

Office of Professional Responsibility

Cobb County Jail Inspection 2024-003-332

August 27-29, 2024



U.S. Immigration
and Customs
Enforcement



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

Office of Detention Oversight
Special Review
2024-003-332

Enforcement and Removal Operations
ERO Atlanta Field Office

Cobb County Jail
Marietta, Georgia

August 27-29, 2024

**SPECIAL REVIEW
of the
COBB COUNTY JAIL
Marietta, Georgia**

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a special review of the Cobb County Jail (CCJ) in Marietta, Georgia, from August 27 to 29, 2024.¹ The facility opened in 1984 and is owned by Cobb County and operated by the Cobb County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 2008 under the oversight of ERO’s Field Office Director in Atlanta (ERO Atlanta). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A jail commander handles daily facility operations and manages [REDACTED] support personnel. Summit Food Services provides food services, WellPath provides medical care, and Oasis Management Systems provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in March 2022 and the Medical Association of Georgia in December 2022. In December 2021, CCJ was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 27, 2024)	[REDACTED]
Adult Female Population (as of August 27, 2024)	[REDACTED]

During its last special review, in Fiscal Year (FY) 2023, ODO found 36 deficiencies in the following areas: Environmental Health and Safety (7); Sexual Abuse and Assault Prevention and Intervention (9); Food Service (9); Hunger Strikes (1); Medical Care (4); Significant Self-Harm and Suicide Prevention and Intervention (1); Recreation (1); and Detainee Handbook (4).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods less than 72 hours.

² Data Source: ERO Custody Management Division Authorized Facility List as of August 12, 2024.

³ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Special Review Findings* section of this report.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating uniform corrective action plans (UCAPs); and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	6
Sub-Total	6
Part 2 - Security	
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	2
Sexual Abuse and Assault Prevention and Intervention	3
Sub-Total	5
Part 4 - Care	
Food Service	7
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	7
Part 5 - Activities	
Recreation ⁸	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	18

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ During a special review, ODO will review a facility's compliance with at least 10 individual standards.

⁸ A Recreation deficiency was identified during the last inspection; it was not reviewed in its entirety during this inspection.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an ADP of 1 ICE detainee for FY 2023, meeting the ODO requirement for special reviews.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS program and written policies and found the written hazardous communication program did not outline training for employees (**Deficiency EHS-1⁹**). **This is a repeat deficiency and a priority component.**

ODO inspected the chemical storage areas in the food service department and found:

- No inventory and accounting for 25 hazardous chemicals, to include Ecolab Kool Kleen, Grease Strip Plus, Lime Away, Solid Power, and bleach (**Deficiency EHS-2¹⁰**). **This is a repeat deficiency;**
- No perpetual inventory of the hazardous substances used and stored as noted above (**Deficiency EHS-3¹¹**). **This is a repeat deficiency;**
- No inventory records for each substance as noted above (**Deficiency EHS-4¹²**). **This is a repeat deficiency;** and
- No inventory records for hazardous substances documenting before, during, and after use as noted above (**Deficiency EHS-16¹³**). **This is a repeat deficiency.**

ODO interviewed a facility captain, reviewed the facility's EHS program and policies, and found no fire drills during this inspection period and no documented record of the last fire drill (**Deficiency EHS-33¹⁴**). **This is a repeat deficiency and a priority component.**

⁹ "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹⁰ "The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹¹ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹² "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹³ "Inventory records for a hazardous substance must be kept current before, during, and after each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹⁴ "The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and OSHA, national, state, and local fire safety codes, and the applicable

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed a facility captain and found the facility did not develop written procedures to route detainee requests to ERO Atlanta (**Deficiency SDC-11¹⁵**). **This is a priority component.**

ODO interviewed an ERO Atlanta acting supervisory detention and deportation officer and a facility captain and found the facility did not provide detainees with the contact information nor a schedule of availability for ERO Atlanta staff (**Deficiency SDC-22¹⁶**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed ■ staff training records and found in ■ out of ■ records, no documented SAAPI training during their initial hire training (**Deficiency SAAPI-26¹⁷**). **This is a priority component.**

ODO interviewed facility staff, toured the facility housing units, and found ERO Atlanta did not provide the facility with the SAAPI awareness notice or pamphlet for distribution; therefore, the facility did not post the notice on housing-unit bulletin boards. Additionally, the facility did not post the name of the prevention of sexual assault compliance manager or mailing address of the local organization assisting detainee victims of sexual abuse and assault (**Deficiency SAAPI-52¹⁸**). **This is a repeat deficiency.**

ODO reviewed the facility's 2023 PREA annual report and found the facility did not provide the PREA report's findings to ERO Atlanta (**Deficiency SAAPI-162¹⁹**). **This is a repeat deficiency.**

standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters' Laboratories or Factory Mutual Engineering Corporation." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

¹⁵ "The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s)." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

¹⁶ "The facility shall provide contact information for ICE/ERO and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

¹⁷ "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in biannual refresher training thereafter." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

¹⁸ "ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a "Sexual Assault Awareness Information" pamphlet to be distributed. The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

¹⁹ "The results and findings of the annual review shall be provided to the facility administrator and ICE/ERO for transmission to the ICE PSA Coordinator (this notification must be sent directly to the FOD)." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

CARE

FOOD SERVICE (FS)

ODO interviewed the facility's food service director (FSD), toured the FS area and found sandwiches made with lunch meat and cheese with internal temperature of 43.5 degrees Fahrenheit (F) stored in the facility's intake area and housing units at 9 a.m., on August 27, 2024. Additionally, the FSD confirmed the FS staff prepared the sandwiches on August 27, 2024, delivered them to the intake area and housing units at 4:30 a.m. without refrigeration, and intended to serve them at lunch time (**Deficiency FS-19²⁰**). **This is a priority component.**

ODO toured the FS area and found facility staff did not use a thermometer to monitor the refrigerated temperatures of various food. ODO took the temperatures of various foods and found temperatures above standard for refrigerated items. Specifically, ODO found shredded cheddar cheese at 47.5 degrees F, sliced cheese at 42.0 degrees F, and whole eggs at 44.5 degrees F (**Deficiency FS-42²¹**).

ODO reviewed 540 refrigeration temperature log entries for cooler 2, observed cooler temperatures, and found 174 out of 540 temperature entries ranged from 42 to 68 degrees F. Additionally, the thermometer reading for cooler 2 read 50 degrees F at 9:45 a.m., on August 28, 2024 (**Deficiency FS-46²²**). **This is a priority component.**

ODO reviewed the facility's FS program and common-fare menu, and found:

- No special menus for the 10 Federal holidays (**Deficiency FS-60²³**). **This is a repeat deficiency;**
- No ceremonial-meal schedule for calendar year 2025 nor forwarding this schedule to the facility administrator (**Deficiency FS-68²⁴**). **This is a repeat deficiency;** and
- No ceremonial-meal schedule with the date, religious group, estimated number of participants, nor special foods required (**Deficiency FS-69²⁵**). **This is a repeat deficiency.**

²⁰ "Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 135 degrees F and foods that require refrigeration maintained at 41 degrees F or below." See ICE NDS 2019, Standard, Food Service, Section (II)(C)(2)(b).

²¹ "The FSA or designee shall use thermometers to ensure the attainment and maintenance of proper internal cooking, holding, or refrigeration temperatures of all potentially hazardous foods." See ICE NDS 2019, Standard, Food Service, Section (II)(E)(2).

²² "Refrigeration equipment shall be designed and operated to maintain temperature of 41 degrees F or below." See ICE NDS 2019, Standard, Food Service, Section (II)(E)(3).

²³ "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

²⁴ "The chaplain, in consultation with local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the subsequent calendar year, providing it to the facility administrator." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

²⁵ "This schedule shall include the date, religious group, estimated number of participants, and special foods required." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

ODO reviewed the facility’s FS program and found no documented inventories for 12 caustic materials stored in the FS chemical area during the inspection period (**Deficiency FS-105.²⁶**). **This is a repeat deficiency.**

CONCLUSION

During this special review, ODO assessed the facility’s compliance with 11 standards under NDS 2019 and found the facility in compliance with 7 of those standards. ODO found 18 deficiencies in the remaining 4 standards. Since CCJ’s last special review in June 2023, the facility’s compliance with NDS 2019 has trended upward. CCJ went from 8 deficient standards and 36 deficiencies to 4 deficient standards and 18 deficiencies; however, 12 out of 18 deficiencies were repeat deficiencies, and 6 of the deficiencies were priority component deficiencies. ODO has not received a completed UCAP for its last inspection of CCJ in June 2023, which likely contributed to the high number of repeat deficiencies. ODO recommends ERO Atlanta work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Special Review (NDS 2019)	FY 2024 Special Review (NDS 2019)
Standards Reviewed	10	11
Deficient Standards	8	4
Overall Number of Deficiencies	36	18
Priority Component Deficiencies	6	6
Repeat Deficiencies	N/A	12
Areas Of Concern	2	0
Corrective Actions	0	0
Facility Rating	Failure	Failure

²⁶ “All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted for daily.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).



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