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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 Detroit Field Office

Saint Clair County Jail

Port Huron, MI

November 4–6, 2014

**COMPLIANCE INSPECTION
SAINT CLAIR COUNTY JAIL
DETROIT 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

(b)(6), (b)(7)c	Inspections & Compliance Specialist (Team Lead)	ODO
	Inspections & Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Saint Clair County Jail (SCCJ) in Port Huron, Michigan from November 4 to 6, 2014. SCCJ, which opened in 2005, is owned by Saint Clair County and operated by the Saint Clair County Sheriff's Office. ERO began housing detainees at SCCJ in 2007 under an Intergovernmental Service Agreement. Male and female detainees of security classification levels I through VIII are detained at the facility for periods in excess of 72 hours. The inspection evaluated SCCJ's compliance with the 2008 PBNDS.

The ERO Field Office Director (FOD), in Port Huron, Michigan, is responsible for ensuring facility compliance with the 2008 PBNDS and ICE policies. One ICE employee is located at SCCJ. There is no ERO Detention Service Manager (DSM) assigned to SCCJ.

Capacity and Population Statistics	Quantity
Total Bed Capacity	491
ICE Detainee Bed Capacity	100
Average Daily Population	469
Average ICE Detainee Population	54
Average Length of Stay (Days)	30
Male Detainee Population (as of 11/4/14)	64
Female Detainee Population (as of 11/4/14)	3

A Sheriff is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. Aramark provides food services and Mercy Hospital provides medical services. The facility holds no accreditations.

This inspection represented ODO's first visit to SCCJ. During this inspection ODO reviewed 15 PBNDS and found SCCJ compliant with three standards. ODO found a total of 31 deficiencies, 15 of which relate to priority components,¹ in the remaining 12 standards: Admission and Release (1 deficiency), Detainee Handbook (1), Disciplinary System (3), Food Service (1), Funds and Personal Property (1), Grievances System (3), Law Libraries and Legal Material (2), Medical Care (11), Sexual Abuse and Assault Prevention and Intervention (2), Staff-Detainee Communication (2), Suicide Prevention and Intervention (1), and Special Management Units (3). ODO made one recommendation regarding facility training.²

This report details all deficiencies and refers to the specific, relevant sections of the 2008 PBNDS. 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 SCCJ and ERO management during the inspection and at a closeout briefing conducted on November 6, 2014.

The admission process for detainees entering SCCJ consists of screening interviews; completing questionnaires; and issuing detainees personal hygiene items, clothing, towels, and bedding. Detailed medical, dental, mental health and sexual abuse history screenings are performed at the intake area. English and Spanish versions of the SCCJ facility handbook and the ICE National Detainee Handbook are provided to all newly arriving detainees. Facility policy states strip-

¹ Deficient priority components were found in the following seven standards: Disciplinary System (1), Grievance System (1), Law Libraries and Legal Material (1), Medical Care (8), Sexual Abuse and Assault Prevention and Intervention (2), Staff-Detainee Communication (1) and Suicide Prevention and Intervention (1).

² Recommendations are annotated in this report as "R."

searches will be conducted only if there is reasonable suspicion that a detainee is concealing contraband. However, ODO observed a new detainee being strip searched without reasonable suspicion, and the search was not documented. An SCCJ lieutenant stated strip searches do not occur without reasonable suspicion, but officers interviewed by ODO reported strip searches are conducted on a routine basis.

SCCJ uses the North Pointe/Compas Classification system and JICS software for managing and separating detainees based on verifiable and documented data. This system assigns detainees to one of eight classification levels with level one being the highest threat level. SCCJ has a comprehensive policy addressing classification of detainees. Detainees are classified upon admission and prior to assignment to a housing unit. Detainees may request a review of their classification level within ten days of primary classification or reclassification. A review of 20 detention files confirmed all necessary documentation supporting proper assignment of classification levels was present. A review of the facility grievance log and interviews with classification staff found there have been no appeals or grievances regarding classification matters.

SCCJ's disciplinary system is fully addressed in facility policy and includes progressive levels of review and appeal procedures. The written hearing records included only notation of the sanctions imposed. Documentation reflects the detainees were provided with written notification of the findings and sanctions; however, they were not provided with the reason for the findings. This represents a deficient priority component. ODO reviewed ten randomly selected detainee files and found a disciplinary action which had been dismissed was still in the detainee's file. The facility initiated corrective action during the course of the inspection. A review of SCCJ policy and staff interviews confirmed detainees in disciplinary segregation are only allowed to have a mattress between the hours of 9:00 p.m. and 6:00 a.m. Every day at 6:00 a.m., mattresses are confiscated by staff and stored until 9:00 p.m. This represents a deficient priority component. During the course of the inspection, the facility initiated corrective action through issuance of a memorandum ordering that this practice be discontinued.

SCCJ has written policies and procedures which provide for the control and safeguarding of detainees' funds and personal property. Detainees are issued the SCCJ handbook and the ICE National Detainee Handbook during the intake process. The facility handbook does not provide information on the policies and procedures for obtaining certified copies of identity documents and procedures for the medical grievance process. Also there was no procedure for requesting interpretive services for essential communication.

SCCJ has a mobile law library, consisting of two rolling carts, each equipped with a computer and keyboard. The same law library privileges are afforded to detainees in special management units; however, the facility does not inspect the equipment weekly. This represents a deficient priority component. Also the facility handbook does not contain information notifying detainees of the procedure for requesting legal reference materials or the procedure for notifying a designated employee that library material is missing or damaged.

ODO confirmed detainees have reasonable and equitable access to telephones at SCCJ. There are two phones in each of the 22-bed housing units, two phones in each of the 20-bed housing units, and two phones in the 16-bed special management unit. The intake area has eight phones

for use by detainees during the admissions process. Telephone access rules are also described in the facility handbook, and were posted in English and Spanish at each telephone location. During initial processing, detainees are given their own copy of the speed dial listing for the Department of Homeland Security Office of Inspector General and various consulates and embassies, along with pro-bono legal services. ODO conducted a serviceability check of all phones in detainee housing areas and intake, and confirmed all were in good working order. A review of telephone serviceability worksheets for the past year confirmed ICE staff conducted weekly inspections. SCCJ staff also conducts weekly serviceability checks of all telephones.

A review of the facility's policy and procedures found detainees are able to file formal grievances, including medical and emergency grievances; and receive written responses, including the basis for the decision, in a timely manner. The facility handbook does not provide detainees notice of: how complaints and grievances should be handled orally and informally by staff in their daily interaction with detainees; that the detainee always has the right to file a formal grievance and pursue the formal process; the right to file a grievance both informally and formally; the process for filing emergency grievances; and the procedures for contacting ICE to appeal a decision of the facility. The facility initiated corrective action by updating the handbook to include this information.

While SCCJ routinely resolves detainee grievances orally and informally at the lowest level possible, the results are not documented in the detainee's detention file or in a log. Facility staff stated that while copies of grievance dispositions are provided to detainees, copies are not placed in detention files. This represents a deficient priority component.

Food service at SCCJ is provided by the contractor, Aramark Correctional Services. Staff includes a food service director and (b)(7)e food service supervisors, supported by a crew of (b)(7)e county inmate workers. ODO checked the sack meals provided to detainees being transported. The meal included two non-pork meat sandwiches and a fruit item. The meal did not include a dessert item or extra item such as packaged fresh vegetables or a packaged snack food.

ERO staff makes scheduled and unscheduled visits on a regular basis. Detainees can request an envelope and submit ICE request forms to SCCJ staff members, but there is no secure drop box for detainees to correspond directly with ICE management. This represents a deficient priority component. The facility initiated corrective action during the course of the inspection. ODO confirmed the log contained the date of receipt; detainee's name, A-number, the date the request was returned to the detainee; and other pertinent information. However, the log did not contain a box area on the log form for the nationality and the name of the staff member who logged the request. Prior to completion of the inspection, the facility initiated corrective action.

Medical care has been provided under contract with St. Joseph Mercy Port Huron Hospital (SJMPHH) since December 2013. A registered nurse (RN), who holds the title of nurse coordinator, is responsible for administrative oversight of clinic operations. Nursing coverage is provided 24 hours a day, seven days a week. Mental health services are provided under a separate contract with the Saint Clair County Community Mental Health Authority. A mental health nurse practitioner, mental health social worker, and a counselor provide a combined total of 40 hours on site per week. Dental services are provided at Dental Clinic of Port Huron.

Emergency medical services are provided by Tri-Hospital ambulance service, with a response time of about ten minutes.

A review of training logs and (b)(7) randomly selected training files confirmed officers received training during their initial orientation; however, the training syllabus was not available for ODO's review, nor was it available for officers' reference as required by the standard. SCCJ does not include all health-related inquiries required by the standard; specifically, observation of detainee behaviors, identification of high risk behaviors for HIV infection and other blood-borne pathogens, past medications, past surgical procedures, homicidal tendencies, and past suicide attempts. It was also found in five cases that sections of the form were not completed. This represents a deficient priority component. The facility initiated corrective action during the course of the inspection. ODO's review also found the medical director did not co-sign any of the intake screenings, nor did any other medical professional. This represents a deficient priority component. A review of SCCJ's infection control plan found it did not address all components mandated by the standard; specifically, it did not address ICE notification procedures, protection of confidentiality, media relations, and management of biohazard waste. This represents a deficient priority component.

The physical examinations were all performed within 14 days of the detainees' arrival and the physician co-signed the examinations conducted by the RN. However, the medical director did not record the date of his review; therefore, it could not be verified the process was completed within 14 days. This represents a deficient priority component. The mental health social worker reported assessments are completed within three days for routine referrals, and within 24 hours for urgent and emergent cases. Review of the medical records of two detainees receiving mental health treatment confirmed adherence to these timeframes. ODO noted the absence of comprehensive mental health assessments and treatment plans in the records. This represents a deficient priority component.

All medications arrive in unit dose packaging, which are inventoried and placed in locked medication carts. ODO's review of the facility's pharmacy plan found it did not address all components required by PBNDS, including prescription practices, procurement, and inventory and disposal of all prescription and non-prescription pharmaceuticals. This represents a deficient priority component. The facility initiated corrective action during the course of the inspection.

ODO found no evidence health education and wellness education materials are issued to detainees. This determination was based on review of orientation materials, tour of the housing units, the intake area and medical clinic, and inspection of medical files. The nurse coordinator stated she plans to obtain free pamphlets from various on-line sources.

The medical record review found signed consent for treatment forms were not included in any of the 30 medical records reviewed. The record review also found two detainees receiving psychotropic medication had not signed consent specific to the medications given. This represents a deficient priority component. As a corrective action, the facility added blanket consent statements to the intake screening form.

Documentation was produced reflecting meetings involving the nurse coordinator, SJMPHH vice president of operations/chief nursing officer, the medical director, a mental health professional,

and jail administrators are held on a monthly basis. However, there was no documentation of meetings for one quarter of 2014, May 29, 2014 to September 25, 2014. While the minutes reflected the meetings included discussion of problem resolution, a formal quality assurance program has not been established to identify standard discrepancies, establish corrective action, and monitor program improvements as required in the standard. This represents a deficient priority component.

SCCJ has a 16 bed Special Management Unit (SMU). There is a separate shower area located off the dayroom and an adjacent outdoor recreation area. Inspection found the unit was well ventilated, adequately lit, appropriately heated, and maintained in a sanitary condition. At the time of the inspection, two detainees were serving disciplinary segregation sanctions in the SMU. While touring the unit, ODO observed the detainees did not have mattresses in their cells. A review of SCCJ's policy found it states detainees in disciplinary segregation are allowed to have a mattress only between the hours of 9:00 pm and 6:00 am. The facility handbook states that following completion of a sanction for minor, major, or serious rule violations, the housing sergeant will determine whether the detainee's behavior has improved sufficiently to be returned to less restrictive housing. Because the sanction is complete when the review is conducted, this language implies the sergeant has the authority to lengthen the sanction imposed through the disciplinary process. Prior to the completion of the inspection, the facility removed the passage from the handbook. Status reviews were conducted as required; however, in eight of nine cases, the date and time of release and the authorizing staff member were not documented.

There were no detainees on suicide watch at the time of the inspection. A review of (b)(7)e randomly selected officers' training records found documentation of training in suicide prevention and intervention upon hire; however, the officers did not receive annual training. The most recent refresher training was provided in February 2013. This represents a deficient priority component.

The facility and ERO have not received any reports of sexual abuse or assault within the 12 months preceding the inspection. A sergeant is the designated PREA Coordinator of the facility, and another sergeant is the PREA Compliance Manager. ODO reviewed staff training materials and found training did not include: recognition of situations where sexual abuse or assault may occur; recognition of the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences; or prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities. This represents a deficient priority component.

The facility screens detainees during intake for possible victimization and predatory factors. ODO reviewed the facility handbook and orientation and found it does not include prevention and intervention strategies or information about self-protection and indicators of sexual abuse. This represents a deficient priority component.

The SCCJ policy on use of force states only the minimum amount of force necessary to overcome the resistance offered will be used. The policy also requires use of verbal de-escalation skills and other methods first, and use of physical force only as a last resort.

SCCJ authorizes use of tasers and oleoresin capsicum (OC) spray by supervisors within the facility, and by officers while on transportation duty. ODO's review of training records for (b)(7)e randomly selected officers confirmed current training in tasers and OC, as well as completion of initial and annual use of force training. Tasers are stored in a locked cabinet in the supervisor's office and review of the sign out log confirmed issuance is documented.

OPERATIONAL ENVIRONMENT

DETAINEE RELATIONS

ODO interviewed 25 randomly-selected detainees (22 males and three females); ranging from three days to approximately one year at the facility, to assess the conditions of confinement at SCCJ. Two detainees were interviewed using interpreters via the language line.

Interview participation was voluntary and none of the detainees reported having witnessed or experienced any mistreatment, discrimination, or abuse (physical, verbal or sexual) while at SCCJ. All detainees observed seeing ICE staff in the housing units at least twice a week. They also confirmed receiving the ICE National Detainee Handbook and the SCCJ facility handbook. All had access to recreation, religious services and the law library. The majority of detainees reported being satisfied with facility services, with the exception of a few complaints about medical/dental and food service.

Medical Care: A few detainees had complaints regarding dental care. Those three detainees expressing inadequate care for dental problems were referred to the medical care consultant who followed up with the facility, and all were seen promptly pursuant to their sick call slips. Motrin was ordered for all three, and one was also placed on an antibiotic. SCCJ currently has a partnership with the Dental Clinic of Port Huron to treat the detainees, if needed.

Food Service: One of the detainees on a religious diet complained about receiving the same kosher meal every day, without any change in food. ODO looked into the issue and found that the facility has six different kosher meals available and the meals are rotated daily.

ICE 2008 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

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

1. Classification System
2. Telephone Access
3. Use of Force and Restraints

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 31 deficiencies in the following 12 standards.

1. Admission and Release
2. Detainee Handbook
3. Disciplinary System
4. Food Service
5. Funds and Personal Property
6. Grievance System
7. Law Libraries and Legal Material
8. Medical Care
9. Sexual Abuse and Assault Prevention and Intervention
10. Staff-Detainee Communication
11. Suicide Prevention and Intervention
12. Special Management Units- Administrative and Disciplinary

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

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at SCCJ 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 2008 PBNDS. ODO reviewed policies, procedures and detention files, observed the admission process, and interviewed staff and detainees.

ODO's review of policy and observation of the intake process confirmed it includes identification of detainees, medical assessment, classification, inventory of funds and property, and issuance of personal hygiene items and clothing. Inspection of 20 detainee files confirmed the presence of required forms and information, including orders to detain and signed acknowledgements of receipt for the ICE National Detainee Handbook and facility handbook.

Facility policy states strip searches will be conducted only if there is reasonable suspicion that a detainee is concealing contraband. However, ODO observed a new detainee was strip-searched without reasonable suspicion, and the search was not documented (**Deficiency AR-1**). Though the lieutenant stated strip searches do not occur without reasonable suspicion, officers interviewed by ODO reported strip searches are conducted on a routine basis.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE 2008 PBNDS, Admission and Release, section (V)(B)(4)(a), the FOD must ensure, "Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband. A strip search must take place in an area that affords privacy from other detainees and from facility staff who are not involved in the search. Observation must be limited to members of the same sex. The articulable facts supporting the conclusion that reasonable suspicion exists should be documented."

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook standard at SCCJ to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in accordance with the ICE 2008 PBNDS. ODO reviewed the SCCJ handbook, and interviewed staff and detainees.

Detainees are issued the SCCJ handbook and the ICE National Detainee Handbook during the intake process; both in English or Spanish, or any other languages as determined by the FOD. ODO's review of 15 randomly selected detention files confirmed that all 15 received a facility and ICE National Detainee Handbook.

ODO reviewed the facility handbook for all of the required components. The handbook listed the procedures of the detainee grievance system but was lacking the procedures for the medical grievance process. Also there was no procedure for requesting interpretive services for essential communication (**Deficiency DH-1**). The facility prints new handbooks and distributes them to detainees when there are significant changes to rules or procedures. All other updates are passed orally or through a posted memo in the housing units.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE 2008 PBNDS, Detainee Handbook section (V)(2), the FOD must ensure, "While all applicable topics from the ICE National Detainee Handbook must be addressed, it is particularly important that each local supplement notify each detainee of:

- The detainee Grievance System, including medical grievances.
- Procedures for requesting interpretive services for essential communication."

DISCIPLINARY SYSTEM (DS)

ODO reviewed the Disciplinary System standard at SCCJ to determine if sanctions imposed on detainees who violate facility rules are appropriate, and if the discipline process includes due process requirements, in accordance with the ICE 2008 PBNDS. ODO interviewed detainees and staff, reviewed the disciplinary policy and detainee handbook, and examined disciplinary files.

SCCJ's disciplinary system is fully addressed in facility policy and includes progressive levels of review and appeal procedures. Prohibited acts are classified as infractions, minor, serious, and major. Detainees are informed of facility rules and regulations, the disciplinary process and sanctions, and appeal procedures by way of the facility handbook. Detainee rights in the disciplinary process are also addressed in the handbook.

ODO reviewed documentation of all five incidents which resulted in disciplinary segregation sanctions in the six months preceding the inspection. In two cases, the disciplinary hearing committee did not create a written record which included documentation confirming the detainees were advised of their rights, the evidence considered, or explanation of the reason for the committee's decisions. The written hearing records included only notation of the sanctions imposed. Documentation reflects the detainees were provided with written notification of the findings and sanctions; however, they were not provided with the reason for the findings (**Deficiency DS-1**). This practice also violates SCCJ policy requiring a record of disciplinary hearings which include the decision, disposition and reason for the action. Prior to completion of the inspection, corrective action was initiated by issuance of a memorandum reminding staff who serve on the disciplinary hearing committee of documentation requirements.

During a review of ten randomly selected detainee files, a disciplinary action which resulted in dismissal was found (**Deficiency DS-2**). The detainee had been charged with assault, but was determined to have acted in self-defense at his hearing. Retention of dismissed disciplinary incidents in detainee files also violates SCCJ policy. The facility initiated corrective action prior to completion of the inspection through the issuance of a memorandum reminding staff to destroy incident reports resulting in not guilty findings.

On a tour of the special management unit, it was observed detainees serving disciplinary sanctions were not allowed to keep their mattress while confined to their cell. A review of SCCJ policy and staff interviews confirmed detainees in disciplinary segregation are allowed to have a mattress between the hours of 9:00 p.m. and 6:00 a.m. At 6:00 a.m. every day, mattresses are confiscated by staff and stored until 9:00 p.m. (**Deficiency DS-3**).³ The removal of the mattresses occurred as a matter of routine and without any evidence the mattress was being misused in any way. Following discussion with supervisory staff, corrective action was initiated by issuance of a memorandum ordering that this practice be discontinued.

³ Priority component.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DS-1

In accordance with the ICE 2008 PBNDS, Disciplinary System, section (V)(H)(5)(7), the FOD must ensure, “The Institution Disciplinary Panel shall:

5. Prepare a written record of any hearing. This record must show that the detainee was advised of his or her rights. It must also document the evidence considered by the Panel and subsequent findings and the decision and sanctions imposed, along with a brief explanation.
7. Serve the detainee with written notification of the decision, which must contain the reason for the decision.”

DEFICIENCY DS-2

In accordance with the ICE 2008 PBNDS, Disciplinary System, section (V)(K)(3), the FOD must ensure, “The disciplinary report and accompanying documents are not placed in the file of a detainee who is found not guilty. The facility, however, may retain the material in its own files for Institution statistical or historical purposes.”

DEFICIENCY DS-3

In accordance with the ICE 2008 PBNDS, Disciplinary System, section (V)(A)(4), the FOD must ensure, “Staff may not impose or allow imposition of the following sanctions: corporal punishment; deprivation of food services to include use of Nutraloaf or “food loaf”; deprivation of clothing, bedding or items of personal hygiene; deprivation of correspondence privileges; deprivation of legal access and legal materials; or deprivation of physical exercise unless such activity creates a documented unsafe condition.”

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at SCCJ to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE 2008 PBNDS. ODO interviewed staff, inspected storage areas, observed meal preparation and service, and reviewed policy and relevant documentation.

Food service at SCCJ is provided by the contractor, Aramark Correctional Services. Staff includes a food service director and (b)(7)e food service supervisors, supported by a crew of (b)(7)e county inmate workers. No ICE detainees are assigned to work in food service. Documentation of medical clearances for staff and the work crew was produced. ODO's inspection confirmed workers are visually checked prior to each shift for signs of health and hygiene concerns. All kitchen workers were observed wearing clean uniforms, hairnets, beard guards for facial hair, and gloves.

A review of documentation confirmed the facility's 2,800 calorie per day menu was certified by a registered dietitian based on a complete nutritional analysis. Religious and medical diets were provided in accordance with standard. At the time of the inspection, one detainee was receiving a medically ordered diet and eight detainees were on approved religious diets.

SCCJ has a satellite feeding operation. ODO observed preparation of one meal and accompanied food carts to the housing areas. Staff used digital food thermometers to test temperatures as items were prepared and placed on trays. Trays were placed on food carts which were moved to the units by an inmate worker under supervision of a correctional officer. Detainees showed their identification wristbands to the housing unit officer, who checked their names on the roster prior to issuing the trays. This procedure supports accountability for special diets and allows identification of detainees who do not accept a tray. ODO sampled the meal and confirmed all items were on the menu were of satisfactory taste.

ODO also checked the sack meals provided to detainees being transported. The meal included two non-pork meat sandwiches and a fruit item. The meals did not include a dessert item or extra item such as packaged fresh vegetables or a packaged snack food (**Deficiency FS-1**). ODO was informed corrective action would be taken by including an extra item going forward. ODO found an additional item was included in sack meals upon follow-up during the inspection.

Sanitation in the kitchen was maintained at a superior level. Documentation was produced reflecting food service supervisors conduct daily inspections, and the food service manager conducts a comprehensive monthly inspection. Pursuant to Michigan state law, county jail kitchens are inspected every two years. The last inspection was on January 29, 2013, and an independent food safety service conducts an annual inspection under contract with Aramark Correctional Services. No knives are used in the kitchen, and ODO verified other utensils were properly controlled. Food storage areas, including the coolers, freezer, and dry food storage area, were clean and well organized. All food items in the cooler and freezer were properly covered, labeled and dated. Containers, bags, and boxed items in the dry storage area were all dated to ensure stock rotation and proper clearance from walls and the ceiling was observed.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE 2008 PBNDS, Food Service, section (V)(I)(6)(c), the FOD must ensure, “Each sack shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork). Commercial bread or rolls may be preferable because they include preservatives. To ensure freshness, fresh, facility-made bread may be used only if made on the day of lunch preparation. Sandwiches should be individually wrapped or bagged in a secure fashion, to prevent the food from deteriorating. Meats, cheeses, etc., should be freshly sliced the day of sandwich preparation. Leftover cooked meats shall not be used after 24 hours.

In addition, each sack shall include: One ration of a dessert item, like cookies, doughnuts, and fruit bars. Such extras as properly packaged fresh vegetables, e.g., celery sticks, carrot sticks, and commercially packaged “snack foods,” e.g. peanut butter crackers, cheese crackers, individual bags of potato chips. These items enhance the overall acceptance of the lunches.”

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at SCCJ to determine if controls are in place to inventory, receipt, and store and safeguard detainees' personal property, in accordance with the ICE 2008 PBNDS. ODO interviewed staff, reviewed policies and procedures, inspected the storage area and observed the processing of detainees.

SCCJ has written policies and procedures which provide for the control and safeguarding of detainees' funds and personal property. ODO observed the property of arriving detainees was properly searched, inventoried and logged in the facility's computer system, and stored in a secured property room. Receipts were issued and copies were placed in the property bag. Inspection of the property room found it neat and well-organized.

Detainees are not authorized to keep money in their possession. Money is placed in a sealed envelope and deposited in a drop safe located in the processing area. All envelopes are removed by a staff member of the facility's finance department the next work day and deposited in a commissary account. Upon release or transfer from SCCJ, detainees receive a check for remaining funds and sign a Release of Funds form verifying all funds were accounted for. ODO's review of 20 detention files confirmed required receipts were present.

The facility handbook addresses the requirements of the standard with one exception. It does not include notice that, upon request, a detainee may be provided an ICE-certified copy of any identity document placed in the A-File (**Deficiency F&PP-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE 2008 PBNDS, Funds and Personal Property, section (V)(C), the FOD must ensure, "The detainee handbook or equivalent shall notify the detainees of the facility policies and procedures concerning personal property, including:

- That upon request, they shall be provided a ICE/ERO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files."

GRIEVANCE SYSTEM (GS)

ODO reviewed the Grievance System standard at SCCJ 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 2008 PBNDS.

A review of the facility's policy and procedures found detainees are able to file formal grievances, including medical and emergency grievances, and receive written responses, including the basis for the decision, in a timely manner. Staff and detainees mutually resolve most complaints and grievances orally and informally in their daily interaction. The facility handbook does not provide detainees notice of: the expectation that, to the greatest extent possible, complaints and grievances should be handled orally and informally by staff, but that the detainee always has the right to file a formal grievance and pursue the formal process; the right to file a grievance both informally and formally; the process for filing emergency grievances; or the procedures for contacting ICE to appeal a decision of the facility (**Deficiency GS-1**). The facility initiated corrective action during the course of this inspection by updating the handbook to include this information.

While SCCJ routinely resolves detainee grievances orally and informally at the lowest level possible, the results are not documented for record in the detainee's detention file or in a log (**Deficiency GS-2**). If unable to informally resolve a complaint, or if the detainee wishes to forgo this step and proceed directly to a written grievance, the detainee must submit a written request to receive a grievance form. The housing sergeant will log and route or respond to the grievance. Detainees may appeal any grievance to the jail lieutenant. If the detainee is not satisfied with the lieutenant's decision, the detainee may appeal to ICE.

ODO's review of the grievance log confirmed it was current and included the grievance number, nature of the grievance, and the date it was both received and resolved. The grievance log for the previous 12 months contained no grievances filed by detainees. Facility staff stated that while copies of grievance dispositions are provided to detainees, copies are not placed in detention files (**Deficiency GS-3**).⁴

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY GS-1

In accordance with the ICE 2008 PBNDS, Grievance System, section (V)(B), the FOD must ensure, "The facility shall provide each detainee, upon admittance, a copy of the Detainee Handbook/local supplement, in which the grievance section provides notice of:

- The expectation that, to the greatest extent possible, complaints and grievances should be handled orally and informally by staff in their daily interaction with detainees. Nevertheless, the detainee always has the right to file a formal grievance and pursue the formal grievance process.

⁴ Priority component.

- The right to file a grievance, including medical grievances, both informal and formal.
- The process for filing emergency grievances.
- The procedures for contacting ICE/ERO to appeal a decision in a CDF or IGSA facility.

DEFICIENCY GS-2

In accordance with the ICE 2008 PBNDS, Grievance System, section (V)(C)(1), the FOD must ensure, “If an oral grievance is resolved, the employee need not provide the detainee written confirmation of the outcome but shall document the result for the record in the detainee’s Detention File and in any logs or data systems the facility has established to track such actions.”

DEFICIENCY GS-3

In accordance with the ICE 2008 PBNDS, Grievance System, section (V)(E), the FOD must ensure, “A copy of the grievance disposition shall be placed in the detainee’s detention file and provided to the detainee.”

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the Law Library and Legal Material standard at SCCJ to determine if detainees have access to a law library, legal materials, courts, counsel and supplies to facilitate the preparation of legal documents, in accordance with the ICE 2008 PBNDS. ODO observed the law libraries, interviewed staff and detainees and reviewed policies as well as the facility handbook.

SCCJ has a mobile law library, consisting of two rolling carts each equipped with a computer and keyboard. One serves as the general law library, and the second computer is designated as the ICE law library, although detainees may request and use either. Detainees request use of the law library by submitting the designated form to the housing unit deputy. The library is available on a first come, first served basis. Time will be limited to one hour per day, but if no other requests are pending, additional time will be permitted during normal free time hours. Once requested and available, the mobile carts are moved into the classroom of the housing unit where the detainee may access it with reasonable privacy, quiet, and good lighting. The same law library privileges are afforded to detainees in special management units.

The facility does not inspect the equipment weekly (**Deficiency LL&LM-1**).⁵ Detainees may save legal work with a USB thumb drive, which is available for purchase in the commissary, or provided to indigent detainees at no charge.

ODO verified the computer contained a current version of LexisNexis. SCCJ provides four laptops with word-processing software. Printing and photocopying of legal documents are performed upon request. Detainees may access the onsite notary free of charge by submitting a written request. All indigent detainees are provided free envelopes and stamps for legal mail, writing paper and pencils.

The SCCJ facility handbook does not contain information notifying detainees of the procedure for requesting legal reference materials not maintained in the law library or the procedure for notifying a designated employee that library material is missing or damaged (**Deficiency LL&LM-2**). These policies and procedures were not posted in the law library, but the facility initiated corrective action on site during this inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY LL&LM-1

In accordance with the ICE 2008 PBNDS, Law Libraries and Legal Material, section (V)(D), the FOD must ensure, “Each facility administrator shall designate an employee to inspect the equipment at least weekly and ensure it is in good working order and to stock sufficient supplies.”

⁵ Priority component.

DEFICIENCY LL&LM-2

In accordance with the ICE 2008 PBNDS, Law Libraries and Legal Material, section (V)(O), the FOD must ensure, “The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

5. The procedure for requesting legal reference materials not maintained in the law library.
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.”

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at SCCJ to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE 2008 PBNDS. ODO toured the clinic area, reviewed policies and procedures, interviewed healthcare staff and administrators, and examined the medical files of 30 detainees, 14 of whom had chronic medical conditions.

SCCJ has no accreditations. Since December 2013, medical care has been provided under contract with St. Joseph Mercy Port Huron Hospital (SJMPHH). A registered nurse (RN), who holds the title of nurse coordinator, is responsible for administrative oversight of clinic operations. Nursing coverage is provided 24 hours a day, seven days a week. The RN is on site Monday through Friday from 8:00 a.m. to 4:30 p.m. and on call during non-business hours. On occasions she is unavailable, on-call coverage is provided by the SJMPHH vice president of operations and chief nursing officer, who oversees the contract and supervises the RN. Other nursing staff includes (b)(7)e licensed practical nurses (LPN) that are responsible for medication administration, assisting with sick call clinic, and performing clerical duties as needed. The clinical medical authority is the medical director, a doctor of osteopathy who also serves as the emergency room director at SJMPHH. The medical director and (b)(7)e physician assistant are present at the facility a minimum of two hours per week each, on different days. In addition, the medical director provides rotational on-call services with (b)(7)e SJMPHH physicians. ODO verified all licenses were current and primary source verified. Based on the population size, the staffing complement was found to be adequate.

Mental health services are provided under separate contract with Saint Clair County Community Mental Health Authority. A mental health nurse practitioner, mental health social worker, and a counselor provide a combined total of 40 hours on site per week. Dental services are provided at Dental Clinic of Port Huron. Emergency medical services are provided by Tri-Hospital ambulance service, with a response time of about ten minutes. Training records of all medical personnel and (b)(7)e randomly selected detention officers documented current certification in cardiopulmonary resuscitation, first aid, and emergency medical response. ODO observed there were two automated external defibrillators and two first aid kits, one each in the control room and visiting area, and an emergency go-bag with breakaway lock and inventory located in the examination room. A list of telephone numbers for emergency contacts was posted in the clinic area.

SCCJ's medical clinic is compact, consisting of a single, private examination room, a separate room which serves as a two-person nursing station, secure medication room, medical records office with secure storage, and employee break room. A small waiting area is located at the clinic's entrance, with seating for two or three detainees and a connecting restroom with drinking water accessibility. A small desk in the waiting area allows close observation by the officer when detainees are present. During the course of the inspection, ODO did not observe more than one detainee in the clinic at a time. Detention officers are responsible for conducting medical and mental health intake screening upon detainee arrival. A review of training logs and (b)(7)e randomly selected training files confirmed officers received training during their initial orientation; however, the training syllabus was not available for ODO's review, nor was it available for officers' reference as required by the standard (**Deficiency MC-1**). It is further

noted ODO was informed security personnel provided the training. A review of 30 detainee medical files confirmed detainees were screened within 12 hours of arrival, though the screening form used at SCCJ does not include all health-related inquiries required by the standard; specifically, observation of detainee behaviors, identification of high risk behaviors for HIV infection and other blood-borne pathogens, past medications, past surgical procedures, homicidal tendencies, and past suicide attempts. ODO further noted that in five cases, sections of the form were not completed (**Deficiency MC-2**).⁶ Information on medication needs was missing in two records, history of alcohol/drug use was missing in two additional records, and housing disposition based on medical findings was not recorded in one record. Additionally, two of the screening forms did not include the signature of the screening officer. Corrective action was initiated by the facility during the course of the inspection by revision of the screening form to include missing elements, and issuance of a written directive to booking officers regarding its thorough completion. Though a positive step, ODO recommends that officers be re-trained by medical personnel, using a curriculum approved by the medical director made available for officers' reference at all times (**R-1**). ODO's review also found the medical director did not review or co-sign any of the intake screenings (**Deficiency MC-3**), nor did any other medical professional.

The primary method of tuberculosis (TB) screening is purified protein derivative (PPD) skin testing. Chest x-rays for past or present positive PPD tests are provided by a mobile service, Visiting Physician Associates. Documentation of testing within 12 hours of detainee arrival was present in all 30 records reviewed. SCCJ does not have a room equipped with negative airflow for respiratory isolation. According to the nurse coordinator, a detainee with suspected TB would be transferred to SJMPHH. A review of SCCJ's infection control plan found it did not address all components mandated by the standard; specifically, it did not address ICE notification procedures, protection of confidentiality, media relations, and management of biohazard waste (**Deficiency MC-4**).⁷ There were no cases of infectious illness where the requirements for ICE notification and media relations applied, and SCCJ follows proper patient confidentiality and biohazard waste management protocols. The facility initiated corrective action during the inspection.

ODO's medical record review found the RN conducted physical examinations that included dental screenings in 28 of 30 cases, and the medical director completed the remaining two because the detainees had chronic conditions. The physical examinations were all performed within 14 days of the detainees' arrival and the physician co-signed the examinations conducted by the RN. However, the medical director did not record the date of his review; therefore, it could not be verified the process was completed within 14 days (**Deficiency MC-5**).⁸ During the course of this inspection, the facility revised the form to include a section to document the co-signature date. Training in completing physical examinations and dental screenings was documented in the RN's training file.

ODO found no detainees who were held at SCCJ for a year or more, requiring annual health examinations or tuberculosis screening. The records of 14 detainees with chronic medical

⁶ Priority component.

⁷ Priority component.

⁸ Priority component.

conditions documented routine monitoring in accordance with individual treatment plans developed by the provider. ODO confirmed the three female detainees held at the time of the inspection were tested for pregnancy with negative results. According to policy and the nurse coordinator, obstetric and gynecological care is provided at SJMPHH.

Sick call requests printed in English and Spanish are available from housing unit officers. According to the nurse coordinator, LPNs gather requests directly from detainees while conducting medication rounds in general population and special management units. The requests are immediately triaged and recorded in the sick call log. For requests not requiring evaluation by a provider, physician-approved nursing protocols are followed. Physician and physician assistant sick call clinics are conducted on Tuesdays and Fridays. ODO confirmed timely triage and follow up for all ten sick call requests reviewed. The detainee handbook states healthcare services may be accessed by way of sick call request forms; however, it does not address how to obtain the forms or state they should be handed directly to medical personnel. Inclusion of this information is recommended.

Use of the Certified Languages International telephonic interpretation service during medical encounters was observed, and documentation of use of the service was documented in detainees' medical records. Instructions on use of the language service were posted.

As noted previously, mental health services are provided under contract with Saint Clair County Community Mental Health Authority (CMA). According to the mental health social worker, the CMA staff is responsible for completing evaluations of detainees referred to them and for providing follow up services. The mental health social worker reported assessments are completed within three days for routine referrals, and within 24 hours for urgent and emergent cases. Review of the medical records of two detainees receiving mental health treatment confirmed adherence to these timeframes. ODO noted the absence of comprehensive mental health assessments and treatment plans in the records (**Deficiency MC-6**).⁹ The mental health social worker stated it is CMA's position that the Health Insurance Portability Accountability Act law does not permit providing this documentation for inclusion in the SCCJ medical record. ODO's review of the most recent monthly meeting minutes found this has been identified as a problem and the medical director and CMA mental health nurse practitioner are attempting to resolve.

The medication room within the clinic is securely controlled, with access limited to the nurses. Advanced Care Pharmacy in Port Huron accepts SCCJ's prescriptions, and if faxed prior to 3:00 pm, will deliver the same day. All medications arrive in unit dose packaging, which are inventoried and placed in locked medication carts. ODO's review of the facility's pharmacy plan found it did not address all components required by the PBNDS, including prescription practices, procurement, and inventory and disposal of all prescription and non-prescription pharmaceuticals (**Deficiency MC-7**).¹⁰ The facility initiated corrective action during the inspection by revising the pharmacy plan. Medications are distributed by nursing staff.

⁹ Priority component.

¹⁰ Priority component.

ODO found no evidence health education and wellness education materials are issued to detainees (**Deficiency MC-8**). This determination was based on review of orientation materials, tour of housing units, the intake area and medical clinic, and inspection of medical files. The nurse coordinator stated she plans to obtain free pamphlets from various on-line sources.

The medical record review found signed consent for treatment forms were not included in any of the 30 medical records reviewed. The nurse coordinator informed ODO SCCJ has not instituted informed consent procedures. As a corrective action, blanket consent statements were added to the intake screening form prior to the inspection closeout. The record review also found two detainees receiving psychotropic medication had not signed consent forms specific to the medications given (**Deficiency MC-9**).¹¹ According to the mental health social worker, consent forms for psychotropic medication were on file at the CMA clinic, but copies were not forwarded for inclusion in the SCCJ medical record.

Documentation was produced reflecting meetings involving the nurse coordinator, SJMPHH vice president of operations/chief nursing officer, the medical director, a mental health professional, and jail administrators are held on a monthly basis. However, there was no documentation of meetings for one quarter of 2014, and May 29, 2014 to September 25, 2014

(**Deficiency MC-10**). While the minutes reflected the meetings included discussion of problem resolution, a formal quality assurance program has not been established to identify standard discrepancies, establish corrective action, and monitor program improvements

(**Deficiency MC-11**).¹² The SJMPHH vice president of operations/chief nursing officer completed a single audit on August 14, 2014, which assessed compliance with timeliness of intake screening and physical assessments, sick call, physician clinics, infection control interventions, and safety standards. All were found to be in full compliance for the time period of December 17, 2013 to June 30, 2014.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(I)(1), the FOD must ensure, “If screening is performed by a detention officer, the facility shall maintain documentation of the officer’s special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.”

DEFICIENCY MC-2

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(I)(1), the FOD must ensure, “The medical screening shall inquire into the following:

- Any past history of serious infectious or communicable illness, and any treatment or symptoms; current illness and health problems, including communicable diseases;
- Pain assessment;
- Current and past medication;
- Allergies;

¹¹ Priority component.

¹² Priority component.

- Past surgical procedures;
- Symptoms of active TB or previous TB treatment;
- Dental problems;
- Use of alcohol and other drugs;
- Possibility of pregnancy;
- Other health programs designated by the responsible clinical medical authority;
- Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;
- History of suicide attempts or current suicidal/homicidal ideation or intent; observation of body deformities and other physical abnormalities;
- Questions and an assessment regarding past or recent sexual victimization.”

DEFICIENCY MC-3

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(I)(1), the FOD must ensure, “The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (example, Urgent, Today, or Routine).”

DEFICIENCY MC-4

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(C), the FOD must ensure, “Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies.

Plans shall include:

- Coordination with public health authorities;
- Ongoing education for staff and detainees;
- Control, treatment and prevention strategies;
- Protection of individual confidentiality;
- Media relations;
- Procedures for the identification, surveillance, immunization, follow-up and isolation of patients;
- Manage infectious diseases and report them to the local and/or state health departments in accordance with established guidelines and applicable laws; and,
- Management of bio hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety.”

DEFICIENCY MC-5

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(J), the FOD must ensure, “Each facility’s health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. If

there is documentation of one within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required.”

DEFICIENCY MC-6

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(K)(4), the FOD must ensure, “Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral. The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee’s mental illness or developmental disability needs exceed the treatment capability of the facility.”

DEFICIENCY MC-7

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(F), the FOD must ensure, “Each facility shall have written policy and procedures for the management of pharmaceuticals that include:

- A formulary of all prescription and non-prescription medicines stocked or routinely procured from outside sources;
- A method for promptly approving and obtaining medicines not on the formulary;
- Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed;
- Procurement, receipt, distribution, storage, dispensing, administration and disposal of medication;
- Secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes and needles;
- Medicine administration error reports shall be kept for all administration errors;
- All staff responsible for administering or having access to pharmaceuticals will be trained on medication management before beginning duty;
- All pharmaceuticals shall be stored in a secure area;
- Administration and management in accordance with state and federal law;
- Supervision by properly licensed personnel;
- Administration of medications by properly trained personnel under the supervision of the health services administrator, or equivalent;
- Accountability for administering or distributing medications in a timely manner and according to licensed provider orders.

DEFICIENCY MC-8

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(Q), the FOD must ensure, “The health authority shall provide detainees health education and wellness information on such topics as dangers of self-medication, personal hygiene and dental care, prevention of communicable diseases, smoking cessation, self-care for chronic conditions, and the benefits of physical fitness.”

DEFICIENCY MC-9

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(T), the FOD must ensure,

- “Upon admission at the facility, documented informed consent will be obtained for the provision of health care services.”
- “For any additional procedure, a separate documented informed consent will be obtained.”

DEFICIENCY MC-10

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(X)(1), the FOD must ensure, “The administrative health authority shall convene a meeting at least quarterly and include other facility and medical staff as appropriate. The meeting agenda shall include, at a minimum:

- An account of the effectiveness of the facility health care program;
- Discussions of health environment factors that may need improvement;
- Review and discussion of communicable disease and infectious control activities;
- Changes effected since the previous meetings; and
- Recommended corrective actions, as necessary.

Minutes of each meeting shall be recorded and kept on file.

DEFICIENCY MC-11

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(X)(2), the FOD must ensure, “The administrative health authority shall implement a system of internal reviews and quality assurance. Elements of the system shall include:

- Participating in a multidisciplinary quality improvement committee.
- Collecting, trending, and analysis of data along with planning interventions, reassessments.
- Evaluating defined data.
- Analyze the need for ongoing education and training.
- On-site monitoring of health service outcomes on a regular basis.”

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the Sexual Abuse and Assault Prevention and Intervention standard at the SCCJ to determine if facilities act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators, in accordance with the ICE 2008 PBNDS.

A sergeant is the designated PREA Coordinator of the facility, and another sergeant is the PREA Compliance Manager. ODO reviewed written policy and procedures and found them in compliance with the standard. ODO also reviewed staff training materials and found training did not include: recognition of situations where sexual abuse or assault may occur; recognition of the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences; and prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities **(Deficiency SAAPI-1)**.¹³

The facility screens detainees during intake for possible victimization and predatory factors. ODO observed the sexual assault poster hung in all housing units, as well as the SCCJ PREA zero tolerance posters. ODO reviewed the facility handbook and orientation and found it does not include prevention and intervention strategies or information about self-protection and indicators of sexual abuse **(Deficiency SAAPI-2)**.¹⁴

The facility and ERO have not received any reports of sexual abuse or assault within the previous 12 months. This was verified through the Joint Intake Case Management System.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SAAPI-1

In accordance with the ICE 2008 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(F), the FOD must ensure, Training on the facility's Sexual Abuse and 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.

Training shall include:

- Recognition of situations where sexual abuse or assault may occur;
- Recognition of the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences;
- Prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities”

¹³ Priority component.

¹⁴ Priority component.

DEFICIENCY SAAPI-2

In accordance with the ICE 2008 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(G), the FOD must ensure, “The facility administrator shall ensure that the orientation program required by the Detention Standard on Admission and Release, and the detainee handbook required by the Detention Standard on Detainee Handbook, notify and inform detainees about the facility’s Sexual Abuse and Assault Prevention and Intervention Program and that they include (at a minimum):

- Prevention and intervention;
- Self-protection”

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at SCCJ 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 2008 PBNDS. ODO reviewed policies, procedures, request forms, and logs; and interviewed detainees and staff.

ODO found ERO staff makes scheduled and unscheduled visits on a regular basis. During these visits, ERO staff provides detainees with general information concerning the removal process; and responds to detainee questions, requests, and concerns. Visits are documented by ERO on the ICE facility liaison visit checklist and maintained in the office of the on-site Immigration and Enforcement Agent (IEA).

Detainees can submit ICE request forms and submit them to SCCJ staff members. Detainees can request an envelope to place a request, but there is no secure drop box for detainees to correspond directly with ICE management (**Deficiency SDC-1**).¹⁵ The facility initiated corrective action during the inspection by installing a secure drop box for the detainees to use. ODO confirmed the log contained the date of receipt; detainee's name, A-number, the date the request was returned to the detainee; and other pertinent information. However, the log did not contain a box area on the log form for the nationality and the name of the staff member who logged the request (**Deficiency SDC-2**). The facility initiated corrective action during the inspection by adding the correct boxes on the log form.

SCCJ's handbook advises detainees of the procedures to submit written questions, requests or concerns to ERO. ODO verified SCCJ and ERO staff tests all telephones for detainee use weekly. ODO also verified ERO staff documents and completes serviceability tests on a form, and completes the facility liaison visit checklist on a weekly basis. The DHS Office of Inspector General Hotline posters were observed in every housing unit and in appropriate common areas.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE 2008 PBNDS, Staff-Detainee Communication, section (V)(B), the FOD must ensure, "The facility shall provide a secure drop box for ICE detainees to correspond directly with ICE management. Only ICE personnel shall have access to the drop box."

DEFICIENCY SDC-2

In accordance with the ICE 2008 PBNDS, Staff-Detainee Communication, section (V)(B)(2), the FOD must ensure, "All request shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record:

- Detainee's nationality
- Name of the staff member who logged the request

¹⁵ Priority component.

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the Suicide Prevention and Intervention standard at SCCJ to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with the ICE 2008 PBNDS. ODO interviewed staff and reviewed the facility's policies and procedures, intake screening documentation, and training records.

SCCJ's policy addresses all elements required by the PBNDS. There were no detainees on suicide watch at the time of the inspection. According to the nurse administrator, the facility does not maintain a listing of detainees placed on suicide watch review; therefore, ODO was unable to review any medical records to confirm compliance with the standard. ODO was informed detainees placed on suicide watch are assigned to a cell immediately adjacent to the officers' station in the special management unit. Inspection found cells suicide resistant and devoid of items which could facilitate a suicide attempt. The mental health social worker stated detainees on suicide watch are evaluated daily and may be removed from the status only following suicide risk assessment.

A review of (b)(7) randomly selected officers' training records found documentation of training in suicide prevention and intervention upon hire; however, the officers did not receive annual training. The most recent refresher training was provided in February 2013 **(Deficiency SP&I- 1)**.¹⁶ The mental health social worker reported she has provided training to jail staff on specific mental illnesses, but has not presented suicide prevention and intervention training on an annual basis. According to SCCJ's training manager, training is planned for December 2014, though no evidence of formal scheduling was produced. The vice president of operations responsible for oversight of the health services contract informed ODO she will work with the facility to establish an annual training program.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SP&I-1

In accordance with ICE 2008 PBNDS, Medical Care, section (V)(A), the FOD must ensure, "The facility staff who interact with and/or are responsible for detainees shall be trained during orientation and at least annually, on:

- recognizing verbal and behavioral cues that indicate potential suicide,
- demographic, cultural, and precipitating factors of suicidal behavior,
- responding to suicidal and depressed detainees,
- effective communication between correctional and health care personnel,
- necessary referral procedures,
- constant observation and suicide-watch procedures,
- follow-up monitoring of detainees who have already attempted suicide, and
- reporting and written documentation procedures."

¹⁶ Priority component.

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the Special Management Unit standard at SCCJ to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary and administrative reasons, in accordance with the ICE 2008 PBNDS. ODO toured the SMU, reviewed facility policies and SMU logs, inspected detainee files, and interviewed staff and detainees.

SCCJ has a 16 bed SMU. There is a separate shower area located off the dayroom and an adjacent outdoor recreation area. Inspection found the unit was well ventilated, adequately lit, appropriately heated, and maintained in a sanitary condition. Furniture and fixtures within the cells were appropriate.

Medical staff makes rounds in the SMU seven times daily. Officers are required to make rounds at least twice per hour at random intervals. To electronically record rounds, officers swipe their identification cards on card readers positioned at each end of the range of cells. Supervisors are required to visit the SMU daily. ODO reviewed the electronic record of rounds for a 24 hour period during the inspection and confirmed rounds were conducted at irregular 30 minute intervals by officers, and supervisory staff made a daily round each shift. An electronic record of meal service, medication delivery and medical visits, recreation, and other privileges and services is also maintained. ODO's review found entries reflected compliance with the standard.

At the time of the inspection, two detainees were serving disciplinary segregation sanctions in the SMU. While touring the unit, ODO observed the detainees did not have mattresses in their cells. A review of SCCJ's policy found it states detainees in disciplinary segregation are allowed to have a mattress only between the hours of 9:00 pm and 6:00 am (**Deficiency SMU-1**). Following discussion with supervisory staff, corrective action was initiated during the course of this inspection by issuance of a memorandum discontinuing this practice.

The detainee handbook states that following completion of a sanction for a minor, major, or serious rule violation, the housing sergeant will determine whether the detainee's behavior for determination of whether it has improved sufficiently to be returned to less restrictive housing. Because the sanction is complete when the review is conducted, this language implies the sergeant has the authority to lengthen the sanction imposed through the disciplinary process (**Deficiency SMU-2**). Prior to completion of the inspection, corrective action was taken by removing the passage from the handbook.

During the inspection, one detainee was assigned to administrative segregation status by order of medical staff pending further evaluation. An administrative segregation order was issued documenting the reason. ODO was unable to determine the number of detainees assigned to administrative segregation in the year preceding the inspection because SCCJ's log of SMU placements does not differentiate detainees from inmates. Random review of the log did, however, identify nine detainees previously assigned to administrative segregation. Of the nine cases, two were placed in administrative segregation pending evaluation by mental health staff, five were segregated due to disruptive and assaultive behavior, one requested protective custody for reasons which were not documented, and one was on hunger strike monitoring. In each case, a written order was completed, the reason for the placement was sufficiently detailed, the placement was approved by a supervisor, and the detainee was provided with a copy of the order.

Three of the nine detainees were released from segregation within three days and the remaining six detainees were released nine to 20 days following placement in the SMU. Status reviews were conducted as required; however, in eight of nine cases, the date and time of release and the authorizing staff member were not documented (**Deficiency SMU-3**). To correct this deficiency going forward, SCCJ modified its form to include a section to record this information.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU-1

In accordance with the ICE 2008 PBNDS, Special Management Units, section (V)(B)(11)(b), the FOD must ensure, “A detainee may be denied such items as clothing, mattress, bedding, linens, or pillow for medical or mental health reasons if his or her possession of such items raises concerns for detainee safety and/or facility security.”

DEFICIENCY SMU-2

In accordance with the ICE 2008 PBNDS, Special Management Units, section (V)(D)(3)(b), the FOD must ensure, “A security supervisor may shorten, but not extend, the original sanction for a detainee.”

DEFICIENCY SMU-3

In accordance with the ICE 2008 PBNDS, Special Management Units, section (V)(C)(2)(g), the FOD must ensure, “When a detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Administrative Segregation Order. The completed order is then forwarded to the chief of security for inclusion into the detainee’s detention file.”