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Immigration and Customs Enforcement
Office of Professional Responsibility
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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Los Angeles Field Office
Santa Ana Jail
Santa Ana, California**

February 26 – 28, 2013

**COMPLIANCE INSPECTION
SANTA ANA JAIL
LOS ANGELES FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Santa Ana Jail (SAJ) in Santa Ana, California, from February 26 to 28, 2013. In 1997, U.S. Immigration and Customs Enforcement (ICE) began housing detainees at SAJ under an Intergovernmental Service Agreement (IGSA). SAJ is owned by the City of Santa Ana and is operated by the Santa Ana Police Department. The facility has a capacity of 512 beds, 200 of which are dedicated to adult male and female detainees of all classification levels (Level I – lowest threat; Level II – medium threat; Level III – highest threat) for periods in excess of 72 hours. The average daily detainee population at SAJ is 188. The average length of stay for an ICE detainee is 100 days. At the time of the inspection, 191 ICE detainees (162 male; 39 female) were confined at SAJ.

SAJ is one of two detention facilities in the ICE detention system with a program dedicated to providing detention accommodations for a general population of gay, bisexual, and transgender detainees. The other facility is the South Texas Detention Center in Pearsall, Texas.

An on-site Jail Administrator serves as the Officer-in-Charge (OIC) and is responsible for oversight of daily operations at the facility. SAJ supervisory staff includes (b)(7)e Operations Manager and (b)(7)e Shift Supervisors. Remaining SAJ staff is comprised of (b)(7)e Correctional Officers and (b)(7)e Record Specialists. Healthcare is provided by Correctional Managed Care Medical Corporation, and food service is provided by Aramark. SAJ holds no accreditations.

The Enforcement and Removal Operations (ERO) Field Office Director (FOD), Los Angeles, California (ERO Los Angeles), is responsible for ensuring SAJ is in compliance with ICE policies and the ICE National Detention Standards (NDS). There are no ERO personnel stationed at SAJ. An Assistant Field Office Director (AFOD) from ERO Los Angeles is designated as the OIC, and a Supervisory Detention and Deportation Officer (SDDO) from ERO Los Angeles serves as the Assistant OIC.

ODO conducted a CI of SAJ in October 2011. ODO reviewed eight NDS. Six standards were found to be fully compliant, and two standards were found to be deficient. Contract Subject Matter Experts did not participate in the October 2011 ODO inspection due to budget constraints.

In June 2012, the ERO Detention Standards Compliance Unit contractors, the Nakamoto Group, Incorporated, conducted an annual review of the NDS at SAJ. The facility received an overall recommended rating of "Acceptable." One standard, Post Orders, was found "Deficient." The Environmental Health and Safety standard was cited as a "Repeat Finding." Three standards were "Not Applicable." The remaining 33 NDS were rated as "Meet Standards."

During this CI, ODO reviewed 17 NDS. Seven standards were confirmed as fully compliant. A total of 28 deficiencies were identified in the following ten standards: Access to Legal Material (2 deficiencies), Admission and Release (1), Correspondence and Other Mail (2), Detainee Grievance Procedures (3), Environmental Health & Safety (10), Food Service (1), Medical Care (2), Staff-Detainee Communication (3), Telephone Access (1), and Terminal Illness, Advance Directives, and Death (3).

This report includes descriptions of all identified deficiencies and refers to the specific, relevant sections of the NDS. The report will be provided to ERO to develop corrective actions to resolve the 28 identified deficiencies. All deficiencies were discussed with SAJ personnel on-site during the inspection and during the closeout briefing conducted on February 28, 2013.

Under the Environmental Health and Safety NDS, inventories of hazardous (flammable, toxic, or caustic) substances are not maintained in the laundry area, facilities department, or housing modules. Floor stripper, wax, insecticide, glass cleaner, degreaser, and stainless steel cleaner in the laundry area are not accounted for on the inventory. Flammable, combustible and hazardous substances are stored in the facilities department without an inventory. Barbicide (an irritant to skin and eyes) and Clippicide (a flammable aerosol spray) are stored and used in each housing module without an inventory.

The facility maintains a grievance log to document and track formal grievances submitted by ICE detainees. The grievance log reflects that SAJ received and processed a total of 51 formal grievances submitted by ICE detainees from June 2012 to January 2013. Of the 51 formal grievances, ten pertained to medical-related issues, seven pertained to staff treatment, seven pertained to disciplinary matters, four pertained to the law library, three pertained to mail, two pertained to the commissary, two pertained to visitation, and two pertained to clothing and laundry. The remainder of the formal grievances pertained to various issues, such as detainee classification, personal property, and grievances. None of the seven grievances related to staff treatment involved officer misconduct. ODO did not identify any trends related to grievances.

The facility handbook does not contain procedures for resolving a grievance, including the right to appeal a grievance decision, or instructions for contacting ICE to appeal the decision of the SAJ OIC. ODO confirmed facility management does not forward all grievances alleging officer misconduct to ICE, and does not place a copy of completed formal grievances in individual detention files. Instead, all completed grievances are retained by the Grievance Officer.

Aramark manages the food service operation for SAJ. All functions related to food preparation and kitchen sanitation are performed exclusively by Aramark employees. ICE detainees do not work in food service. The Aramark staff includes the Food Service Director (FSD), Assistant FSD, Cook Supervisor, and (b)(7)e food service workers. Only (b)(7)e food service workers had undergone pre-employment medical examinations. ODO confirmed the requirement for pre-employment medical examinations was contractually negotiated after the June 2012 ERO inspection, but medical examinations have not been completed for workers employed prior to the contract modification. Medical clearances of food service personnel prevent the transmission of communicable diseases.

Healthcare is provided by the Correctional Managed Care Medical Corporation. The Correctional Managed Care Medical Corporation Director of Operations provides corporate oversight and visits the facility three times per week. SAJ accepts only healthy detainees and detainees with well-controlled chronic conditions. The clinic is open 24 hours a day, seven days a week, and is administered by the Clinic Supervisor. Medical oversight is provided by (b)(7)e physicians, (b)(7)e who is on-site four hours each week and available for consultation 24 hours per day, and (b)(7)e others who are available to provide on-site medical coverage, if needed. A nurse practitioner provides services four hours per day, five days per week. Dental care is provided

on-site four hours per week, with coverage by (b)(7)(d)entists and (b)(7)(d)ental assistants. Mental health services are provided by a psychiatrist who visits the facility three times per month, four hours per visit. These positions are augmented by (b)(7)(e) full-time registered nurses (RN), (b)(7)(e) as-needed RN, (b)(7)(e) full-time licensed vocational nurses and (b)(7)(e) as-needed licensed vocational nurses. All professional licenses are available and primary-source verified. ODO finds staffing adequate to provide basic healthcare services for the current detainee population. The medical clinic maintains no accreditations.

Initial medical and mental health screening is conducted by booking officers, who receive training upon assignment to the booking department. A review of the training syllabus confirmed officers are taught to identify responses which necessitate referral to medical staff for review and further screening. Interviews of staff and documentation in medical records confirmed this practice. Health appraisals, which include a hands-on physical examination and dental screening, are performed by the nurse practitioner. A review of the forms used to document the health appraisals confirmed they meet NDS requirements. ODO inspected 26 medical records and verified each detainee was screened for tuberculosis via a purified protein derivative, and a health appraisal was completed within 14 days of admission in every case, in accordance with the NDS.

The clinic has two treatment rooms and one dental suite. ODO observed the clinic to be adequately sized and equipped. SAJ has no cells or rooms for medical isolation or suicide watch. SAJ contacts ICE to arrange transfer of any detainee with medical or mental health needs requiring separation from the general population. Emergency and inpatient treatment is provided by Western Medical Center in Anaheim, California. Language Line services are used for detainees who speak a language other than English or Spanish.

Detainees whose medical conditions deteriorate or dramatically change are transferred to another detention facility. The facility has policies addressing do not resuscitate orders and detainee death; however, there are no policies addressing terminal illness, advance directives, or organ donation. There have been no detainee deaths at SAJ.

Screening for suicide potential occurs as part of intake screening. SAJ management stated when a detainee is determined to be at risk for suicide during intake screening or at any point during the period of detention, ICE is alerted to arrange transfer of the detainee to an alternate facility. No record of a detainee identified as at risk for suicide was available to verify this practice. There have been no suicide attempts or suicide watches at SAJ since the 2011 ODO inspection. There is no suicide watch cell at SAJ.

ODO verified the suicide prevention training curriculum covers all elements required by the standard, including recognizing signs of suicidal thinking, facility referral procedures, suicide-prevention techniques, responding to an in-progress suicide attempt, identification of suicide risk factors, and the psychological profile of a suicidal detainee. A review of all medical staff and (b)(7)(e) randomly selected correctional staff confirmed all have completed initial and annual training.

ODO verified SAJ has Sexual Abuse and Assault Prevention and Intervention (SAAPI) policy and procedures in place to prevent sexual abuse and assaults on detainees, to provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and to control,

discipline, and prosecute the perpetrators of sexual abuse and assault. SAJ also has a SAAPI response team. The SAAPI team consists of the facility Prison Rape Elimination Act Coordinator, the Medical Director, a Patrol Officer, the Jail Administrator, the ICE SDDO, and the SAJ classification staff. The NDS has no SAAPI standard, so the establishment of a SAAPI team at SAJ is a proactive approach to preventing and responding to sexual abuse and assaults. Detainees are informed of the SAAPI program in the detainee handbook, during orientation via the facility orientation video, and through postings in the housing units. Detainees are screened during the intake process for sexual abuse victimization history and predatory history to determine potential sexual aggressors. SAJ separates detainees with a history of predatory or abusive sexual behavior from detainees with a history of victimization.

Male detainees assigned to administrative segregation are housed in the Special Management Unit (SMU) 4-D. The administrative SMU has 16 single cells, a day room with tables, a microwave oven, two showers, and a secure outdoor recreation area. There is no administrative SMU for female detainees; therefore, females requiring administrative segregation are confined in individual cells in the female housing unit. ODO inspection of the SMU and the female housing unit confirmed both are ventilated, appropriately climate controlled, well lit, and maintained in a sanitary condition.

According to facility policy, detainees in administrative segregation are served the same meals as detainees in the general population, can exchange clothing, and can have their linen laundered. Articles necessary to maintain personal hygiene are issued when a detainee is placed in administrative segregation, and are replenished when needed. Detainees can shower and shave a minimum of three times a week. Outdoor recreation is offered five times a week. Medical staff and shift supervisors make daily rounds. In the SMU, ODO observed one wall-mounted telephone for use during leisure time, and one portable wireless telephone available for legal telephone calls upon request. Females in administrative segregation can make legal calls upon request, and can use telephones for personal calls when they are out of their cells. Social visits are conducted by escorting the detainee to the SAJ Visitor Center. Segregation logs confirmed compliance with SAJ policy and the NDS.

At the time of the review, one male and one female were in administrative segregation. The female detainee was on administrative segregation pending a disciplinary hearing for a rule violation. ODO verified a segregation order was issued, and a hearing was scheduled in accordance with facility policy and the NDS. Review of the segregation order and an interview of the detainee verified placement of the male in administrative segregation was voluntary. ODO confirmed reviews of segregation status are conducted as required by the standard.

Male detainees assigned to disciplinary segregation are housed in SMU 4-E. The unit has 16 single cells, a day room with tables, a microwave oven, two showers, and a secure outside recreation area. There is no disciplinary SMU for female detainees; therefore, females requiring disciplinary segregation are confined in individual cells in the female housing unit. The SMU and the female housing unit are ventilated, appropriately climate controlled, well lit, and maintained in a sanitary condition.

According to policy, detainees in disciplinary SMU are subject to more restrictive procedures regarding personal property, reading material, and commissary items; however, detainees have

the same general privileges with respect to meals, legal materials, hygiene, and exchange of clothing and linens as detainees in the general population. Outdoor recreation is offered five times per week. Medical staff is required to make daily rounds through the unit, and correctional supervisors visit during each shift. During this CI, there were no ICE detainees in disciplinary segregation. The disciplinary log reflected that five detainees were sanctioned with disciplinary segregation in the 12 months preceding the CI. Documentation for these cases confirmed compliance with facility policy and the NDS.

SAJ management permits detainees to have formal and informal access and interaction with SAJ and ERO staff. Detainees can submit written questions, requests, or concerns to SAJ and ERO staff via a request form. Detainee request forms are readily available, and can be placed in lockboxes located throughout the facility. ERO officer visitation schedules and DHS Office of Inspector General Hotline posters are conspicuously posted in all housing units.

ODO reviewed the Facility Liaison Visit Checklists from July 2012 to January 2013, and noted ERO officers consistently conduct unannounced visits on a weekly basis to monitor and observe detainee living conditions in the housing units. The Facility Liaison Visit Checklists reflect weekly interactions with detainees by ERO officers to address questions or concerns. SAJ management does not document the unannounced visits conducted by ERO officers, and there are no written procedures at SAJ regarding how to route detainee requests to ICE. ODO reviewed ten randomly-selected requests submitted by ICE detainees to ERO from August 2012 to February 2013. All requests were logged and returned to the detainees, with a response, in a timely manner, but none of the completed requests were maintained in individual detention files. Telephone Serviceability Worksheets confirm ERO officers test the telephones in the housing units on a weekly basis to ensure functionality.

SAJ has a comprehensive written use of force policy addressing all requirements of the standard. ODO confirmed all correctional officers and (b)(7)(e) correctional shift supervisors received training in use of force techniques during an initial six-week core training program and annual refresher training.

According to facility policy, Tasers, an electro-muscular disruption device, may be issued to shift supervisors, transportation officers, and senior officers. All correctional officers carry oleoresin capsicum (OC) spray. A review of (b)(7)(e) training files confirmed completion of use of force training, current certification for use of OC spray, and certification for use of a Taser, as applicable. Audio-visual recording equipment to record use of force incidents is maintained by the Shift Commander. ODO verified testing of the equipment is documented during each shift.

The Chief of Security stated there were no calculated uses of force and one immediate use of force involving an ICE detainee during the 12 months preceding this CI. The immediate use of force was recorded by stationary security cameras. The incident involved use of OC spray to stop an assault by one detainee and two inmates on a third inmate. ODO reviewed the video and noted OC spray was deployed after the three aggressors refused to obey multiple orders to desist. ODO determined the use of immediate force was necessary and appropriate. A review of the written documentation confirmed medical treatment was provided to the four individuals involved in the altercation, ICE was notified, and an after-action review was completed.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE Performance Based National Detention Standards (PBNDS), as applicable. The NDS apply to SAJ. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at SAJ to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System, the ENFORCE Alien Booking Module, and the ENFORCE Alien Removal Module. ODO also gathered facility facts and inspection-related information from ERO Headquarters staff to prepare for the site visit at SAJ.

REPORT ORGANIZATION

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

OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Special Agent (Team Lead)	ODO, Phoenix, AZ
	Special Agent	ODO, San Diego, CA
	Deportation Officer	ODO, San Diego, CA
	Subject Matter Expert	Creative Corrections
	Subject Matter Expert	Creative Corrections
	Subject Matter Expert	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the AFOD, the SDDO, the SAJ Jail Administrator, and the SAJ Operations Manager. During the interviews, ICE and SAJ management stated the working relationship between the entities is excellent, and the morale of ICE and SAJ staff is high.

The Jail Administrator and Operations Manager stated they have consistently observed ICE staff visiting the housing units multiple times each week to communicate with ICE detainees and address any issues or concerns. The Operations Manager stated the professionalism of the ICE staff is excellent, and has bolstered the working relationship between ICE and SAJ.

ICE supervisory personnel described the relationship with SAJ as positive. The SDDO stated the facility runs smoothly due to the excellent working relationship between ICE and SAJ staff. The AFOD and the SDDO stated the resources and equipment at SAJ are sufficient to fulfill all duties and responsibilities.

DETAINEE RELATIONS

ODO interviewed 18 randomly-selected ICE detainees to assess the overall living and detention conditions at SAJ. Of the 18 detainees interviewed, nine were male, five were female, and four were transgender.

One transgender detainee and one male detainee stated they had not received adequate medical care at SAJ. The transgender detainee stated a medical request for eye surgery had been pending for approximately three months, but treatment had not been provided. ODO reviewed the medical file and noted a medical appointment with an eye doctor had been scheduled for March 14, 2013. The male detainee stated three medical requests to be seen for gastritis pain had not received a response from the Medical Unit. ODO reviewed the medical file and noted the detainee was seen by medical staff for gastritis on January 8, January 14, and February 5, 2013. On each occasion, medical staff renewed a prescription for gastritis medication and instructed the detainee to continue taking the prescribed dose.

There were no detainee complaints concerning access to telephones, the law library, recreation, or sending and receiving mail. Overall, the detainees interviewed were satisfied with the accommodations at SAJ.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 17 NDS and found SAJ fully compliant with the following seven standards:

- Detainee Classification System
- Detainee Handbook
- Sexual Abuse and Assault Prevention and Intervention
- Special Management Unit (Administrative)
- Special Management Unit (Disciplinary)
- Suicide Prevention and Intervention
- Use of Force

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

ODO found deficiencies in the following ten standards:

- Access to Legal Material
- Admission and Release
- Correspondence and Other Mail
- Detainee Grievance Procedures
- Environmental Health and Safety
- Food Service
- Medical Care
- Staff-Detainee Communication
- Telephone Access
- Terminal Illness, Advance Directives, and Death

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

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at SAJ to determine if detainees have access to a law library, legal materials, courts, counsel, and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS. ODO reviewed policies, procedures, and the detainee handbook, inspected the areas designated for law library use, and interviewed staff and detainees.

Every housing unit dayroom has a computer equipped with the current version of LexisNexis and all legal materials required by the standard. The computers are located next to the housing officer's station, and the rules for accessing legal materials are posted on the wall above the computers. Use of the computers is requested via a sign-up sheet located in the housing unit and administered by the housing officer. Computers are available for use between 7:00 am and 10:30 pm in one hour increments. Printing and copying is provided at no charge. A designated staff person is responsible for updating and maintaining the operability of all computers and printers on a weekly basis, and as needed. Writing paper and pens are issued upon request. Access to legal materials is provided within the housing units; however, there is no room designated as a law library (**Deficiency ALM-1**). The housing unit dayrooms are not sufficiently isolated from noise and distractions, which may interfere with legal research.

ODO confirmed the facility handbook does not include procedures for requesting additional time in the law library, requesting legal reference materials not maintained in the law library, or notifying a designated employee that material is missing or damaged (**Deficiency ALM-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Materials, section (III)(A), the FOD must ensure the facility shall provide a law library in a designated room with sufficient space to facilitate detainees' legal research and writing. The law library shall be large enough to provide reasonable access to all detainees who request its use. It shall contain a sufficient number of tables and chairs in a well-lit room, reasonably isolated from noisy areas.

DEFICIENCY ALM-2

In accordance with the ICE NDS, Access to Legal Materials, sections (III)(Q)(4-6), the FOD must ensure the detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

4. The procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
5. The procedure for requesting legal reference materials not maintained in the law library; and
6. The procedure for notifying a designated employee that library material is missing or damaged.

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at SAJ to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO interviewed SAJ intake staff and observed the admission of ICE detainees arriving at SAJ.

During the intake process, classification, medical screening, and orientation are completed. SAJ officers create a detention file for each admitted detainee and issue the ICE National Detainee Handbook, the facility handbook, personal-hygiene items, clothing, and blankets.

ODO confirmed SAJ reports lost, missing, or stolen funds and personal property to ERO Los Angeles officials via telephone and a facility memorandum, but does not forward a Report of Detainee Missing Property (Form I-387) to ICE (**Deficiency AR-1**). SAJ management corrected the deficiency on-site by placing Form I-387 in the booking area and requiring its use.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE NDS, Admission and Release, section (III)(I), the FOD must ensure the officer shall complete a Form I-387, "Report of Detainee's Missing Property" when any newly arrived detainee claims his/her property has been lost or left behind. IGSA facilities shall forward the completed I-387s to INS.

CORRESPONDENCE AND OTHER MAIL (C&OM)

ODO reviewed the Correspondence and Other Mail standard at SAJ to determine if the facility provides detainees the opportunity to send and receive correspondence, in a timely manner, subject to limitations required for the safe and orderly operation of the facility, in accordance with the ICE NDS. ODO reviewed the SAJ correspondence policy and procedures, the ICE National Detainee Handbook, the facility handbook, and SAJ contraband recording and handling records. ODO also interviewed SAJ staff responsible for collecting general and special correspondence.

ODO determined the SAJ local detainee handbook does not advise detainees that identity documents, such as passports and birth certificates, are considered contraband and may be used by ICE as evidence in court proceedings or as otherwise appropriate. The facility handbook also does not contain information regarding the purchase of postage by non-indigent detainees (**Deficiency C&OM-1**). SAJ policy defines indigent detainees as those with less than \$15.00 in a commissary account. Indigent detainees are provided free postage for three pieces of general mail per week, with unlimited free legal mail.

SAJ staff, on an as-needed basis, inspects and removes unauthorized items found within various articles of mail. SAJ uses a database to record those items found within the mail, but the database does not reflect the alien number of the detainee, the name of the sender, or the date the item was disposed of or returned to the sender (**Deficiency C&OM-2**). Accurate recordkeeping reduces the risk of lost property and enables staff to more effectively research the disposition of unauthorized items.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY C&OM-1

In accordance with the ICE NDS, Correspondence and Other Mail, section (III)(B)(7)(9), the FOD must ensure the facility shall notify detainees of its policy on correspondence and other mail through the detainee handbook or equivalent provided to each detainee upon admittance.

At a minimum, the notification shall specify:

7. A description of mail which may be rejected by the facility and which the detainee will not be permitted to keep in his/her possession (for additional information refer to Section III.G., below). The notification will state that identity documents, such as passports, birth certificates, etc., are contraband and may be used by the INS as evidence or as otherwise appropriate. The notification will state that if detainees are not allowed to keep an identity document in their possession, they will be provided with a copy of the document, certified by an INS officer to be a true and correct copy;
9. The procedure for purchasing postage (if any), and the rules for providing indigent and certain other detainees free postage.

DEFICIENCY C&OM-2

In accordance with the ICE NDS, Correspondence and Other Mail, section (III)(H)(1-2)(5), the FOD must ensure, when an officer finds an item that must be removed from a detainee's mail, he/she shall make a written record. This shall include:

1. The detainee's name and A-number;
2. The name of the sender and recipient;
5. The disposition of the item and the date of disposition.

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedures standard at SAJ to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE NDS. ODO interviewed staff and detainees, and reviewed SAJ policies and the grievance log.

Facility personnel make every effort to resolve grievances informally at the lowest level possible. SAJ grievance policies and procedures allow detainees to bypass the informal grievance process and proceed directly to filing a formal grievance.

ODO reviewed 15 randomly-selected formal grievances submitted by ICE detainees from October 2012 to January 2013. None of the 15 grievances were maintained in individual detention files. ODO confirmed the facility staff does not place copies of completed formal grievances in individual detention files; all completed grievances are maintained by the Grievance Officer (**Deficiency DGP-1**).

A review of the SAJ grievance log confirmed there have been no grievances alleging officer misconduct during the 12 months preceding this CI. ODO confirmed SAJ management does not forward all grievances alleging officer misconduct to ICE (**Deficiency DGP-2**). Specifically, facility management reviews and investigates grievances alleging officer misconduct, and then decides whether to forward the grievance to ICE.

The SAJ grievance system allows ICE detainees to appeal grievance decisions to a higher level if they are dissatisfied with a response. Detainees are able to contact or communicate directly with ICE if they are dissatisfied with a grievance decision or response, including appeals. However, the grievance section of the facility handbook does not provide procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels, or the procedure for contacting ICE to appeal a decision of the SAJ OIC (**Deficiency DGP-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(E), the FOD must ensure a copy of the grievance will remain in the detainee's detention file for at least three years. The facility will maintain that record for a minimum of three years and subsequently, until the detainee leaves INS custody.

DEFICIENCY DGP-2

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(F), the FOD must ensure staff must forward all detainee grievances containing allegations of officer misconduct to a supervisor or higher-level official in the chain of command. CDFs and IGSA facilities must forward detainee grievances alleging officer misconduct to INS. INS will investigate every allegation of officer misconduct.

DEFICIENCY DGP-3

In accordance with the ICE NDS, Detainee Grievance Procedures, sections (III)(G)(3-4), the FOD must ensure the grievance section of the detainee handbook will provide notice of the following:

3. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved. The level above the CDF-OIC is the INS-OIC.
4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

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

SAJ has a designated Safety Officer. ODO observed sanitation was maintained at a high level throughout the facility. SAJ contracts with a local company for professional pest control inspections and eradication. Documentation verified pest control inspections are conducted on a monthly basis.

ODO noted running inventories of all hazardous substances are not maintained in the laundry area, maintenance department, or housing units (**Deficiency EH&S-1**). A master index and Material Safety Data Sheets (MSDS) for all hazardous substances used in the facility, including the location of the substances, is maintained in the maintenance department and in the office of the shift supervisor of the booking department. MSDS for substances used in the food service operation were available in the kitchen; however, MSDS for hazardous substances stored and used in the laundry area and housing units were not present (**Deficiency EH&S-2**). It is critical that MSDS are available in all areas where hazardous substances are stored and used, because of potential life-safety issues.

In the laundry area, ODO noted running inventories of industrial strength detergent, fabric softener, and bleach were maintained; however, there were no inventories for the floor stripper, wax, insecticide, glass cleaner, degreaser, and stainless steel cleaner stored in the area. There were no inventories for any chemicals stored in the maintenance department. In the barbering kits stored in the housing units, ODO found Barbicide, a disinfectant that is an irritant to skin and eyes, and Clippicide, an aerosol barbering disinfectant. Neither product was inventoried. Clippicide, labeled "Highly Flammable," was stored inside a plastic container on an unsecured cabinet shelf. The cabinet was not constructed to National Fire Protection Association (NFPA) code, and was not labeled "Flammable-Keep Fire Away" (**Deficiency EH&S-3**). An accurate inventory of chemicals and proper storage of hazardous substances aids in the prevention of injury to staff and detainees.

The most recent Fire Life Safety Inspection at SAJ was conducted by the Santa Ana Fire Department on December 15, 2011. No violations were cited. An annual inspection was not conducted in 2012. At the time of this CI, a future inspection had not been scheduled. NFPA Life Safety Code 101 requires an annual inspection (**Deficiency EH&S-4**).

ODO verified monthly fire drills are conducted on each shift, and documentation is maintained by the Safety Officer. Documentation confirms emergency keys are drawn and tested during fire drills. ODO observed lighted exit signs in place throughout the facility in accordance with the NFPA; however, exit diagrams and evacuation routes are posted in stairwells, but not in housing units or hallways (**Deficiency EH&S-5**). Facility management cited security concerns as the reason for not posting exit diagrams inside the housing units. Exit diagrams are in English only (**Deficiency EH&S-6**).

Lime and mineral deposits are present on water pipes connected to ice machines and cooking kettles in the kitchen. Drinking and waste water at SAJ are not tested by a State laboratory (**Deficiency EH&S-7**). SAJ management was not aware of this requirement and assumed the water quality report from the local district was sufficient to meet the standard. ODO notes the district water quality report addresses the water supply outside of the facility. Water testing inside the facility is critical, because contaminants can form within the internal water system. Additionally, the local district does not test waste water leaving SAJ. Waste water testing ensures water being discharged from the facility does not contain chemicals or other contaminants that can harm the environment.

ODO verified generator tests are conducted every week for 24 minutes; this includes testing of the oil, water, and hoses (**Deficiency EH&S-8**). SAJ management does not test emergency electrical power generators for one hour as required by the NDS, because California EPA regulations limit the testing duration to 24 minutes. An external contractor, Dixie Diesel, performs quarterly testing and servicing of the emergency electrical power generators at SAJ.

The facility does not have a separate room designated for barber operations. Barbering is performed in the dayrooms of the housing units (**Deficiency EH&S-9**). Barbering supplies are kept in a closed plastic container on an open cabinet shelf near the desk of the housing officer. ODO observed hair care tools are disinfected after use. Sanitation regulations are posted on the dayroom wall and are also attached to the lids of the plastic containers used to store barbering supplies.

ODO confirmed medical sharps and syringes are inventoried during each shift. ODO reviewed the inventories and found them accurate; however, a sharps container in the medical examination room was observed unsecured on the floor, with no staff present (**Deficiency EH&S-10**). Bio-hazardous medical waste is properly removed from the facility by Stericycle, Incorporated, a licensed medical waste transporter. Blood-borne pathogen protection and clean-up kits are located in the laundry and booking departments, and are readily available for spills.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.).

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(B), the FOD must ensure every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety Data Sheets (MSDSs). The MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to the MSDSs for the substances with which they are working while in the work area.

DEFICIENCY EH&S-3

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(F)(1), the FOD must ensure any liquid or aerosol labeled "Flammable" or "Combustible" must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property.

DEFICIENCY EH&S-4

In accordance with the ICE NDS, Environmental Health and Safety, section (III) (L)(3)(d), the FOD must ensure every institution will develop a fire prevention, control, and evacuation plan to include, among other thing, the following: Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc.

DEFICIENCY EH&S-5

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(3)(h), the FOD must ensure every institution will develop a fire prevention, control, and evacuation plan to include, among other thing, the following: Conspicuously posted exit diagram conspicuously posted for and in each area.

DEFICIENCY EH&S-6

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

DEFICIENCY EH&S-7

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(N), the FOD must ensure a state laboratory will test samples of drinking and wastewater to ensure compliance with applicable standards.

DEFICIENCY EH&S-8

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary.

The biweekly test of the emergency electrical generator will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation. The emergency generator will also receive quarterly testing and servicing from a generator service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output.

DEFICIENCY EH&S-9

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1), the FOD must ensure the [barber] operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold

water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.

DEFICIENCY EH&S-10

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(Q)(2)(b), the FOD must ensure containers will be located on top of counters or, if on the wall, at least five feet above ground. Containers will not sit on the floor.

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at SAJ to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO reviewed local policies, food service logs, and inventories, inspected storage areas, observed meal preparation and delivery of food trays, and interviewed detainees and staff.

Contractor Aramark manages the food service operation. All functions related to food preparation and kitchen sanitation are performed by Aramark employees, only. The staff includes the FSD, Assistant FSD, Cook Supervisor, and (b)(7)e food service workers. No inmates or ICE detainees work in food service. A tour of the facility confirmed access to the food service area is strictly controlled with electronic key cards issued to authorized personnel. Although no inmates or detainees enter the area, ODO reviewed knife and tool control procedures to ensure controlled items are properly secured and accounted for to prevent unauthorized removal and introduction into housing areas. ODO confirmed knives are secured in a locking metal cabinet, and there is a running inventory of all knives. The key to the knife cabinet is maintained by the FSD and the Assistant FSD.

ServSafe training certifications, State of California food service worker cards, and documentation of food service training are present in all files; however, only (b)(7)e food service workers have undergone pre-employment medical examinations (**Deficiency FS-1**). ODO confirmed the requirement for a pre-employment medical examination was contractually negotiated after the June 2012 ERO review; however, medical examinations have not been completed for food service workers employed prior to the contract modification. Medical clearances of all persons working in food service prevent the transmission of communicable diseases by way of food.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(H)(3)(a), the FOD must ensure all food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at SAJ to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO toured the clinic, reviewed policies and procedures, examined 26 medical records, verified medical staff licenses, and interviewed corporate and healthcare staff.

The clinic has two treatment rooms and one dental suite. ODO observed the clinic to be adequately sized and equipped. SAJ has no cells or rooms for medical isolation or suicide watch. SAJ contacts ICE to arrange transfer of any detainee with medical or mental health needs requiring separation from the general population. Western Medical Center in Anaheim, California, is used for emergency and inpatient treatment. Language Line services are used for detainees who speak a language other than English or Spanish. During the medical record review, ODO identified three detainees who had dental extractions. Two of the detainees did not sign informed consent forms specific to the procedure performed (**Deficiency MC-1**).

Detainees access healthcare by completing a sick call request form, which is available in English and Spanish. The forms are turned in to the housing unit officer and forwarded to medical staff. The involvement of a correctional officer in this process violates patient confidentiality (**Deficiency MC-2**). Upon receipt of sick call requests, an RN conducts triage to determine priority for care and schedule sick call appointments with an RN or a nurse practitioner, depending on the nature of the request. An RN is available for sick call seven days per week, and a nurse practitioner is available for sick call five days per week. Review of ten records with sick call requests showed they were triaged within 24 hours of submission, and the detainees were seen within the timeframe prescribed by the NDS.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(L), the FOD must ensure the facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances.

DEFICIENCY MC-2

In accordance with the ICE NDS, Medical Care, section (III)(M), the FOD must ensure all medical providers shall protect the privacy of detainees' medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well-being of detainees.

STAFF-DETAINEE COMMUNICATION (SDC)

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

ODO reviewed the Facility Liaison Visit Checklists from July 2012 to January 2013, and noted ERO officers conduct unannounced visits on a weekly basis to monitor and observe detainee living conditions in the housing units. However, SAJ does not document the unannounced visits conducted by ERO officers (**Deficiency SDC-1**). The Facility Liaison Visit Checklists also reflected ERO officer interaction with detainees on a weekly basis to address questions or concerns. ODO reviewed Telephone Serviceability Worksheets and noted ERO officers test the telephones in the housing units on a weekly basis to ensure functionality.

SAJ management does not have a written procedure to route detainee requests to ICE (**Deficiency SDC-2**). ODO reviewed ten randomly-selected requests submitted by ICE detainees to ERO between August 2012 and February 2013, and noted all requests were logged and detainees received a timely response in accordance with the NDS. ODO confirmed none of the completed requests were maintained in individual detention files (**Deficiency SDC-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(1), the FOD must ensure each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSA's.

DEFICIENCY SDC-2

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B), the FOD must ensure all facilities that house ICE detainees must have written procedures to route detainee requests to the appropriate ICE official.

DEFICIENCY SDC-3

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure all completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years.

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at SAJ to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE NDS. ODO interviewed staff and detainees, tested the telephones in the housing units, and reviewed SAJ policies and ERO Telephone Serviceability Worksheets.

The facility provides detainees with reasonable and equitable access to telephones during waking hours. ERO staff consistently tests the telephones in the housing units on a weekly basis to ensure operability. Results of the weekly telephone tests are documented by ERO staff using the Telephone Serviceability Worksheet. ODO randomly tested 12 telephones in the housing units and noted all telephones tested were working properly.

All telephone calls at the facility, except for calls related to legal matters, are monitored and recorded. SAJ has written policies concerning the monitoring and recording of telephone calls. The ICE National Detainee Handbook and the facility handbook notify detainees that all telephone calls, except for calls to attorneys, are monitored and recorded. All telephones in the housing units have a posted notice stating telephone calls are subject to monitoring; however, none of the telephones have a notice informing detainees of the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation (**Deficiency TA-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE NDS, Telephone Access, section (III)(K)(2), the FOD must ensure [the facility] shall also place a notice at each monitored telephone stating: the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.

TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (TIADD)

ODO reviewed the Terminal Illness, Advance Directives, and Death standard, to include Do Not Resuscitate orders, and organ donations, at SAJ to determine if the facility's policies and practices are in accordance with the ICE NDS. ODO reviewed policies and interviewed staff.

ODO confirmed SAJ accepts only healthy or medically stable detainees. Detainees whose medical conditions deteriorate or dramatically change are transferred to another facility. There have been no detainee deaths at SAJ.

SAJ has policies addressing do not resuscitate orders and detainee death; however, there are no written policies addressing terminal illness (**Deficiency TIADD-1**), advance directives (**Deficiency TIADD-2**), or organ donation (**Deficiency TIADD-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TIADD -1

In accordance with the ICE NDS, Terminal Illness, Advance Directives, and Death, section (I), the FOD must ensure all facilities shall have policies and procedures addressing the issues of terminal illness, fatal injury, advance directives, and detainee death.

DEFICIENCY TIADD-2

In accordance with the ICE NDS, Terminal Illness, Advance Directives, and Death, section (III)(B), the FOD must ensure each medical facility shall use the State Advance Directive Form for implementing living wills and advance directives. The guidelines for completing the form include instructions for detainees who wish to have a living will (different from the generic document available from the INS Division of Immigration Health Services (DIHS) and/or authorize or refuse permission to perform extraordinary measures to prolong his/her life. The guidelines should note that private attorneys can prepare such documents.

When the medical professional responsible for the detainee's care determine that the terms and conditions of the detainee's medical directive should be implemented, he/she shall contact the CD/HSA and the INS General Counsel, providing the name, condition, and circumstances of the detainee.

In the interest of all parties, INS may seek judicial or administrative review of a detainee's advance directive.

DEFICIENCY TIADD-3

In accordance with the ICE NDS, Terminal Illness, Advance Directives, and Death, section (III)(D), the FOD must ensure the following procedures govern organ donations by detainees.

1. The organ recipient must be a member of the donor's immediate family.
2. All costs associated with the organ donation (hospitalization, fees, etc.) shall be at the expense of the detainee, involving no Government funds.

3. The detainee shall sign a statement documenting his/her decision to donate the organ to the specified family member. The detainee must confirm that he/she understands and accepts the risks associated with the operation of his/her own free will; and that the Government will not be held responsible for any medical complications or financial responsibilities.
4. Resources permitting, INS shall assist in the preliminary medical evaluation.
5. The facility housing the detainee shall coordinate arrangements for transportation, custody, classification, etc.
6. The detainee is not authorized to donate blood or blood products.