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Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO San Francisco Field Office
Mesa Verde Detention Facility
Bakersfield, CA

January 12–14, 2016

**COMPLIANCE INSPECTION
for the
MESA VERDE DETENTION FACILITY
Bakersfield, California**

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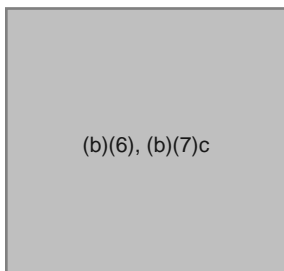
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EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Mesa Verde Detention Facility (MVDF) in Bakersfield, California, from January 12 to 14, 2016.¹ MVDF opened in March 2015 and is owned and operated by the GEO Group Incorporated. The Office of Enforcement and Removal Operations (ERO) began housing detainees at MVDF in March 2015 pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in San Francisco.

ERO staff members are not assigned to the facility. A Detention Services Manager is not assigned to the facility. A Warden is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. The GEO Group Inc. provides medical and food services. The facility holds no accreditations at the time of inspection.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	400
Average ICE Detainee Population ³	361
Male Detainee Population (as of 01/12/2016)	274
Female Detainee Population (as of 01/12/2016)	88

OVERALL FINDINGS

This is ODO's first inspection of the MVDF under the Performance-Based National Detention Standards (PBNDS) 2011. ODO reviewed the facility's compliance with 16 standards and found the facility compliant with four standards. ODO found 43 deficiencies in the remaining 12 standards, 19 of which were priority components. Finally, ODO identified five opportunities where the facility initiated corrective action during the course of the inspection.⁴

Inspection Results	FY (PBNDS 2011)
Standards Reviewed	16
Deficient Standards	12
Overall Number of Deficiencies	43
Deficient Priority Components	19
Corrective Actions Initiated	5

¹ Male and female detainees with low, medium low, medium high and high security classification levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List Report as of December 28, 2015.

³ *Ibid.*

⁴ Corrective actions, where immediately implemented, best practices and ODO recommendations, as applicable, have been identified in the Inspection Findings section and annotated with a "C", "BP" or "R", respectively.

FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED ⁵	DEFICIENCIES
Part 1 – Safety	
1.2 - Environmental Health and Safety	0
Part 2 – Security	
2.1 - Admission and Release	3
2.2 - Custody Classification System	2
2.5 - Funds and Personal Property	0
2.11 - Sexual Abuse and Assault Prevention and Intervention	5
2.12 - Special Management Units	10
2.13 - Staff-Detainee Communication	2
2.15 - Use of Force and Restraints	3
Sub-Total	25
Part 4 – Care	
4.1 - Food Service	1
4.3 - Medical Care	1
4.4 - Medical Care (Women)	0
4.6 - Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 – Activities	
5.6 - Telephone Access	3
Sub-Total	3
Part 6 – Justice	
6.1 - Detainee Handbook	6
6.2 - Grievance System	5
6.3 - Law Libraries and Legal Material	2
Sub-Total	13
Total Deficiencies	43

⁵ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁶ Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."⁷ Priority components have been selected from across a range of detention standards based on critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

⁶ ODO reviews the facility's compliance with selected standards in their entirety.

⁷ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed 25 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

- ***Environmental Health and Safety:***

Allegation: One detainee alleged there was a foul smell in the A-dorm. Several inspectors also noticed the smell during the facility tour.

Action Taken: ODO reported the concern to facility maintenance. Facility maintenance acknowledged the concern and began actively working on the issue during the inspection. The problem was resolved prior to the end of the inspection.

- ***Food Service:***

Allegation: Two detainees alleged the same items are served multiple times a day, with the menu repeating too frequently.

Action Taken: ODO reviewed the menu and confirmed that the menu was certified by a nutritionist. Although the menu does indicate that rice and beans are listed on the menu daily as an additional starch and protein, they are not the primary starch and protein for each meal. Additionally, after reviewing the menu, ODO confirmed that the menu was certified by a nutritionist.

- ***Medical Care:***

Allegation: Three detainees alleged they had issues with the length of time it took for the scheduling of a medical visit.

Action Taken: ODO reviewed the three detainees' medical files and found all three detainees received medical care within the required response time. One of the three detainees was seen regularly for treatment of an injury that occurred prior to the inspection.

- ***Staff-Detainee Communication:***

Allegation: Eight detainees alleged they had minimal or no contact with their ICE/ERO Detention Officer (DO).

Action Taken: ODO observed postings in the housing unit with scheduled hours and days ICE/ERO is available for contact by detainees. ERO provided ODO with Facility Liaison Visit Checklists dating back to the opening of the facility. The checklists document the names of detainees contacted during scheduled and unscheduled visits. The request log documents two of the aforementioned detainees submitted two requests each for ERO visits. There is no record the other six detainees' submitted requests. A review of the checklists revealed five of the eight detainees, including the two detainees who submitted requests, were visited during scheduled and unscheduled visits. During the inspection, ODO observed ERO staff meeting with detainees in their housing units.

INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

Though no admissions were observed during the inspection, the process was evaluated through staff interviews, a review of 30 detainee files and inspection of the property room. An Order to Detain (Form I-203) was not present in the files of two detainees (**Deficiency AR-1**⁸).

At the time of the inspection, “Know Your Rights” and Prison Rape Elimination Act (PREA) videos were shown to detainees; however, there was no orientation video as required by the standard (**Deficiency AR-2**⁹).

Corrective Action: The facility recently produced an English-version orientation video which ODO confirmed is compliant with the requirements of the standard. Once the Spanish version is available, it will be provided to the local ICE/ERO Field Office for approval. (**C-1**)

The facility uses a form to document receipt of the detainee handbook, but in many cases, the form was missing documentation of the date, the detainee’s name, A-number, and whether they received the English or Spanish version (**Deficiency AR-3**¹⁰).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO observed Level 1 and Level 3 detainees commingling in the video teleconferencing area. The video teleconferencing area is an enclosed area with five rooms used to conduct remote hearings with immigration judges. A Level 3 detainee was in an unsecured room in this area, while three Level 1 detainees were seated in the hallway immediately outside the room (**Deficiency CCS-1**¹¹).

A review of 30 detainee files revealed that in 12 cases, reclassification assessments were not completed 60 to 90 days after the date of the initial classification or every 90 to 120 days thereafter (**Deficiency CCS-2**¹²).

⁸ “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(E). **This is a priority component.**

⁹ “All facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand.” See ICE PBNDS 2011, Standard Admission and Release, Section (V)(F). **This is a priority component.**

¹⁰ “As part of the admissions process, the detainee shall acknowledge receipt of the handbook and supplement by signing where indicated on the back of Form I-385 (or on a separate form).” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(G)(4).

¹¹ “Low custody detainees may not be comingled with high custody detainees.” See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(F)(1). **This is a priority component.**

¹² “The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification.” See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(1).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

Interviews with facility and contract staff and review of available policies determined no facility-specific written SAAPI policy and procedures were in place (**Deficiency SAAPI-1¹³**).

Interviews with facility and contract staff and review of the detainee handbook revealed, the facility did not designate a SAAPI coordinator (**Deficiency SAAPI-2¹⁴**). An interview with the facility's Prison Rape Elimination Act (PREA) Coordinator revealed the PREA Coordinator was unfamiliar with SAAPI and the standards requirements.

A review of the Prevention of Sexual Assault and Abuse Policy and interview with facility staff determined the facility does not have a multidisciplinary team to respond to sexual abuse, which may include a sexual assault response team (**Deficiency SAAPI-3¹⁵**).

A review of the facility's PREA/Sexually Abusive Behavior and Prevention training revealed employees, volunteers and contract personnel do not receive training on the SAAPI Program in accordance with the standard (**Deficiency SAAPI-4¹⁶**).

A review of the facility's PREA/Sexually Abusive Behavior and Prevention training revealed it did not contain all the required elements outlined in the standard (**Deficiency SAAPI-5¹⁷**).

SPECIAL MANAGEMENT UNITS (SMU)

No records were kept for detainees placed in the temporary holding cells prior to July 2015. Available documentation from July through the time of the inspection found 25 detainees were placed in the cells, 12 of the detainees were held in excess of 72 hours. In July 2015, a GEO form equivalent to a segregation order was implemented; however, review found the orders did not detail the reasons detainees were segregated (**Deficiency SMU-1¹⁸**). In many cases, only "pending investigation" was recorded; in others, no reason was documented.

¹³ "Each facility administrator shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program...." *See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A). **This is a priority component.**

¹⁴ "The facility administrator shall designate a Sexual Abuse and Assault Prevention and Intervention Program coordinator to...." *See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(B). **This is a priority component.**

¹⁵ "Facilities should use a coordinated, multidisciplinary team approach to responding to sexual abuse, such as a sexual assault response team (SART), which in accordance with community practices, includes a medical practitioner, a mental health practitioner, a security staff member and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise." *See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(H).

¹⁶ Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for employees, volunteers and contract personnel and shall also be included in annual refresher training thereafter." *See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E). **This is a priority component**

¹⁷ "Training shall include: prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities...." *See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E)(8). **This is a priority component.**

¹⁸ "Prior to a detainee's actual placement in administrative segregation, the facility administrator or designee shall complete the administrative segregation order (Form I-885 or equivalent), detailing the reasons for placing a detainee in administrative segregation." *See* ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(b). **This is a priority component.**

A review of the segregation orders for the detainees showed signatures were not consistently found to document whether a copy was issued to the detainee. Orders for 22 of 25 detainees placed in holding cells since July 2015 did not include detainee signatures. In the other three, “Refused” was documented in the acknowledgement of receipt section. Facility staff acknowledged detainees are not given copies of the orders (**Deficiency SMU-2¹⁹**).

An interview with facility staff and review of facility procedures revealed, a copy of the administrative segregation order is not provided to the Field Office Director or his designee (**Deficiency SMU-3²⁰**).

A review of the segregation log, procedures and interview with staff revealed, a supervisor does not conduct a review within 72 hours of the detainee’s placement in administrative segregation to determine whether segregation is still warranted (**Deficiency SMU-4²¹**).

A review of the segregation log revealed the log did not consistently record the detainee’s names, A-numbers and dates of release (**Deficiency SMU-5²²**).

A review of the segregation log found checks of detainees were documented every 30 minutes, but not on an irregular basis (**Deficiency SMU-6²³**).

An interview with facility staff and review of procedures revealed segregated detainees are not permitted to use the visiting room during normal visiting hours (**Deficiency SMU-7²⁴**).

An interview with facility staff and review of procedures revealed detainees housed in segregation do not have the same law library access as the general population (**Deficiency SMU-8²⁵**).

¹⁹ “The administrative segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(f). **This is a priority component.**

²⁰ “A copy of the administrative segregation order shall also be immediately provided to the Field Office Director or his designee.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(g).

²¹ “A supervisor shall conduct a review within 72 hours of the detainee’s placement in administrative segregation to determine whether segregation is still warranted.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(3)(a). **This is a priority component.**

²² “The SMU log shall record the detainee’s name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date (for detainees in disciplinary segregation), the authorizing official, and date released.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(C)(1).

²³ “Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(L). **This is a priority component.**

²⁴ “Segregated detainees may ordinarily use the visiting room during normal visiting hours.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(R).

²⁵ “In accordance with standard “6.3 Law Libraries and Legal Material,” detainees housed in administrative segregation or disciplinary segregation units shall have the same law library access as the general population, unless compelling security concerns require limitations.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(W).

A review of the SMU log, procedures and interview with facility staff revealed, detainees in the SMU for administrative reasons are not offered at least two hours of recreation outside their cells each day; that recreation time should be scheduled at a reasonable time and provided at least seven days per week (**Deficiency SMU-9²⁶**).

A detainee was housed in a medical observation cell for four days prior to transfer after self-identifying as transgender. A review of the segregation order revealed placement was not by direction of health care staff for medical or mental health reasons. The placement was for protective custody as determined necessary by facility staff. The order did not state whether the detainee requested protective custody, and whether a hearing concerning segregation was requested (**Deficiency SMU-10²⁷**).

STAFF-DETAINEE COMMUNICATION (SDC)

A review of the facility handbook revealed the handbook does not include the contact information for the ERO Field Office and the scheduled hours and days ERO staff is available to be contacted by detainees at the facility (**Deficiency SDC-1²⁸**). Other deficiencies related to information missing from the Detainee Handbook are reported under Detainee Handbook starting on page 11.

A review of written procedures and interview with facility staff revealed the facility administrator does not have written procedures to promptly route and deliver detainee requests to the appropriate ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests and does not ensure the standard operating procedures accommodate detainees with special assistance needs based on, for example disability, illiteracy, or limited use of English (**Deficiency SDC-2²⁹**).

Corrective Action: Prior to the completion of the inspection the Detainee Request Forms Policy was modified to address the actions to take when a request form is hand delivered to facility staff. (C-2)

²⁶ “Detainees in the SMU for administrative reasons shall be offered at least two hours of exercise per day, seven days a week, unless documented security, safety or medical considerations dictate otherwise.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(X)(1).

²⁷ “If the segregation is ordered for protective custody purposes, the order shall state whether the detainee requested the segregation, and whether the detainee requests a hearing concerning the segregation.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(e)

²⁸ “The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

²⁹ “Each facility administrator shall: Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests. Ensure that the standard operating procedures accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B). **This is a priority component.**

USE OF FORCE AND RESTRAINTS (UOF)

A review of documented use of force incidents and an interview with facility staff revealed medical assessments are not conducted and documented on all detainees immediately following a use of force incident (**Deficiency UOF-1**³⁰).

A review of documented use of force incidents and an interview with facility staff revealed medical assessments are not conducted and documented on all staff involved immediately following a use of force incident (**Deficiency UOF-2**³¹).

A review of documented use of force incidents and an interview with facility staff revealed all facility staff involved in use of force incidents do not provide reports to their shift supervisors (**Deficiency UOF-3**³²).

CARE

FOOD SERVICE (FS)

There are no toilet facilities for detainees or staff within the food service area. ODO was informed that staff use facilities throughout the facility and that, upon request, detainees use a restroom in the medical department. Inspection of the medical department restroom found it was not equipped with soap, paper towels, and hand-washing reminder signs (**Deficiency FS-1**³³).

Corrective Action: Prior to the completion of the inspection hand-washing reminder signs were affixed to the restroom walls. The facility staff refilled soap containers and paper towel dispensers to ensure detainees can properly wash their hands prior to returning to work. (C-3)

³⁰ “Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately: Examine the detainee and immediately treat any injuries. The medical services provided and diagnosed injuries shall be documented.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(2).

³¹ “Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately: Examine any involved staff member who reports an injury and, if necessary, provide initial emergency care. The examination shall be documented.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(3).

³² “A written report shall be provided to the shift supervisor by each officer involved in the use of force by the end of the officer’s shift.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(4).

³³ “Adequate and conveniently located toilet facilities shall be provided for all food service staff and detainee workers. Signs shall be prominently displayed. Soap or detergent and paper towels or a hand-drying device providing heated air, shall be available at all times in each lavatory.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(9)(c) and (e).

MEDICAL CARE (MC)

A review of the intake form revealed the form only addresses situations in which the detainee identifies as a transgender, but does not inquire into a transgender detainee's gender self-identification (**Deficiency MC-1**³⁴).

Corrective Action: Prior to the completion of the inspection the intake form was modified to inquire into a transgender detainee's gender self-identification. (**C-4**)

ACTIVITIES

TELEPHONE ACCESS (TA)

An observation of the telephones revealed the facility does not post, at each monitored telephone, procedures on how to obtain an unmonitored call to court, legal representative or for the purposes of obtaining legal representation. Notices on how to obtain an unmonitored call are posted; however, they are located on a bulletin board, a significant distance away from monitored phones (**Deficiency TA-1**³⁵).

An interview with facility staff and observation of the housing unit bulletin boards and other posting areas revealed telephone access hours and updated telephone and consulate lists are not posted in all detainee housing units (**Deficiency TA-2**³⁶).

ODO reviewed unit logs with facility staff and found no one inspects telephones on a daily basis (**Deficiency TA-3**³⁷).

JUSTICE

DETAINEE HANDBOOK (DH)

A review of the facility handbook reveals the handbook does not notify detainees of interpretive services for essential communication (**Deficiency DH-1**³⁸).

A review of the facility handbook reveals the handbook does not notify detainees of the availability of legal orientation programs (**Deficiency DH-2**³⁹).

³⁴ "The screening shall inquire into the following: inquire into a transgender detainee's gender self-identification and history of transition-related care, when a detainee self-identifies as transgender...." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(J)(15). **This is a priority component.**

³⁵ "If telephone calls are monitored, the facility shall: at each monitored telephone, place a notice that states the following: the procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(B)(3)(b).

³⁶ "Telephone access hours shall also be posted. Updated telephone and consulate lists shall be posted in detainee housing units." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(C).

³⁷ "Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service so that required repairs are completed quickly." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(3).

³⁸ "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of: procedures for requesting interpretive services for essential communication...." See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(B)(3). **This is a priority component.**

A review of the facility handbook reveals the handbook does not notify detainees of the contact information for the ERO Field Office and the scheduled hours and days ERO is available to be contacted by detainees at the facility (**Deficiency DH-3⁴⁰**).

A review of the facility handbook reveals the handbook does not notify detainees of procedures to submit written questions, requests, or concerns to ERO staff, as well as the availability of assistance to prepare such requests (**Deficiency DH-4⁴¹**).

An interview with facility staff and review of the training curriculum revealed the facility administrator does not address the contents of the ICE Handbook and local supplement in initial and annual staff training (**Deficiency DH-5⁴²**).

An interview with facility staff and review of the policy revealed the facility administrator has not established procedures to immediately communicate changes to staff and detainees regarding the handbook, by posting changes on bulletin boards in housing units and other prominent areas (**Deficiency DH-6⁴³**).

GRIEVANCE SYSTEM (GS)

A review of the facility's grievance log showed on nine occasions detainees were not provided a written or oral response within five days of receipt of the grievance (**Deficiency GS-1⁴⁴**).

A review of the facility's grievance log revealed, on one occasion, an appeal decision was not provided to the detainee within five days or receipt of the appeal (**Deficiency GS-2⁴⁵**).

A review of the facility's grievance log revealed, on one occasion the facility did not have the date the appeal was filed noted (**Deficiency GS-3⁴⁶**).

³⁹ "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of: content and procedures of the facility's rules on legal rights group presentations, and the availability of legal orientation programs...." See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(B)(10). **This is a priority component.**

⁴⁰ "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of: contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility...." See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(B)(14). **This is a priority component.**

⁴¹ "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of: procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests." See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(B)(15). **This is a priority component.**

⁴² "The facility administrator shall provide a copy of the ICE Handbook and the local supplement to every staff member who has contact with detainees, and shall address their contents in initial and annual staff training." See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(D).

⁴³ "While the handbook does not have to be immediately revised and reprinted to incorporate every change, the facility administrator shall establish procedures for immediately communicating such changes to staff and detainees through methods including but not limited to the following: posting changes on bulletin boards in housing units and other prominent areas; notifying staff by memos and other means; and informing new arrivals during orientation." See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(E)(1-3).

⁴⁴ "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

⁴⁵ "The designated members of the GAB shall review and provide a decision on the grievance within five days of receipt of the appeal." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(2)(b).

ODO reviewed a representative sample of 30 detainee detention files. On two occasions, a copy of the grievance disposition was not placed in the detainee's detention file (**Deficiency GS-4**⁴⁷).

Corrective Action: Prior to the completion of the inspection copies of the missing grievance dispositions were placed in the referenced detainees' detention files. (**C-5**)

ODO's review of the process found that six grievances alleging staff misconduct were not sent to ICE/OPR, Joint Intake Center and/or local OPR office for appropriate action (**Deficiency GS-5**⁴⁸). ERO was notified of the allegations and decided not to forward the grievances to ICE/OPR, Joint Intake Center and/or the local OPR office. ODO reported the six grievances to the Joint Intake Center on February 3, 2016.

LAW LIBRARY AND LEGAL MATERIAL (LL&LM)

A review of the facility handbook reveals the handbook does not provide detainees with the procedure for notifying a designated employee that library material is out of date (**Deficiency LL&LM-1**⁴⁹).

A review of materials present in the law library revealed two binders with unpublished material do not have the required cover page (**Deficiency LL&LM-2**⁵⁰).

⁴⁶ "The GAB shall note the grievance log with the following information: date appeal filed...." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(2)(d).

⁴⁷ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D). **This is a priority component.**

⁴⁸ "Upon receipt, facility 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/ERO in a timely manner with a copy going to ICE's Office of Professional Responsibility (OPR) Joint Intake Center and/or local OPR office for appropriate action." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(F). **This is a priority component.**

⁴⁹ "The detainee handbook shall also provide detainees with information regarding the procedure for notifying a designated employee that library material is missing, out of date, or damaged." See ICE PBNDS 2011, Standard, Law Libraries and Legal Materials, Section (V)(E)(2).

⁵⁰ "Unpublished material must have a cover page that: identifies the submitter and preparer of the material; clearly states that ICE/ERO did not prepare and is not responsible for the contents; and provides the date of preparation." See ICE PBNDS 2011, Standard, Law Libraries and Legal Materials, Section (V)(F)(2)(a-c).