff verbalized a good understanding of proper storage and handling of all chemicals; however, during the inspection of the food service area, ODO noted the Ecolab automatic dispenser for the dishwashing detergent was not operational. The Ecolab system ensures the proper amount of detergent is dispensed, thereby ensuring proper sanitizing of utensils. Because the dispenser was not operational, kitchen workers were observed putting water in the five pound container of the detergent, swirling it around, and pouring it in the sink. Although the detergent was not labeled hazardous, the container was clearly marked "Use only with Ecolab dispenser." Facility staff contacted Ecolab to repair the dispenser during the review.

HCDC has an extensive fire control plan which has been approved by the Howard County Fire Department. The fire department's most recent inspection of HCDC was on July 3, 2013, and no violations of applicable regulations or codes were found. Annual testing of the fire suppression system was completed on May 19, 2014, and was found fully functional. ODO verified required weekly and monthly fire and safety inspections are conducted by facility staff, and monthly fire drills are conducted and documented in accordance with the NDS. However, ODO observed exit diagrams in the booking area, kitchen, library, and housing units W F-4, D, and F2 were in English only, and do not have "you are here" markers and emergency equipment locations **(Deficiency EH&S 1)**.⁴ It is noted that after the last inspection, the facility partially corrected the deficiency by placing new diagrams that meet all NDS requirements, in several areas of the facility. To fully correct the deficiency, the diagrams in the booking area, library, and housing units W, F-4, D and F2 should be replaced.

HCDC is on the city water and sewer system. Reports by the Howard County Department of Public Health certified the drinking water is tested and meets federal standards. According to facility staff, the emergency power generators are tested on a biweekly basis; however, documentation to confirm biweekly testing was not available. In addition, there was no documentation of testing and servicing of the generators by an external generator service company **(Deficiency EH&S-2)**.

Review of documentation confirmed medical sharps and syringes are inventoried on each shift. ODO inspected the inventories and found them accurate. Bio-hazardous medical waste is

⁴ This is a repeat deficiency from ODO's May 2012 inspection.

handled properly within the facility and removed by Stericycle, Inc., a licensed transporter. Bloodborne pathogens protection and clean-up kits were observed throughout the facility.

ODO verified HCDC has a contract with Innovative Pest Management, Inc., for pest control inspections and eradication. Documentation supports monthly completion of pest control inspections; however, ODO observed the presence of fruit flies during inspection of the food service area. The last pest control service was provided on May 19, 2014.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with ICE NDS, Environmental Health and Safety, section (III)(L)(5), the FOD must ensure, “In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. "You Are Here" markers;
- c. Emergency equipment locations.

New signs and sign replacements will also identify and explain ‘Areas of Safe Refuge.’”

DEFICIENCY EH&S-2

In accordance with 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.”

FOOD SERVICE (FS)

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

The food service department is operated by HCDC staff. A dietary supervisor holds the rank of lieutenant and manages the department, and (b)(7)c correctional officers serve as lead cooks on each of two shifts. No detainees work in food service, though a crew of inmate workers supports the operation. ODO's review of documentation found all correctional food service staff are ServSafe certified, and documentation of medical clearance was present for all staff and inmate workers.

The facility has a 28-day master menu cycle and does not serve pork. The master menus, including a common fare menu, were approved by a registered dietician. The menu provides for two hot meals and 2,820 calories daily. Detainees interviewed during the inspection reported frequent changes to the menu. Upon inquiry, staff reported substitutions may occur in the event of a product shortage, but are rare. ODO was also informed that the dietary supervisor is required to report menu substitutions to the facility's assistant director; however, substitutions are reported verbally and are not documented (**Deficiency FS-1**).

The food service area is relatively small and appeared cluttered between the breakfast and lunch preparation time. ODO observed the Ecolab detergent dispenser was inoperable and knobs on the stove were missing. ODO verified work orders had been submitted for repairs. The general sanitation in the kitchen was adequate, however, fruit flies were observed in multiple areas of the kitchen, including around the ice machine and in the dry storage area (**Deficiency FS-2**). ODO confirmed Innovative Pest Management is under contract to provide pest control services, and a review of documentation confirmed services are provided at least monthly. The most recent pest control treatment was provided on May 19, 2014. Staff reported that the pest control company was contacted and would be returning to treat and attempt to eradicate the fruit flies.

Procedures are in place for providing medical and common fare diets. The facility's ceremonial meal schedule has not been updated since 2012 (**Deficiency FS-3**).⁵

Sack lunches prepared by inmate workers rather than staff are provided to detainees being transported to court and to other facilities (**Deficiency FS-4**). Allowing preparation of sack lunches by staff, only, protects against food tampering and placement of contraband in the sacks. ODO found the lunches contained the required items and were labeled with the date and detainees' names and A-numbers.

The kitchen has one walk-in freezer and one walk-in cooler, each equipped with outside and inside thermometers. There is a separate dry storage area that was found neat and orderly, in compliance with the standard. Food service products were appropriately stored and marked for stock rotation. The facility uses an automatic dishwasher with automated Ecolab sanitizing

⁵ This is a repeat deficiency from ODO's May 2012 inspection.

equipment and an appropriately labeled tri-sink. All food service staff and inmates wore uniforms, gloves and beard guards for facial hair, and were observed frequently washing their hands and changing gloves.

ODO reviewed documentation confirming the food service operation is inspected every six months by the Maryland Department of Health and Mental Hygiene. In-house weekly inspections are conducted and documented by the dietary supervisor. During the inspection, ODO observed carts and movable shelving in passageways and aisles, blocking entry to the kitchen (**Deficiency FS-5**). ODO also observed items blocking a sink, and carts in the freezer and cooler preventing unrestricted access. It is also noted that during preparation of a meal, ODO observed food particles dropped on uncovered food equipment. The equipment was not used during preparation of the meal, and re-inspection found the area and all equipment was cleaned prior to the next shift. To support sanitary conditions in the kitchen, ODO recommends that food equipment be covered when not in use (**R-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service section (III)(D)(Food Preparation)(1), the FOD must ensure, “The CS [cook supervisor] or equivalent has the authority to change menu items when necessary. Every such change/substitution must be documented and forwarded to the FSA [Food Service Administrator].”

DEFICIENCY FS-2

In accordance with the ICS NDS, Food Service section (III)(D)(Food Preparation)(5), the FOD must ensure, “Food and ice will be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection will be continuous, whether the food is in storage, in preparation/on display, or in transit.”

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.”

DEFICIENCY FS-4

In accordance with the ICE NDS, Food Service section (III)(G)(6)(b) the FOD must ensure, “Members of the food service staff shall prepare sack meals for bus or air service. While detainee volunteers assigned to the food service shall not be involved in preparing meals for transportation, they may prepare sack meals for on-site consumption.”

DEFICIENCY FS-5

In accordance with the ICE NDS, Food Service section (III)(H)(5)(g) the FOD must ensure, “Aisles and passageways shall be kept clear and in good repair, with no obstruction that could create a hazard or hamper egress.”

SPECIAL MANAGEMENT UNIT (SMU)

Administrative Segregation

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

A review of facility procedures and discussions with supervisory staff confirmed administrative segregation at HCDC is a non-punitive form of separation from the general population when the presence of the detainee poses a threat to self, other detainees, staff, property or the security and orderly operation of the facility. HCDC's SMU for administrative segregation has 16 cells on two levels. The upper and lower levels each have two double occupancy and six single occupancy cells. There is a day room with a television and tables with benches, one shower, and telephones. The SMU is used for both inmates and detainees, with separation afforded by cell assignment. ODO's inspection found the unit was well lit, in good sanitary condition, adequately ventilated and temperature controlled.

There was one detainee assigned to administrative segregation during the inspection. He was placed in the SMU on May 31, 2014, pending review of an incident involving an assault by another detainee in the housing unit. A segregation order was not completed until June 5, 2014 (**Deficiency SMU AS-1**). Per the standard, an administrative segregation order must be completed and provided to the detainee within 24 hours, unless the delivery would jeopardize the safety, security, or orderly operation of the facility. There was no documentation justifying the delay in issuance of a segregation order. Status reviews were conducted in accordance with the standard.

ODO's review of a tracking report found 19 detainees were assigned to administrative segregation during the past year for pre-disciplinary hearing detention and protective custody. ODO verified segregation orders were completed within the timeframe required by the standard in all 19 cases, and status reviews were conducted. Documentation of ERO notification was available.

Detainee activities are documented electronically in HCDC's Jail Management System. ODO verified entries were made for services and privileges required by the NDS, with two exceptions. Per facility policy, the detainees assigned to administrative segregation were not allowed outdoor recreation (**Deficiency SMU AS-2**); and the electronic Jail Management System does not have a data field for recording distribution of meals (**Deficiency SMU AS-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU AS-1

In accordance with the ICE NDS, Special Management Unit - Administrative Segregation, section (III)(B), the FOD must ensure, "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when

exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.”

DEFICIENCY SMU AS-2

In accordance with the ICE NDS, Special Management Unit - Administrative Segregation, section (III)(D)(8), the FOD must ensure, “Recreation shall be provided to detainees in administrative segregation in accordance with the “Recreation” standard.

These provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee’s recreation privileges may be withheld temporarily after a severely disruptive incident. Staff shall document by memorandum and logbook(s) notation every instance when a detainee is denied recreation. The memorandum shall be placed in the detainee’s detention file.

When space and resources are available, detainees in administrative segregation will be able to participate in TV viewing, board games, socializing and work details (e.g., an orderly in the SMU); and provided opportunities to spend time outside their cells, over and above recreation periods.”

DEFICIENCY SMU AS-3

In accordance with the ICE NDS, Special Management Unit - Administrative Segregation, section (III)(E)(1), the FOD must ensure, “A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.”

SPECIAL MANAGEMENT UNIT (SMU)

Disciplinary Segregation

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

HCDC's SMU for disciplinary segregation has a total of eight double occupancy cells split between two levels. There is a day room with a television and tables with benches, one shower, and telephones. The SMU is used for both inmates and detainees with separation afforded by cell assignment. ODO's inspection found the unit was well lit, in good sanitary condition, adequately ventilated and temperature controlled.

There were two detainees assigned to disciplinary segregation during the inspection. The detainees were sanctioned with disciplinary segregation on May 29, 2014, for fighting in the housing unit. Segregation orders were completed and segregation reviews were conducted in accordance with the NDS. ODO's review of a tracking report found 15 detainees were sanctioned with disciplinary segregation in the past year. In all cases, segregation orders were completed and required status reviews were conducted. Documentation of ERO notification was available.

Detainee activities are documented electronically in HCDC's Jail Management System. ODO verified entries were made for privileges and services required by the NDS, with two exceptions.

Detainees assigned to disciplinary segregation were not allowed outdoor recreation (**Deficiency SMU DS-1**) and the electronic Jail Management System does not have a data field for recording distribution of meals (**Deficiency SMU DS-2**). There was no documentation indicating the privilege of outdoor recreation was denied based on a severely disruptive incident.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY SMU DS-1

In accordance with ICE NDS, Special Management Unit – Disciplinary Segregation, section (III)(D)(13), the FOD must ensure, "Recreation shall be provided to detainees in disciplinary segregation in accordance with the "Recreation" standard. The standard provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee's recreation privileges may be withheld temporarily after a severely disruptive incident.

Staff shall document by memorandum and logbook(s) notation every instance when a detainee is denied recreation. The memorandum shall be placed in the detainee's detention file."

DEFICIENCY SMU DS-2

In accordance with ICE NDS, Special Management Unit – Disciplinary Segregation, section (III)(E)(1), the FOD must ensure, “A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.”

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at HCDC 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 NDS. ODO interviewed staff and detainees, toured and observed housing units and reviewed ERO logbooks and the Facility Liaison Visit Checklists.

ICE does not have personnel permanently assigned to HCDC. ICE personnel who oversee HCDC are located at ERO Baltimore. ERO Baltimore has written policies and procedures to ensure and document that ICE supervisory and non-supervisory personnel conduct regular unannounced and unscheduled visits. ODO verified through interviews with HCDC staff and review of facility logbooks that regular, unannounced visits are conducted and documented. (b)(7)e DOs and (b)(7)e IEA are assigned to the facility to conduct weekly scheduled visits and to address detainee concerns. The AFOD and SDDO visit monthly to monitor detention conditions of confinement, and to interact with detainees and facility staff to address any concerns or issues. ERO visitation schedules are conspicuously posted in English and Spanish languages in each housing unit and in the special management units. ODO visited three housing units and the special management units, and confirmed each had a logbook to document ICE visits.

Scheduled visits by IEAs and DOs occur on Tuesday, Wednesday, Thursday and Friday and are posted in the detainee living areas and other areas with detainee access. These visits are documented on Facility Liaison Visit Checklists maintained at ERO Baltimore.

The facility has an electronic kiosk system located in each housing unit for use by detainees to submit requests. Detainee requests are transmitted directly to ICE electronically. All request responses are provided to detainees electronically via the kiosk system. Detainees in the SMU can submit written requests to ICE staff by filling out a request form and labeling it "Immigration." Envelopes are available in the SMU if the detainee wishes to seal the request. ODO reviewed 70 detainee requests from January 2 through June 2, 2014. ICE responded to all 70 requests within 72 hours. A review of the request log found 65 requests involved immigration proceedings, and five were requests for additional visitation days. ODO's review of 20 detention files found completed detainee requests forms are maintained in each detainee's detention file.

ODO verified that ICE staff document and complete serviceability tests and the Facility Liaison Visit Checklist weekly.

The DHS OIG Hotline number was not posted in each housing unit (**Deficiency SDC-1**). The Hotline number is required to be conspicuously posted in all units housing ICE detainees. ERO initiated corrective action during the course of the inspection and posted the DHS posters in the Housing Units.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

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

DHS OIG Hotline

Write to:

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

Email to:

DHSOIGHOTLINE@DHS.GOV

Or Telephone

1-800-323-8603”