



The Nakamoto Group, Inc.

August 29, 2019

TO: Tae D. Johnson
Assistant Director for Detention Management

FROM: Mark H. Saunders
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: **Annual Detention Inspection of the Howard County Jail**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Howard County Jail in Jessup, MD during the period of August 27-29, 2019. This is an IGSA facility.

The annual inspection was performed under the guidance of Mark H. Saunders, Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member
Security	E. Richard Bazzle
Detainee Rights	Mark H. Saunders
Medical Care	Max Boehringer
Safety	Michael Young
Medical Care	Margaret Carrillo

Type of Inspection

This is a scheduled annual/180-day re-inspection, which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72 hour facilities. The facility received a previous rating of Does Not Meets Standards during the November 2018 inspection.

Inspection Summary

The Howard County Jail is currently accredited by:

- The American Correctional Association (ACA) – No
- The National Commission on Correctional Health Care (NCCHC) – No
- The Joint Commission (TJC) – No
- Prison Rape Elimination Act (PREA) – Yes

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2018 annual PBNDS 2011 compliance inspection and 2019 annual/180-day PBNDS 2011 compliance re-inspection:



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2018 Inspection		2019 180-Day Re-Inspection	
Meets Standards	38	Meets Standards	38
Does Not Meet Standards	0	Does Not Meet Standards	0
Repeat Finding	0	Repeat Finding	0
Not Applicable	4	Not Applicable	4

The inspection team found eleven (11) component deficiencies in the following three (3) standards:

- Environmental Health and Safety- 1
- Post Orders- 1
- Food Service- 9, two of which are repeat deficiencies

Facility Snapshot/Description

The Howard County Detention Center is a 463-bed indirect supervision facility located in the northern part of Jessup, MD. The facility is operated by Howard County and managed by the Director of Corrections. The facility houses adult male and female detainees for Howard County and local surrounding counties, the U.S. Marshals Service, and adult male ICE detainees. The population during the inspection was 274, which includes 64 male ICE detainees. The average length of stay for an ICE detainee is 63 days.

The two-story structure has twelve general population housing units and housing units designated for administrative segregation, disciplinary segregation, and special confinement. Roving corrections officers and cameras provide supervision.

Each housing unit has a dayroom area with tables, chairs, a television, telephones and a sufficient number of showers and wash basins. Dayroom activities include card games, board games, and television. Outdoor recreation is offered daily for one hour, weather permitting. Sanitation throughout the facility was acceptable. The detainee shower and toilet facilities were especially clean, compared to previous inspections.

Detainees spend the majority of their time socializing in the dayrooms. They have access to commissary and visits, as well as, most facility information via kiosks in the housing units. While a number of detainee interviews were conducted, only one detainee approached the inspection team during the inspection to initiate conversation. This leaves the impression that, overall, detainee issues are being addressed. Due to the nature of indirect supervision, facility staff were not noticeably engaged with detainees, as in direct supervision facilities. ICE officers were very familiar with the detainees and their individual issues.

The facility is undergoing renovation of their kitchen. As a result, food is being prepared at a neighboring facility and trucked in to be served to detainees. The neighboring facility's food preparation was inspected by the Safety SME to ensure compliance with the Food Service Standard. The suicide watch cells are also being renovated and cannot be used at present. Detainees requiring suicide watch are sent to yet another neighboring facility and placed in the safe cell under observation. The Medical SME inspected the safe cell at the neighboring facility to ensure compliance with the Standards.

The inspection team conducted no less than 41 interviews, including 25 formal interviews. One detainee pointed out a telephone that was broken, although the inspector had already made note of it. The telephone provider repair technician was notified. Telephone repair generally occurs within one or two work-



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ing days from the time of report. A number of detainees complained about the meal service, due largely to the food service area being renovated and the lack of hot meals and meal variety. The Director assured the inspection team that the food service renovations will be complete by October 2019. Several detainees stated that their commissary is taken at the ICE sub office during the transfer process from one facility to another; and that their telephone cards from other facilities do not work at this facility; yet no system is in place for them to get their money refunded. The inspection team made the ICE staff aware of these complaints and urged them to seek solutions to any practice that resulted in unnecessary financial loss to detainees, due to no fault of their own. Five detainees stated that they were not issued their individual sporks and cups, as were the other detainees in their housing unit. The facility corrected this oversight immediately. One detainee stated that the printer in the low security law library was broken. The facility replaced the printer during the inspection. Four detainees complained that they were not given the required amounts of clothing and bedding. The Medical SME checked the issuance for each of them and it was determined that two of the detainees had in fact signed for the appropriate amount of clothing and bedding. It could not be determined if the other two had received the items, so the facility staff immediately issued them. A detainee stated that there were some officers that were not responsive to his requests, but could furnish no names or identifying information for investigation. A detainee stated that the milk was outdated. The Safety SME checked the milk supply and determined that none of the milk was beyond expiration dates. Detainees expressed no concerns about their safety, even when asked in confidential settings. Interviews with LEP detainees affirmed that they are able to access needed services.

There are no medical co-payments for ICE detainees. Health services are provided through a contract with Wellpath. All other services are provided by Howard County employees.

Areas of Concern/Significant Observations

The facility has instituted the plans and changes as they committed to during the April 2019 Technical Assessment Review.


Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2011. No (0) standards were found as Does Not Meet and four (4) standards were Not Applicable (N/A). All remaining thirty-eight (38) standards were found to be in compliance.

LCI Assurance Statement

The findings of Meets Standards and Does Not Meet Standards are accurately and completely documented on the G-324A Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – AFOD Kevin Brown and DSM Hugh Spafford
- Facility Staff – Deputy Director Andrea King-Wessels, Security Chief E. Flurry, and various other staff and supervisors


Mark H. Saunders, Lead Compliance Inspector
Printed Name of LCI

August 29, 2019
Date

ICE Uniform Corrective Action Plan



ICE HQ USE ONLY: (DO NOT EDIT*)

Review Date: 8/29/2019	DETLOC: HOWARMD	Review Purpose: Annual
Complete and Return to ICE HQ No Later Than: 01/27/2020		Review Type: PBNS 2011_G324_O72_LYON
Facility Corrective Action Plan Assigned To: BAL		
Facility Name HOWARD COUNTY DETENTION CENTER		
Address 7301 WATERLOO ROAD		
City: JESSUP	State: MD	Zip Code: 20794
County HOWARD		
Document Key: 794	Form Key (Version): 9	
Document Name: HOWARMD_08_29_2019_Annual_UCAP_KEY_794.doc		

*If Edits are required, contact ICE HQ for an updated form.

FIELD OFFICE USE: (Updates Permitted, Field Entry Required)

Date of Final Submission: (Use following format for dates: mm/dd/yyyy)

Form Date: 01-27-2014

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Instructions for Corrective Action Response

Provide a detailed description of the corrective action taken by the facility to address each of the deficiencies identified in the review. Please ensure that each corrective action corrects the noted deficiency to the fullest extent possible. In the event a deficiency cannot be corrected within the authorized timeline, an explanation is required in the “Corrective Actions” column. The explanation should include a work around solution while pending final resolution, and an approximate completion date. If an extension is needed, the Field Office must contact the appropriate DMD staff member with this request in advance of the specified timelines for submission.

**Exceptions to this timeline may be granted for necessary construction and staffing requirements, but will require an estimated completion date and temporary “work around” as part of the approved UCAP. Serious life and safety issues must be corrected immediately.*

Environmental Health and Safety (Key: B)					
This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
1	The MSDS are readily accessible to staff and detainees in the work areas. (Key: B06)	MSDSs were not readily available for staff and detainees in work areas. A review of the chemical storage area for the ICE detainee housing units revealed that the assigned officer had no knowledge of the MSDSs and could not locate them. This was corrected during the inspection as MSDSs were placed in the appropriate area. The MSDS program will also be discussed at roll call.	MSDS's have been placed in staff and detainee work areas	8/29/2019	8/29/2019
Food Service (Key: T)					
This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
2	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date. (Key: T04)	This component was rated as Does Not Meet Standard during the previous inspection because the FSS had not reviewed the non-ICE detainee job descriptions. Documentation was not available to support a review of the detainee worker job descriptions prior to this inspection. This was corrected during the inspection. ICE detainees do not work in the food service department. This is a repeat deficiency.	The FSA reviewed the inmate job description on 8/29/19. They will be reviewed on an annual basis. ICE detainees DO NOT work in the kitchen.	8/29/2019	8/29/2019
3	During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates: <ul style="list-style-type: none"> • Safe work practices and methods. • Safety features of individual products/pieces of equipment. • Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. (Key: T05) 	Per the FSS, non-ICE detainees working in the food service department receive orientation training on all the requirements of this component. However, training documentation was not available for review. The FSS indicated that she has not documented training for current non-ICE detainee workers. This was corrected during the inspection.	Documentation of th equired training was provided during the inspection. ICE detainees DO NOT work in the kitchen	8/29/2019	8/29/19

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4	The cook supervisor documents all training. (Key: T06)	Training documentation for current non-ICE detainee workers was not available for review. Training was provided to the non-ICE detainee workers during the inspection. The training was documented.	Documentation on the required training was provided during the inspection. ICE detainees DO NOT work in the kitchen	8/29/2019	8/29/2019
5	Detainees are served three meals every day, at least two of which are hot meals. No more than 14 hours elapse between the last meal served and the first meal of the following day. (Key: T08)	Detainees are served three meals every day, but only one hot meal which is consistently a hot dinner meal. Breakfast and lunch consist of a cold bag or a box meal. Scheduled mealtimes do not permit more than fourteen hours to elapse between meals.	The facility's kitchen is still under construction. At this present time we are unable to meet this requirement We anticipate the opening of our kitchen before March 1, 2020	203/1/2020	3/1/2020
6	Utensils shall be sanitized as often as necessary to prevent cross-contamination and other food-handling hazards during food preparation and service. (Key: T12)	The IGSA is currently trying to use a single sink to wash, rinse, and sanitize utensils. There is no automatic dispenser or testing mechanism to ensure that the proper sanitizer levels are met. Additionally, sanitizing solution was not available during the serving process to prevent cross-contamination of utensils.	At the kitchen is still closed, this is still an issue. Sanitizing solution is available for use	8/30/2019	8/30/2019
7	The CS or equivalent has the authority to change menu items if necessary, documenting each substitution, along with its justification, with a copy to the FSA. Menu substitutions will be in accordance with dietitian approved substitution guidelines. (Key: T18)	This component was rated as Does Not Meet Standard during the previous inspection because approved menu substitutions had not been established. Substitutions were made by the dietary officer (DO) on duty and were not documented or justified. The dietary captain at the correctional facility where the food is prepared stated that they normally add items to the menus instead of changing them. However, if an item is changed there is no written justification for the change. This is a repeat deficiency.	We are receiving our dinner meal from a neighboring facility. We cannot control when they make changes to the menu. We anticipate the opening of our kitchen before March 1, 2020	3/1/2020	3/1/2020
8	The food service staff instruct detainee volunteers on: <ul style="list-style-type: none"> • Personal cleanliness and hygiene; • Sanitary techniques for preparing, storing, and serving food, and; • The sanitary operation, care, and maintenance of equipment. (Key: T30) 	Per the FSS, documentation is not available on current non-ICE detainee workers to support training in all of the bulleted items. Training was provided during the inspection.	Documentation of the required training was provided during the inspection. ICE detainees DO NOT work in the kitchen	8/29/2019	8/29/2019
9	Spray or immersion dishwashers or devices – including automatic dispensers for detergents, wetting agents, and liquid sanitizer – shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles. (Key: T35)	Equipment in the correctional facility food service department was in good repair and operated properly. The IGSA has been trying to wash utensils in a single sink in a makeshift kitchen without using a proper sanitizing chemical. A decision was made by the OIC to purchase disposable utensils to solve this problem.	The proper sanitizing solution is now being used. We anticipate the reopening of our kitchen before March 1, 2020.	3/1/2020	3/1/2020
10	Perishables shall be stored at 35-40 F degrees to prevent spoilage and other bacterial action, and maintain frozen foods at or below zero degrees. (Key: T43)	Refrigeration and freezer temperatures are not always documented daily. When documented, the log revealed that they are within industry standards.	Refrigeration and freezer temperatures are being documented daily	1/1/2020	1/1/2020
Post Orders (Key: L)					
This detention standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.					
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed

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11	<p>Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:</p> <p>Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded (Key: L04)</p>	<p>Post orders for armed post and post that control access to the institution perimeter do not clearly state that any member taken hostage has no authority and any order issued by such a person is to be disregarded.</p>	<p>Language has been added to all armed post and control center posts that mirrors the language in the standard</p>	1/21/2020	1/21/2020
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This UCAP has been reviewed and concurred with by an ERO field office official equivalent to an AFOD or above.

Reviewer Name (Printed):

Reviewer Title (Printed):

***Reviewed Date:**

Reviewer Signature (for printed form submission):

** Field Entry Required*