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Office of Professional Responsibility

Inspections and Detention Oversight

Division Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations

ERO Detroit Field Office

Northeast Ohio Correctional Center

Youngstown, Ohio

March 13-15, 2018

**COMPLIANCE INSPECTION
for the
NORTHEAST OHIO CORRECTIONAL CENTER
Youngstown, Ohio**

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COMPLIANCE INSPECTION TEAM MEMBERS

(b) (6), (b) (7)(C)	Lead Inspections and Compliance Specialist	ODO
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Northeast Ohio Correctional Center (NOCC), in Youngstown Ohio, from March 13-15, 2018.¹ NOCC opened in 1997 and is owned and operated by CoreCivic. The Office of Enforcement and Removal Operations (ERO) began housing detainees at NOCC in December 2016 under the oversight of ERO's Field Office Director (FOD) in Detroit. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

ERO Deportation Officers (DO) are assigned to the facility as is a Detention Service Manager (DSM). The Warden is responsible for daily facility operations and is supported by ██████ personnel. Food service is provided by Trinity Service Group and CoreCivic provides all other detainee services. The facility holds the following accreditations: American Correctional Association (ACA) and Joint Commission on the Accreditation of Health Care Organizations (JCAHO).

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	352
Average ICE Detainee Population ³	221
Male Detainee Population (as of 3/14/2018)	224
Female Detainee Population (as of 3/14/2018)	N/A

This is ODOs first inspection of NOCC.

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

² Data Source: ERO Facility List Report as of March 2, 2018.

³ *Ibid.*

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	3
Custody Classification System	0
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	2
Special Management Units	2
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	8
Part 4 - Care	
Disability Identification, Assessment, and Accommodation	3
Food Service	1
Medical Care	6
Medical Care (Women)	N/A
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	10
Part 5 - Activities	
Telephone Access	1
Sub-Total	1
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	19

⁴ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to (i) assist ERO in developing and initiating corrective action plans and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 27 detainees, each of whom voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services with the exception of the concerns listed below.

Detainee Grievance Procedures: One detainee stated he submitted a grievance for denial of religious practices which was denied after initial submission and appeal.

- Action Taken: ODO reviewed the grievance log and confirmed the detainee's request was denied at all levels of review (Grievance Officer, Grievance Appeal Board, and Warden). Records indicate the detainee sought permission for Muslim detainees to congregate in the open area of the housing unit for daily prayer. He also requested that all Muslim detainees be assigned to the same housing unit. The facility denied the requests citing facility policy which permits detainees regular opportunities to practice their religion(s) unless it proves disruptive to facility operations. While the detainee's requests were denied, he was informed he could pray in his room.

Law Library and Legal Materials: Three detainees claimed although they can access library services through the computer and printer located in their housing unit, the computer lacks federal case law/statutes. They also indicated the Microsoft Word software has limited functions and does not allow them to type a document at times. One of the three detainees claimed he submitted a grievance concerning LexisNexis.

- Action Taken: ODO found a copy of the grievance in the detainee's file; however, the grievance was not recorded in the facility grievance log. ODO then tested each computer and confirmed they all worked and had the latest version of LexisNexis loaded. Facility staff also confirmed they check the computers and printers daily to ensure they are operational. The word processing software installed on the computers is not Microsoft Word. ODO found the software difficult to use as well but notes it did function as intended. ODO asked facility staff to follow up with each of these detainees and provide them instruction on how to use the software and printers.

Medical Care: Five detainees complained about the medical care they received at NOCC.

The first detainee stated facility food inadequately controls his diabetes and he wished to be prescribed a diabetic diet. He indicated he was using commissary food items to control his diabetes.

- Action Taken: ODO's review of the detainee's medical record revealed he arrived at NOCC on February 23, 2017 and was enrolled in the facility Consistent Chronic Care clinic (CCC) and was receiving ongoing medical assessments. Records indicate the detainee's blood sugar has been high for three months preceding the inspection due to his consumption of glucose which exceeds his clinical goals. Following his most recent CCC assessment the detainee was provided with nutritional counseling regarding his food choices particularly as they relate to his use of commissary. Facility staff confirmed the regular nutritionist-approved menu items meet his needs from a diabetes management standpoint. Per ODO's request, medical staff again communicated with the detainee regarding making healthier diet and commissary selections to better support his health.

The second detainee stated he is not pleased with the facility medical services as he requested eye surgery four months ago.

Action Taken: ODO reviewed the detainee's medical records and found he had a traumatic injury to his right eye prior to arrival to NOCC. On October 26, 2017, he was evaluated at the NOCC optometry clinic. On January 25, 2018 a follow-up evaluation was completed. Records show the detainee was not sure if he wanted ocular surgery, eye removal with a prosthetic eye replacement, or to wear a patch over his eye. Since he could not make up his mind glasses were ordered with an eye patch for his right eye. ODO request medical staff to follow up with the detainee.

The third detainee stated his previously prescribed psychiatric medications were denied and he was prescribed a different medication.

Action Taken: ODO confirmed the detainee was diagnosed with a mental health condition and arrived at the facility with a prescription for Zoloft. Records indicate his medications were changed by the NOCC psychiatrist to two different medications. ODO's medical expert indicated these medications are appropriate for the detainee's diagnosis.

The fourth detainee stated he requested dental care but had not been seen.

- Action Taken: ODO's review of the detainee's medical records revealed he was evaluated and treated by a dentist on February 14, 2018 for a dental abscess. Medical staff indicated the detainee did not qualify for a root canal; however, a tooth extraction was offered which the detainee refused. The detainee was prescribed an antibiotic and scheduled for periodic dental hygiene reviews. ODO requested medical staff follow up with the detainee.

The fifth detainee alleged he requested to see a doctor as he has cancer but has not been seen.

- Action Taken: Records indicate the detainee arrived at NOCC on June 12, 2017 and received a physical examination on July 6, 2017 (Note: this exceeds the 14-day requirement of the PBNDS 2011). The detainee was found to have a history of bladder cancer which was treated via surgery three years prior to detention. A urologist evaluated the detainee on January 18, 2018 for a possible recurrence of cancer. The detainee was subsequently approved by ICE for outside care which was scheduled for April 12, 2018. ODO requested medical staff follow up with the detainee and inform him outside treatment was approved and is forthcoming. See the Compliance Inspection Findings: *Medical Care* section of this report for more information.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO's review of 22 detainee files found the required Order to Detain or Release, I-203, was not signed by an ERO authorizing official (**Deficiency AR-1**⁶).

The PBNDS requires the facility to show detainees an orientation that is approved by the ICE/ERO Field Office. ODO's review of documentation found the orientation procedures at NOCC were not approved by ERO (**Deficiency AR-2**⁷).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by obtaining ICE/ERO approval for the orientation video on March 14, 2018 (**C-1**).

ODO observed the release of two detainees and confirmed procedures followed the requirements of the standard. Upon release to the community, detainees are transported to the local bus terminal and issued a listing of "Local Community Services." ODO's review of documentation found release procedures at NOCC had not been approved by ERO (**Deficiency AR-3**⁸).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by obtaining ICE/ERO approval for its release procedures on March 14, 2018 (**C-2**).

FUNDS AND PERSONAL PROPERTY (F&PC)

ODO reviewed the logbook and found entries documenting when detainee property was added or removed from the property room; however, the Alien Funds Audit Sheet Form G-786, or its equivalent, is not utilized to conduct a weekly or quarterly audit of property (**Deficiency F&PP-1**⁹).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

NOCC has a sexual abuse and assault prevention policy, *Sexual Abuse Prevention and Response 14-2-DHS*. The policy was revised and approved by the facility administrator on June 19, 2017. However, the Field Office Director did not approve or review the facility's written policy and procedures for the SAAPI program (**Deficiency SAAPI-1**¹⁰).

⁶ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(E). **This is a priority component.**

⁷ "Orientation procedures in CDF's and IGSA's must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

⁸ "ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H).

⁹ "In facilities without commissaries, a comprehensive weekly audit shall be completed jointly by the detention operation supervisor or equivalent and a detention staff member. The audit shall be logged in the property and valuables logbook. An inventory of detainee baggage and other non-valuable property shall be conducted by the facility administrator's designee at least once each quarter. For each audit, facilities shall use Form G-786 Alien Funds Audit Sheet or equivalent." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

¹⁰ "The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(6).

ODO observed Sexual Assault Awareness Notice posters with contact information of local organizations in all ICE detainee housing units. However, the name of the Prevention of Sexual Assault (PSA) Compliance Manager was not posted in any of the housing units (**Deficiency SA-API-2¹¹**).

SPECIAL MANAGEMENT UNIT (SMU)

NOCC does not have a separate SMU for detainees. Instead NOCC maintains two designated SMU cells in the General Population (GP) Bravo Unit for both Administrative Segregation (AS) and Disciplinary Segregation (DS) detainees. Bravo Unit is a two-tier “L” shaped unit with a large dayroom area for GP detainees. Cells 101 and 102 have been designated for SMU and are located on the lower tier on the left side of the unit. When detainees are housed on AS or DS status a magnetic sign is placed on the appropriate cell door. (b) (7)(E)

(b) (7)(E)

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO’s review of the facility’s orientation program revealed it does not inform detainees about the disability accommodations policy, including their right to request reasonable accommodations and how to make such a request (**Deficiency DIA&A-1¹³**).

Corrective Action: Prior to the completion of the inspection, the facility published an addendum to the 2017 ICE Handbook notifying and informing detainees about the facility’s Disability Identification, Assessment, and Accommodation policy, including their right to request reasonable accommodations and how to make such a request (**C-3**).

ODO observed the facility did not post documents about DIA&A resources in the medical area as required by the standard (**Deficiency DIA&A-3¹⁴**).

Corrective Action: Prior to the completion of the inspection, facility staff posted documents for detainee awareness of the disability standard in the detainee living areas and medical unit (**C-4**).

¹¹ “The facility shall post with this notice the name of the PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available).” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F).

¹² “The facility shall have a special management unit (SMU) with provisions for separating the administrative segregation section, for detainees segregated from the general population for administrative reasons, from the disciplinary segregation section, for detainees segregated from the general population for disciplinary reasons.” See ICE PBNDS 2011, Standard, Special Management Units, Section (II)(1).

¹³ “The facility orientation program required by standard 2.1, “Admission and Release,” and the detainee handbook required by standard 6.1, “Detainee Handbook,” shall notify and inform detainees about the facility’s disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office.” See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

¹⁴ “The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office.” See ICE PBNDS 2011, Standard, Disability Identification Assessment, and Accommodation, Section (V)(J).

FOOD SERVICE (FS)

The NOCC does not have a 35-day cyclic menu certified by a registered dietitian providing approximately 2500 calories per day (**Deficiency FS-1¹⁵**).

MEDICAL CARE (MC)

ODO's review of 45 medical files confirmed nursing staff screen to identify detainees arriving with medication as well as those with immediate health care needs. During intake, detainees sign a consent form to receive medical treatment. Of the 45 reviewed medical files, ODO identified two files without signed consent forms for medical treatment (**Deficiency MC-1¹⁶**).

ODO also reviewed 11 medical records for detainees arriving with medication or chronic care conditions. ODO confirmed each record maintained a comprehensive treatment plan with medications, diet, exercise, goals and appropriate follow-ups. It was noted that although staff contact the physician, Nurse Practitioner (NP), or psychiatrist for consultation to continue or discontinue medication for detainees arriving with medications, detainees were not evaluated by the NP or physician within 24 hours (**Deficiency MC-2¹⁷**). In addition, 10 detainee medical records prescribed psychotropic medications and found detainees do not always receive evaluations every 30 days as required (**Deficiency MC-3¹⁸**). The psychiatrist at NOCC is the healthcare provider who prescribes, adjusts dosages, and approves the continuation of psychotropic medications. ODO's review of health records for ten detainees on psychotropic medication found medication education was not documented in nine cases (**Deficiency MC-4¹⁹**).

ODO's medical record review also found initial health appraisals, including a physical examination are performed by a NP. However, ODO found four of 45 initial health appraisals were not completed within 14 days of the detainee's arrival (**Deficiency MC-5²⁰**). ODO found appraisals occurred 20 to 28 days after three detainees' arrival, and in one case found no records indicating a health appraisal occurred at all.

ODO confirmed there is policy addressing the management of infectious and communicable diseases including prevention, education, detection, and surveillance. Reportable infectious and communicable diseases are reported to the local Health Department and ICE Health Service Corps headquarters. ODO's review found medical personnel did not follow-up for one detainee

¹⁵ "The ICE/ERO standard menu cycle is 35 days." *See* ICE PBNDS 2011, Standard, Food Service, Section (V)(E)(1).

¹⁶ "Upon admission at the facility, documented informed consent shall be obtained for the provision of health care services." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(1). **This is a priority component.**

¹⁷ "Detainees who arrive at a detention facility with prescribed medications or who report being on such medications, shall be evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions shall be made to secure medically necessary medications." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(U)(5). **This is a priority component.**

¹⁸ "Any detainee prescribed psychiatric medications must be regularly evaluated by a duly licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(O)(4). **This is a priority component.**

¹⁹ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." *See* ICE PBNDS 2011, Standard, Medical Care, Section (AA)(4). **This is a priority component.**

²⁰ "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(M). **This is a priority component.**

prescribed a multi-drug treatment for tuberculosis and documentation reflected 17 missed dosages in 33 consecutive days (**Deficiency MC-6²¹**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO verified detainees have reasonable and equitable access to telephones at NOCC. The facility has 24 telephones accessible to detainees. The facility provides telephone access rules and hours in the facility handbook. However, ODO did not observe telephone access rules and hours posted in detainee housing units (**Deficiency TA-1²²**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by posting telephone access rules and hours in the housing units (**C-5**).

CONCLUSION

ODO reviewed the facility’s compliance with 16 standards under the PBNDS 2011, finding the facility compliant with 8 standards. ODO identified 19 deficiencies in the remaining 8 standards. This was ODOs first oversight inspection of this facility. ODO recommends ERO work with the facility to remedy any deficiencies which remain outstanding as applicable and in accordance with contractual obligations.

Compliance Inspection Results	FY 2017 (PNDS 2011)
Standards Reviewed	16
Deficient Standards	8
Overall Number of Deficiencies	19
Deficient Priority Components	6
Corrective Action	5

²¹ “When treatment is indicated, multi-drug, anti-TB therapy shall be administered using Directly Observed Therapy (DOT) in accordance with American Thoracic Society (ATS) and CDC guidelines.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(C)(2).

²² “Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them. Telephone access hours shall also be posted.” See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(C).