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Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Washington Field Office
Hampton Roads Regional Jail
Portsmouth, Virginia**

December 11 – 13, 2012

**COMPLIANCE INSPECTION
HAMPTON ROADS REGIONAL JAIL
WASHINGTON FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility, Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Hampton Roads Regional Jail (HRRJ) in Portsmouth, Virginia, from December 11 to 13, 2012. The facility opened in March 1998, and began housing detainees from the former U.S. Immigration and Naturalization Service, and inmates from the U.S. Marshals Service at that time. The facility currently houses male and female U.S. Immigration and Customs Enforcement (ICE) detainees of all security classification levels (Level I – lowest threat, Level II – medium threat, Level III – highest threat) for over 72 hours, as well as inmates from the Virginia State Department of Corrections, and from the cities of Hampton, Newport News, Norfolk, and Portsmouth.

The 1,313 bed, approximately 380,000 square-foot facility on a 38-acre site is owned and operated by the Hampton Roads Regional Jail Authority. Of the 1,313 beds, 327 are assigned to male ICE detainees and 22 are assigned to female ICE detainees. The facility can house additional ICE detainees if necessary. The average daily detainee population at HRRJ is 364. The average length of stay for detainees is 72 days. The facility had 341 male ICE detainees (13 Level I, 102 Level II, and 226 Level III) and 24 female ICE detainees (2 Level I, 10 Level II, and 12 Level III) at the time of inspection.

HRRJ correctional staff provides detention services and security operations within the facility. Aramark oversees the food service operations and detainee commissary within the facility. NaphCare provides medical care under contract. HRRJ holds accreditations from the American Correctional Association, the National Commission on Correctional Health Care, and the Virginia Department of Corrections.

The Enforcement and Removal Operations (ERO) Field Office Director, Washington, DC, (FOD Washington) is responsible for ensuring facility compliance with ICE policies and the National Detention Standards (NDS). An Assistant Field Office Director stationed at the sub-office in Richmond, Virginia, is the highest-ranking ERO official assigned at the facility. (b)(7)e case management Deportation Officers who handle detainee cases at HRRJ are assigned at the sub-office in Norfolk, Virginia, and are supervised by a Supervisory Detention and Deportation Officer. There are (b)(7)e ICE personnel temporarily assigned to HRRJ (b)(7)e (b)(7)e from the HQ ERO Detention Management Division. (b)(7)e personnel address NDS issues in the facility.

The Superintendent of the facility holds the rank of colonel, and is the highest ranking official at HRRJ. He is responsible for oversight of detention services, security operations, and food service. In addition to the Superintendent, HRRJ staff includes (b)(7)e jail officers, (b)(7)e sergeants, (b)(7)e lieutenants, (b)(7)e captains, a major, a lieutenant colonel and (b)(7)e support personnel. HRRJ also has contract employees consisting of (b)(7)e medical staff, (b)(7)e staff in the kitchen/commissary, (b)(7)e counselors, and (b)(7)e teachers. The following are volunteers at HRRJ: (b)(7)e institutional chaplain, (b)(7)e program providers, and (b)(7)e religious volunteers. During the inspection, (b)(7)e new jail officers graduated from the Corrections Officer Academy.

In October 2010, ODO conducted a Quality Assurance Review (QAR) at HRRJ. Of the 25 NDS reviewed, 13 were in full compliance. The remaining 12 standards accounted for 22 deficiencies.

In February 2012, ERO Detention Standards Compliance Unit contractor, The Nakamoto Group, Inc., conducted an annual review of the NDS. HRRJ received an overall rating of "Acceptable," and was found compliant with all 38 standards reviewed.

During this CI, ODO reviewed 18 NDS. Thirteen standards were determined to be fully compliant; ODO found nine deficiencies in the following five standards: Admission and Release (2 deficiency), Detainee Classification System (1), Detainee Grievance Procedures (2), Food Service (3), and Staff-Detainee Communication (1). ODO identified two repeated deficiencies from the 2010 ODO QAR in the following standards: Detainee Grievance Procedures (1), and Staff-Detainee Communication (1).

ODO attributes the low number of deficiencies identified at HRRJ to the presence of a Detention Service Manager, an Immigration Enforcement Agent, and a cadre of (b)(7)e detained docket Deportation Officers assigned to handle case management of detainees at HRRJ. The facility has an assigned Sergeant, with the title of Standards and Compliance Manager, who addresses any issues raised by ERO staff regarding the NDS, and who updates facility policies to implement changes to the NDS. ODO cites the standards compliance program at HRRJ as a best practice within the facility.

During a tour of the facility, ODO noted the computers designated for use by detainees were missing disk number four in the Lexis-Nexis program. ODO did not review the Access to Legal Material standard, but upon identifying this issue, informed facility staff of the need to have all information provided in the Lexis-Nexis program. During the closeout, HRRJ and ERO management stated they will immediately resolve this issue.

The review of 15 randomly-selected detention files revealed Form I-203, Order to Detain or Release, which is signed by an authorized ICE official for HRRJ to accept or release a detainee within the facility. The form was missing eight of the 15 detention files. ERO does not provide Form I-203 to the facility before or during admission of a detainee at HRRJ. ERO management staff was informed of this deficiency during the closeout. During interviews of detainees, ODO revealed a female detainee that was recently admitted did not receive her undergarments. The facility was notified and they quickly resolved the issue to provide the detainee her assigned undergarments. Detainees admitted to HRRJ are not routinely informed of their classification level. Detainees not aware of their classification are unable to appeal their classification level. The facility stated they will immediately implement a resolution and update their policies and procedures.

HRRJ does not maintain a detainee grievance log; only one person reviews formal grievances in lieu of having a Detainee Grievance Committee. The latter is a repeat deficiency from the 2010 ODO QAR. During the closeout, HRRJ stated they will immediately create a Detainee Grievance Committee of more than one person to start reviewing formal grievances submitted by detainees. HRRJ received and processed a total of 42 formal grievances from June 1 to November 30, 2012; 12 pertained to food service, nine were medical-related issues, seven related

to funds and personal property, and four related to staff treatment. The remaining ten formal grievances were divided among issues such as commissary, laundry, segregation, and visitation. ODO reviewed 26 randomly-selected formal grievances from the 42 grievances from this time period, and verified all 26 requests were answered with a timely response to the detainee. Copies of the grievances were placed in the detainees' detention files. ODO reviewed all nine formal medical grievances and verified they were placed in the detainees' medical files. Medical grievances are handled and processed only by medical staff. In addition, the medical department maintains its own grievance log to document and track all medical grievances.

Metal cables securing the knives used by detainees and inmates to the tables in the food service preparation area were not mounted through the steel shanks of the knife blades. Margarine served to detainees on kosher diets was not marked "pareve" or "parve" to meet the kosher diet requirement. Sack meals were missing a desert item and an extra package item, such as celery sticks, chips, or crackers. The Food Service Administrator immediately corrected this deficiency.

FOD Washington management does not conduct regular unannounced (not scheduled) visits to key areas in the facility, as required by the NDS. This is a repeat deficiency from the 2010 ODO QAR. ERO management was informed about this deficiency. ODO mentioned an area of concern during the closeout in relation to ICE detainee request forms. Several completed ICE detainee request forms were reviewed, and all had a response within 72 hours. Based on interviews with ICE staff, resolutions to the detainee issues were resolved and documented properly on the forms that were returned to the detainees; however, ERO did not fully articulate on the form how the issue was resolved. ERO management mentioned Deportation Officers explain the resolutions to detainees verbally during announced visits; however, management will instruct the Deportation Officers to write a detailed explanation of the resolution.

All deficiencies mentioned above were discussed with HRRJ and ERO staff by the ODO inspectors during the inspection, and egregious issues were mentioned on-site during the closeout on December 13, 2012. ERO will be provided a copy of this report to assist them in developing the corrective actions needed to resolve the eight identified deficiencies.

The facility operates under guidance from the American Corrections Association regarding security operations. The facility strictly enforces security operations due to the large criminal population of inmates and detainees at any given time. HRRJ carefully accounts for the whereabouts of all detainees and inmates to avoid any mixing of classification levels, and for the protection of any vulnerable individuals.

ODO cites HRRJ's program and activities area as a best practice. The following are examples of the programs and activities that HRRJ provides to inmates and detainees: adult basic education, Alcoholics Anonymous, anger management (addresses the Prison Rape Elimination Act (PREA)), domestic violence, English as a second language, GED preparation, health education, HIV/AIDS services, home and health support, learn to read services, men's life skills, prenatal/parenting, religious literature and services, special education, substance abuse, veterans administration, women's life skills, and the Wounded Warrior Project.

ODO reviewed HRRJ's Sexual Abuse and Assault Prevention and Intervention (SAAPI) program. HRRJ has comprehensive policies and procedures addressing sexual assault and abuse prevention and intervention. The facility's designated SAAPI coordinator has received training in PREA requirements. The SAAPI coordinator is in the process of developing a Sexual Abuse Response Team (SART). The coordinator has developed extensive lesson plans, and conducts pre-service and annual training for all staff. Staff interviews supported they are knowledgeable with respect to the PREA program, and how to handle any information received concerning possible sexual abuse or assault.

Detainees are screened during the intake process for sexual abuse victimization history, as well as predatory history to identify potential sexual aggressors. ODO verified detainees are informed of the SAAPI program by way of the detainee handbook, during orientation, and by postings in housing units. In addition, detainees receive a Sexual Misconduct Orientation Form, which provides definitions of sexual misconduct, guidance for prevention, and reporting procedures. Detainees sign, acknowledging receipt of the form. All SAAPI information is provided in English and Spanish.

The SAAPI coordinator informed ODO there were two incidents of reported sexual abuse and assault between January 2012 and December 2012. ODO reviewed each case file and found they were complete. Both allegations were investigated by local law enforcement and ICE OPR. Neither report was substantiated.

Every detainee receives an HRRJ inmate handbook with an ICE detainee addendum upon admission to the facility. Additionally, each detainee receives an ICE detainee handbook from ICE before being transported to the facility. The HRRJ inmate handbook is available in English, Spanish, French, and German. The ICE detainee addendum is available in English and Spanish. According to HRRJ staff, the ICE detainees at the facility predominantly speak English and Spanish. HRRJ has a number of multi-lingual staff members who are available to translate for detainees who speak other languages. The handbook was most recently updated on April 1, 2011, and the ICE addendum was updated on December 6, 2012. Upon a review of 15 randomly-selected detention files, ODO learned that each detainee signed a form acknowledging receipt of the handbook upon admission to HRRJ.

HRRJ uses a release checklist to ensure that all property and funds are accounted for and transferred with the detainee. The checklist includes a specific reference to medication, including a reminder that a three-day supply will be provided to any detainee upon release. ODO verified detainees are required to sign, acknowledging they received their personal property and funds. Medical files and medication are transferred along with the detainee. The HRRJ disciplinary system classifies rule violations as minor and major. Minor violations can be handled by the unit staff and allowable sanctions include a verbal reprimand or counseling. Major violations are handled through a formal process that includes written notice to the detainee of the charges, and the opportunity to present witnesses and evidence at a hearing held by an impartial committee. ODO cites HRRJ's two-tier appeal system as a best practice. Detainees dissatisfied with the outcome of their disciplinary hearing may appeal first to the Security Chief, and then to the Superintendent. A review of three detainee disciplinary hearing files from the past year confirmed the incidents were investigated by a supervisor within 24 hours, timely hearings were conducted, and sanctions were within the policy guidelines. Written orders were

completed and signed by the authorizing official prior to a detainee's placement in disciplinary segregation. There were no detainees in disciplinary segregation during this review.

The Security Chief is responsible for developing and implementing emergency plans. The plans include a statement preventing unauthorized disclosure. ODO verified all staff receives training in emergency preparedness. ODO noted contingency-specific plans for all emergencies are kept in the Security Chief's office, with the exception of the plan for Transportation System Emergency (TSE). The TSE plan is maintained in the Transportation office. During the review ODO recommended maintaining a copy of the TSE plan with the other plans to ensure availability and ready access in the event implementation is necessary. The Security Chief accepted this recommendation, and placed the TSE plan in her office prior to completion of the review.

HRRJ has comprehensive hunger strike policies, which exceed the ICE NDS requirements. ODO was informed there have been no documented hunger strikes during the past year. Detainees who are on a hunger strike are referred to health services for a physical assessment, and to mental health staff for a psychological evaluation, per local policy. Detainees are counseled on potential health consequences of the hunger strike. A detainee on hunger strike is housed in a single cell, and may only be released by a clinical provider.

Healthcare services have been provided by contractor NaphCare since June 30, 2012. The clinic is open 24 hours a day, seven days a week. Healthcare is administered by a Health Services Administrator (HSA) who is a registered nurse (RN), supported by a Director of Nursing and an Assistant Director of Nursing, both of whom are RNs. Medical oversight is provided by a full time Medical Director, who is also a physician. In addition, there is a full-time nurse practitioner. A part-time dentist and dental hygienist provide dental care. Mental health services are provided by a psychiatrist (on-site one day a week to address mental health referrals), a full-time mental health nurse practitioner, a licensed social worker, and a masters-prepared social worker currently working on her licensure. The on-call schedule includes a provider, as well as an administrator assigned for each day. In addition, the mental health nurse practitioner is on-call 24 hours a day, seven days a week. These positions are augmented by (b)(7) RNs, (b)(7) licensed practical nurses, (b)(7) medical assistants, a pharmacy technician, an administrative assistant, and a medical records clerk. Contractual part-time X-ray and ultrasound technicians are on-site five days a week and one day a week, respectively, in addition to dialysis staff on-site three days per week. A local obstetrician and a nephrologist provide additional medical services at the facility upon referral. (b)(7) RN day-shift charge nurse position was vacant at the time of the review. ODO found staffing sufficient to provide basic medical services for all detainees. All professional licenses were present and primary-source verified with the issuing state boards for authentication purposes. It should be noted, a large portion of the staff is new due to the recent change in the contract provider.

Maryview Medical Center, three miles away, is used for a higher level of medical care and emergency services. Specialty cases are referred to Norfolk Medical Center. The IHSC Field Medical Coordinator (FMC) commented that HRRJ serves as an informal medical referral facility, accepting detainees with medical conditions beyond the ability of other facilities to accommodate. The IHSC FMC also stated HRRJ's mental health housing unit, and adequate mental health staff, enables the facility to treat most detainees with mental health needs.

However, the IHSC FMC stated a detainee needing a higher level of mental health care would most likely be transferred to the Krome Service Processing Center.

The clinic contains an administration suite with eight offices, a break room, and two restrooms. On the clinical side there is a nurses' station, five examination/treatment rooms, a pharmacy, a laboratory, a two-chair dental suite, an X-ray room, a storage room, two restrooms, and a waiting area. There is also a two-chair dialysis room where dialysis is performed three times a week. A detention officer's desk is located within the clinic for custody supervision purposes. The facility has an 11-bed infirmary and a mental health housing unit, both of which contain two negative-pressure rooms for tuberculosis isolation. ODO found the clinic to be generously sized and equipped.

The intake area of the facility has two side-by-side offices where nursing staff conduct medical and mental health screenings, and enter the outcomes in the TechCare electronic medical record system. Review of screening questions confirmed they are comprehensive, and adequately identify chronic care and medication needs. ODO notes the TechCare system is programmed so affirmative answers to certain mental health screening questions trigger immediate evaluations by a mental health professional in the second office. This is cited as a best practice, because it assures detainees with possible mental health issues are referred and seen promptly for full assessment.

Detainees receive a hands-on physical examination conducted by RNs trained in performance of the function. Review of 30 detainee medical records found all were completed well within the required 14-day timeframe. In fact, the overwhelming majority were performed on the day of admission or the next day after arrival. ODO cites this as a second best practice, because it expedites examination of detainees, allowing prompt evaluation of chronic care needs, and initiation of appropriate monitoring and treatment. Full compliance with intake screening and physical examination components of the standard are supported by the medical record review.

Tuberculosis screening is accomplished by intake symptom screening and the administration of a purified protein derivative (PPD) skin test on admission. Detainees with a positive PPD reading receive a follow-up chest X-ray (CXR). ODO was informed the facility's contract with a radiology group in Boston allows for a maximum of four hours to report results; however, the X-ray technician stated the turnaround time is often just minutes.

Detainees in general population request health care services by way of electronic kiosks located in the housing units. As demonstrated for ODO by a detainee, the nature of the request is entered and directly received by the medical unit. Requests are triaged for clinical priority once per shift. An electronic response is then sent back to the detainee with the disposition, including an appointment for sick call. This kiosk system efficiently and effectively supports access to care by detainees and protects their privacy. Kiosks are not present in the Special Management Units (SMU). Therefore, detainees on segregation status obtain request forms from nursing staff, and hand them back when they are seen for daily wellness checks. Nursing staff conducts sick call Monday through Friday using physician-approved protocols. ODO verified requests were addressed in a timely and appropriate manner. ODO verified through medical record reviews that follow-up appointments and referrals were completed as indicated. HRRJ does not charge detainees co-pays or other fees for healthcare services.

There were five detainees on administrative segregation status during the review. One detainee was pending a disciplinary hearing; four were segregated due to disruptive behavior in general population housing and due to repeated rule violations resulting in disciplinary action. ODO confirmed administrative segregation orders were issued in all cases. Segregation status reviews were thorough, and clearly documented the justification for the detainees' continued segregation to support the safe, secure, and orderly operation of general population housing units.

HRRJ's designated SMU consists of six pods. A tour of the SMU found the unit and cells were well ventilated, adequately lit, appropriately heated, and in good sanitary condition. ODO confirmed the number of detainees confined to each cell did not exceed the cell's designed capacity. ODO confirmed detainees in administrative segregation receive the same general privileges as detainees in the general population.

All staff receives initial and ongoing suicide prevention training, including the identification of suicide risk factors, recognizing the signs of suicidal thinking and behavior, referral procedures, suicide prevention techniques, and responding to an in-progress suicide attempt. The curriculum was developed locally by training staff and an RN, and is based on HRRJ's suicide prevention and intervention policy. It is presented by mental health and training staff. Review of training files for (b)(7) randomly selected staff confirmed each of the (b)(7) staff members completed initial and ongoing suicide prevention training. The suicide prevention and intervention policy mirrors American Correctional Association and National Commission on Correctional Health Care standards, but it does not address the ICE reporting requirements included in the ICE NDS. ODO verified ICE was notified of the detainees' placement on suicide watch and, therefore, is not citing a deficiency. However, ODO recommends the policy be modified to include ICE reporting requirements to support continued compliance with the standard.

HRRJ has two cells designated for detainees on constant observation suicide watch, defined as continuous, uninterrupted observation with a suicide smock and blanket. One of the cells is located in the medical housing unit, and the second is located in the mental health unit. Both have security cameras monitored by detention officers in the control area of the housing units and in central control. In addition to monitoring by camera, officers make and document 15-minute checks. Detainees on close suicide-watch status may be assigned to one of the cells under camera observation, if available. If not, another cell in the medical or mental health housing unit is used. Mental health staff may authorize detainees on close suicide-watch status to wear jail clothing rather than a suicide smock, and have limited possessions in the cell. ODO was informed this typically occurs on a "step-down" basis. ODO's inspection confirmed all cells used for suicide watch are suicide-resistant, and free of protrusions or objects that could assist in a suicide attempt.

There have been no suicides at HRRJ to date. Since the last ODO inspection, three detainees have been placed on suicide watch, including one placed on suicide watch after a suicide attempt. Review of the detainee's medical record found he cut his wrist with a plastic spoon, and was treated in the HRRJ clinic. He was on constant observation suicide watch for five days, followed by close observation suicide watch for 13 days, when he was cleared to return to the general population by the psychiatrist. The medical records of all three detainees placed on suicide watch confirmed compliance with the standard. ODO notes the detainees were seen by a

mental health professional on a daily basis, except for weekends, when they were seen by an RN. ODO verified all detainees are screened for suicide risk during the intake process.

ODO was informed there have been no detainee deaths at HRRJ. HRRJ policies are thorough and address terminal illness, advance directives, do not resuscitate procedures, and detainee death.

HRRJ has comprehensive written policies governing the use of force, use of chemical agents, and use of firearms. Only supervisory staff members and transportation officers are permitted to carry and apply Oleoresin Capsicum (OC) spray. Emergency response equipment is available on each unit. The training files of (b)(7)e correctional staff (b)(7)e supervisory and (b)(7)e line staff) were reviewed. Each of these staff members received training in the past year on chemical usage, defensive tactics, firearms, and report writing.

HRRJ had five documented cases of calculated force on ICE detainees in the past year. A written report was filed by each staff member involved in the incident, and a copy was present in each detainee's detention file. All five incidents were video recorded in accordance with the standard. Medical examinations and after-action reviews were completed. ODO reviewed the video recordings and written reports, and determined the force used was necessary, appropriate, and in compliance with both the standard and facility policy.

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, as applicable. The ICE NDS apply to HRRJ. 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 HRRJ to determine compliance with 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 HRRJ.

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

Deportation Officer (Team Leader)	ODO, HQ
Management Program Analyst	ODO, HQ
Special Agent	ODO, HQ
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the following HRRJ staff: the Superintendent, an Assistant Superintendent, the Chief of Security, the Internal Affairs Officer, (b)(7)e Supervisory Corrections Officer, the Training Officer, and (b)(7)e Corrections Officers. ODO interviewed the following ERO staff: the Assistant Field Office Director, an Acting Supervisory Detention and Deportation Officer, (b)(7)e Deportation Officers, a Detention Service Manager, and (b)(7)e Immigration Enforcement Agent.

During the interviews, ERO and HRRJ leadership stated the working relationship between the two entities is excellent, and the morale of ERO and HRRJ staff is high. Both entities acknowledged that communication can be improved. The facility's need to maintain a high level of security due to its large population of criminal inmates and detainees can sometimes impact ERO's need to have access to detainees at any given time without delay. ERO has complained Deportation Officers' access to detainees has been delayed due to the high security compliance of the facility. ERO and the facility have reached a compromise to give key ERO personnel access to the facility without escort upon the completion of HRRJ's required classes related to security at the facility. The security classes are required for anyone conducting business within the facility unescorted. The facility cited the example of an ERO staff member not being allowed to have a cellular telephone within the facility. HRRJ staff stated unescorted personnel need to be trained in and familiar with the facility's two-way radio system and emergency plans if a life-threatening event were to occur.

DETAINEE RELATIONS

ODO interviewed 18 randomly-selected detainees from all classification levels (10 females and eight males) to assess the overall living and detention conditions at HRRJ. The duration of their stays at HRRJ ranged from four months to four years. All received the ICE detainee handbook and the HRRJ supplemental inmate handbook upon admission to the facility. None reported difficulties contacting an attorney or a Deportation Officer, and stated an Immigration Enforcement Agent is present within the housing units more than once a day. No detainees interviewed reported any problems using the telephones, and most have contacted their consulate without problem. Detainees reported recreation is from one to three hours per day. ODO received no complaints concerning access to the law library or legal materials. A Chaplain reportedly visits the housing units at least once a week to conduct a Christian service in English; Spanish services are conducted once a month. Detainees reported the Chaplain readily provides literature for detainees of other faiths upon request. Detainees reported they have not experienced any problems with visitation, but they are not allowed contact visits. Four of the female detainees were strip searched upon admission to HRRJ. ODO learned the facility only conducts a strip search when there is reasonable suspicion of possession of contraband. All detainees interviewed stated they had not observed or experienced any verbal, physical, or sexual abuse by facility staff.

Some detainees complained supplies of hygienic items and toilet paper are not adequate. ODO determined supplies are kept with the officers in the housing units, and are replaced upon request. Detainees must present an empty toilet paper roll and an empty body wash/shampoo

bottle to get a replacement. Replacement items are kept in abundance in each housing unit. The facility has experienced problems with detainees hoarding these supplies for the purpose of making contraband items.

One detainee complained she did not receive underwear or a bra when she was admitted. She had been at the facility for one week at the time of ODO's inspection. This issue was raised with the admissions staff, and they confirmed from the detainee's intake paperwork that she did not receive the above items. HRRJ admissions staff immediately provided the items to the detainee while the inspectors were still on-site.

Detainees stated they are being charged for mail supplies unless they are indigent. ODO determined all detainees receive blank paper, envelopes, and writing implements free of charge. Indigent detainees also receive stamped envelopes free of charge. All detainees may send legal mail free of charge. Housing unit jail officers stated only inmates are charged for mail supplies, and detainees receive these items at no cost. The officers stated, however, complaints arise when detainees request more mail supplies than what they receive in their free allotments, and are told they must purchase additional mail supplies from the commissary.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 18 ICE NDS and found HRRJ fully compliant with the following 13 standards:

- Detainee Handbook
- Detainee Transfers
- Disciplinary Policy
- Emergency Plans
- Funds and Personal Property
- Hunger Strikes
- Medical Care
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Suicide Prevention and Intervention
- Telephone Access
- Terminal Illness, Advance Directives, and Death
- Use of Force

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

ODO found deficiencies in the following five areas:

- Admission and Release
- Detainee Classification System
- Detainee Grievance Procedures
- Food Service
- Staff-Detainee Communication

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

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at HRRJ 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 reviewed policies and files, observed the admission process, and interviewed staff and detainees.

During admission to HRRJ, every detainee undergoes a screening interview, views the ICE orientation video, and receives a handbook. After the screening interview, detainees undergo medical screening, are provided the opportunity to shower, and are issued a starter kit of hygienic items, along with clothing, shoes, bedding, and towels. Incoming ICE detainees are not strip-searched at HRRJ without reasonable suspicion of contraband possession.

During interviews with detainees, ODO learned one female detainee did not receive any undergarments upon admission to the facility (**Deficiency AR-1**). ODO brought this to the attention of the Admissions Supervisor, who immediately ensured the female detainee was provided with the necessary undergarments.

The funds and personal property of all incoming detainees are appropriately inventoried, and all detainees receive a receipt for the property in compliance with the ICE NDS. Additionally, if a detainee arrives with identity documents, including passports and birth certificates, the facility informs ICE, and ICE takes custody of the documents. The HRRJ Intake Officer indicated very few detainees arrive with identity documents, and ICE typically retains all such documents for safekeeping.

ODO reviewed 15 randomly-selected active detention files to determine if all documents created during the duration of the detainee's custody are contained in the detention file. Eight of the files did not contain a Form I-203 or I-203a. Both the classification and intake staff mentioned many ICE detainees arrive without this form, and the facility requests the form from ICE when it is missing. Upon a review of 15 randomly-selected inactive detention files, seven did not contain the Form I-203 or I-203a (**Deficiency AR-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE NDS, Admission and Release, section (III)(A)(2), the FOD must ensure staff will issue every arriving detainee personal-hygiene items, clothing, sheets and blankets appropriate for local weather conditions (see the "Issuance of Clothing, Bedding, and Towels" standard).

DEFICIENCY AR-2

In accordance with the ICE NDS, Admission and Release, section (III)(H), the FOD must ensure an order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee.

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System standard at HRRJ to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO reviewed policies, procedures, and the detainee handbook; inspected 36 detention files; interviewed staff; and observed classification processing of an incoming detainee.

ODO verified ICE provides HRRJ with information necessary to ensure the proper classification of detainees. Detainees are classified upon arrival, and are housed based on their assigned classification level. HRRJ uses the Objective Jail Classification System model, and classifies detainees as minimum (Level I), medium (Level II), or maximum (Level III). Supervisors review and approve classification determinations. Male and female detainees are kept separate at all times, and Level I and Level III detainees are not housed together. Because classification levels do not appear on housing rosters, verifying Level I detainees are not housed with Level III detainees necessitated spot-checking files of 20 detainees and county inmates in one housing unit. Inclusion of classification levels on housing rosters provides at-a-glance confirmation that detainees are properly assigned to housing based on their classification. ODO recommends the facility consider adding a field for classification level to its housing rosters.

Procedures are in place to reclassify detainees. Although facility policies do not specify a timeframe for reclassification, staff stated the first reclassification review is conducted within 60 days of the initial classification, and subsequent reviews occur every 90 days, unless a precipitating incident warrants an earlier reclassification. During review of detention files to confirm reclassification documentation, ODO identified one detainee who had not received his first reclassification review, despite having been in the facility for 86 days. A reclassification review was completed during the inspection. Although the NDS does not provide timeframes for reclassifications for intergovernmental service agreement facilities, ODO recommends the facility include reclassification timeframes in its policy and take steps to ensure adherence.

The detainee handbook includes an explanation of the classification levels, including the conditions and restrictions applicable to each. ODO was informed detainees are not routinely informed of their assigned classification level. According to information in the detainee handbook and facility policy, detainees may appeal their classification to the Classification Supervisor who "shall schedule a Classification Committee meeting to consider the appeal." Staff at HRRJ acknowledged they were not following this policy, and indicated they expected detainees would use the grievance system for classification issues. However, the detainee handbook states the grievance process cannot be used to appeal a classification decision. In summary, detainees cannot appeal a decision of which they are not aware. Therefore, ODO finds there is not a viable system in place for a detainee to appeal their assigned classification level (**Deficiency DCS-1**). In addition to establishing the first stage of classification level appeal rights, informing detainees of their classification level helps safeguard against erroneous housing placements. Detainees who are aware of their classification level may bring housing assignment errors to the attention of staff for prompt resolution.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System, section (III)(H), the FOD must ensure all facility classification systems shall include procedures by which new arrivals can appeal their classification levels.

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedures standard at HRRJ to determine if a process to submit formal or emergency grievances exists, and if 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 to determine if accurate records are maintained, in accordance with the ICE NDS. ODO interviewed staff and reviewed files, policies, procedures, and logs.

HRRJ has a procedure in place allowing detainees to submit formal and informal grievances, and HRRJ employs an adequate appeals process. The facility maintains a secure grievance box in every housing area, where detainees can deposit grievance forms. Detainees can also submit grievances through an electronic kiosk system, also located in each housing area. There are procedures in place to address illiteracy, disability, and non-English speakers who wish to file a formal grievance. A detainee can also request assistance directly from HRRJ staff. While the facility encourages informal grievance resolutions at the lowest possible level, detainees may initiate the formal grievance process by submitting a grievance on a request form.

ODO reviewed the kiosk system and verified HRRJ management maintains electronic records of inmate and detainee grievances. However, HRRJ does not maintain a Detainee Grievance Log (**Deficiency DGP-1**). ODO explained the importance of devising a method for tracking detainee grievances, and HRRJ staff advised they will work on developing a Detainee Grievance Log.

ODO randomly selected 26 detainee grievances filed from September 2012 through November 2012, and verified a copy of each grievance was located in the detainee's detention file. The Grievance Coordinator reviews all grievances, but there is no grievance committee (**Deficiency DGP-2**). The Grievance Coordinator stated a grievance committee will be formed. There were no grievances related to officer misconduct.

ODO found HRRJ has a procedure in place to appeal a formal grievance to the next level of authority if a detainee does not agree with the initial decision. Appeals are reviewed by the Superintendent of the facility, who provides a written response to the detainee within 15 working days.

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 each facility will devise a method for documenting detainee grievances. At a minimum, the facility will maintain a Detainee Grievance Log.

DEFICIENCY DGP-2

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(A)(2), the FOD must ensure the OIC must allow the detainee to submit a formal, written grievance to the facility's grievance committee.

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at HRRJ to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO interviewed staff and detainees, reviewed documentation, inspected food preparation and storage areas, and observed food service operations.

All work associated with food preparation and kitchen sanitation at HRRJ is performed by contractor ARAMARK Correctional Services. The food service department is staffed with a Food Service Director, an Assistant Food Service Director, and (b)(7)e cook supervisors. A crew of (b)(7) inmate and (b)(7)e detainee workers supports the food service operation. ODO verified all food service staff, as well as inmate and detainee workers, received medical clearances. Observation confirmed ARAMARK staff actively supervised the preparation and service of meals to ensure the food items were correctly prepared and properly presented. Staff members were observed conducting food temperature checks during tray assembly, and ODO's tests of food temperatures confirmed they met ICE NDS requirements. Food service staff and detainee workers were observed wearing hair restraints and beard guards. Correctional staff visually inspects workers for proper grooming and absence of obvious health concerns before they enter the food service area, and staff conducts required area searches. Food service staff also conducts weekly inspections to identify any sanitation or safety concerns. Annual inspections of the food service department are conducted by the Portsmouth Health Department. The facility passed the last occurring annual food service inspection on August 28, 2012.

The facility has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units on trays. Detainee workers serve the meals in the housing unit under direct staff supervision. ODO observed meal preparation, service, and delivery; and sampled meals. Food items had good taste, and portions were adequate. No complaints concerning food were heard or observed from detainees during the inspection.

ODO verified nutritional analysis of the master cycle menu and determination of adequacy were completed by a registered dietician. Documentation of monthly pest control services, and water and equipment temperature checks supported compliance with the standard. Food items were properly stored, and a high level of sanitation was observed throughout the food service area.

ODO observed overall good tool and utensil control throughout the kitchen; however, when knives were being used by detainees, the metal cable securing the knife to the table was not mounted through the steel shank (**Deficiency FS-1**). Because of the danger knives pose, it is imperative the cable be secured through the reinforced metal shank to prevent the knife from being removed by breaking the plastic. This deficiency was corrected during the review.

Although there were no detainees on a kosher diet at the time of the inspection, ODO noted the margarine purchased and on-hand for kosher trays was not labeled "pareve" or "parve" (**Deficiency FS-2**). Parve margarine must be served to meet the requirements of the kosher diet where dairy and meat are not served together. Parve margarine was ordered and received during the review, correcting this deficiency.

Sack meals provided to detainees for transport must be of the same quality as other meals prepared by food service. ODO noted the sack meals prepared for detainees did not contain all required contents. The meals contained the required two sandwiches and a piece of fruit; however, they did not contain a desert item or an extra packaged item (**Deficiency FS-3**). The Food Service Director immediately corrected this deficiency.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(B)(2), the FOD must ensure knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision. To be authorized for use in the food service department, a knife must have a steel shank through which a metal cable can be mounted. The facility's tool control officer is responsible for mounting the cable to the knife through the steel shank.

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(E)(5), the FOD must ensure, with the exception of fresh fruits and vegetables, the facility's kosher-food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher-certification agency. Any item containing pork or a pork product is prohibited. Only bread and margarine labeled "pareve" or "parve" shall be purchased for the common-fare tray.

DEFICIENCY FS-3

In accordance with the ICE NDS, Food Service, section (III)(G)(6)(c), the FOD must ensure, in addition, each sack shall include:

1. One piece of fresh fruit or properly packaged canned fruit (paper cup with lid), complete with a plastic spoon; and,
2. One ration of a dessert item, e.g., cookies, doughnuts, fruit bars. Extremely perishable items, e.g., fruit pie, cream pie, other items made with milk, cream, or other dairy ingredients shall be excluded; and
3. 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.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at HRRJ 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 timely responses, in accordance with the ICE NDS. ODO interviewed staff and ICE detainees, and reviewed logbooks, policies, and procedures.

ICE staff conducts scheduled and unscheduled visits throughout the week at HRRJ to address detainee requests and concerns. These visits are documented on the ICE Facility Liaison Visit Checklist maintained at ERO Fairfax. ODO reviewed the checklists. Detainees can make requests via the electronic kiosk system in the housing units, or request forms from staff.

ODO determined through interviews of ICE and facility staff, and from a review of visitation logbooks, FOD Washington management does not conduct unannounced visits to HRRJ (**Deficiency SDC-1**). A Supervisory Detention and Deportation Officer visits monthly to monitor conditions of confinement, and interact with detainees and facility staff to address any concerns or issues. It is vitally important for ICE management staff to conduct unannounced visits to detention facilities to observe and monitor conditions of confinement for detainees, to encourage informal communication between staff and detainees, and to address any concerns with facility management.

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 policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility's living and activity areas to encourage informal communication between staff and detainees and informally observing [sic] living and working conditions. These unannounced visits shall include but not be limited to:

- a. Housing Units;
- b. Food Service preferably during the lunch meal;
- c. Recreation Area;
- d. Special Management Units (Administrative and Disciplinary Segregation); and Infirmary rooms