



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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Detroit Field Office

Morrow County Correctional Facility  
Mount Gilead, OH

August 27-29, 2019

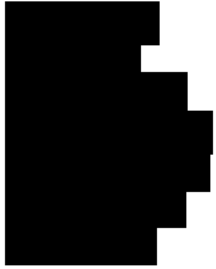
**COMPLIANCE INSPECTION**  
**for the**  
**MORROW COUNTY CORRECTIONAL FACILITY**  
Mount Gilead, Ohio

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead  
Inspections and Compliance Specialist  
Contractor  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections

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## FACILITY OVERVIEW

The Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Morrow County Correctional Facility (MCCF) in Mount Gilead, Ohio, from August 27-29, 2019.<sup>1</sup> The facility opened in 1996 and is owned and operated by the Morrow County Sherriff's Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCCF in 2009 under the oversight of ERO's Field Office Director in Detroit. The facility operates under the National Detention Standards (NDS) 2000.

ERO does not have any staff permanently assigned to the facility. A MCCF Jail Administrator handles daily facility operations and is supported by █ personnel. Aramark provides food services, Team Health provides medical care, and Keefe provides commissary services at the facility. MCCF held no accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	59
Average ICE Detainee Population <sup>3</sup>	36
Male Detainee Population (as of 9/4/2019)	33
Female Detainee Population (as of 9/4/2019)	3

During its last inspection, in FY 2018, ODO found 57 deficiencies in the following areas: Access to Legal Material (5); Admission and Release (5); Detainee Classification System (2); Detainee Grievance Procedures (8); Detainee Handbook (6); Food Service (3); Funds and Personal Property (4); Staff-Detainee Communication (9); Telephone Access (3); Environmental Health and Safety (2); Special Management Unit (Administrative Segregation) (3); Special Management Unit (Disciplinary Segregation) (2); and Use of Force (5).

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

<sup>2</sup> Data Source: ERO Facility List Report as of September 04, 2019.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

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

Upon completion of each inspection, ODO conducts 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. ODO’s findings inform ICE executive management in their decision-making processes to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>5</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	1
Admission and Release	5
Detainee Classification System	5
Detainee Grievance Procedures	2
Food Service	1
Funds and Personal Property	2
Recreation	0
Religious Practices	1
Staff-Detainee Communication	2
Telephone Access	1
Visitation	0
<b>Sub-Total</b>	<b>20</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	5
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	2
Use of Force	4
<b>Sub-Total</b>	<b>12</b>
<b>Part 3 – Health Services</b>	
Medical Care	2
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>PBNDS 2011 Standard Inspected</b>	
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>34</b>

<sup>5</sup>For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

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

*Telephone Access:* One detainee stated she was part of a group that was supposed to be flying out on ICE Air on August 27, 2019, except she was delayed getting on the flight. Due to the delay, she had to wait for another flight, so she had no money in her account to make phone calls or buy commissary items.

- Action Taken: ODO relayed this information to the Supervisory Detention and Deportation Officer (SDDO) who was on-site during the inspection. He acknowledged all detainee accounts were emptied after they were scheduled for removal, so the money can be sent with the detainees upon their deportation. The SDDO stated this was normal practice and it would take some time to remedy the situation. The money was placed back into the detainee's account on August 28, 2019.

*Medical Care:* One detainee stated she had been feeling sick (feverish and tired). She had gone to the doctor and had been given Naproxen several days earlier, but the detainee noticed no improvement in her condition.

- Action Taken: ODO examined the detainee's medical record and determined appropriate medical care had been rendered based upon the symptoms described by the detainee. A follow-up appointment was made for the detainee on September 3, 2019.

*Medical Care:* One detainee stated he had diabetes and other chronic health issues.

- Action Taken: ODO examined the detainee's medical record and found he was being treated for both diabetes and low blood pressure prior to his arrival at MCCF and his medical treatment for these conditions has continued. During the course of the inspection, the detainee had recurring diarrhea, which eventually resulted in him having a bowel movement before he could make it to the bathroom in his housing unit. The MCCF staff subsequently moved the detainee to a private cell in the booking area where he had easy access to a toilet and more privacy. Upon learning of the development in his health, ODO brought the detainee's case to the SDDO's attention. ODO expressed concern regarding the ability of the MCCF medical staff to render the appropriate medical care to the detainee. The SDDO agreed and spoke with the ICE Health Service Corps (IHSC) Field Medical Coordinator, who scheduled the detainee to be examined by a physician on August 30, 2019.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ACCESS TO LEGAL MATERIALS (ALM)

ODO reviewed the facility handbook and found the facility handbook did not include a procedure for detainees to notify a designated employee when library material was missing or damaged in the law library (**Deficiency ALM-1<sup>6</sup>**).

### ADMISSION AND RELEASE (A&R)

ODO reviewed and observed MCCF's admission and release procedures and found MCCF did not have a formal orientation process or a site-specific orientation video (**Deficiency AR-1<sup>7</sup>**).

ODO interviewed the facility staff and found the local ICE/ERO Detroit had not approved orientation procedures at MCCF (**Deficiency AR-2<sup>8</sup>**).

ODO reviewed 23 detainee files and found one file did not have an Order to Detain (Form I-203) and two files contained Form I-203; however, the forms were not signed by an ERO authorizing official (**Deficiency AR-3<sup>9</sup>**).

According to the local ICE/ERO Detroit staff, the facility was provided the Form I-387 (Report of Detainee Missing Property) after this deficiency was identified during the last inspection; however, ODO found no evidence the MCCF staff were using the form when detainees arrived at MCCF and reported missing property (**Deficiency AR-4<sup>10</sup>**). Additionally, ICE/ERO Detroit staff reported no copies had been forwarded to their office.

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<sup>6</sup> "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to materials, including the following information:

6. the procedure for notifying a designated employee that library material is missing or damaged."

See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(6).

<sup>7</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). **This is a Repeat Deficiency.**

<sup>8</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). **This is a Repeat Deficiency.**

<sup>9</sup> "An Order to Detain or Release (Form I-203 or I-203a), bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H). **This is a Repeat Deficiency.**

<sup>10</sup> "The officer shall complete Form I-387, "Report of Detainee's Missing Property" when newly arrived detainee claims his/her property has been lost or left behind. IGSA facilities shall forward the completed I-387s to INS." See ICE NDS 2000, Standard, Admission and Release, Section (III)(I). **This is a Repeat Deficiency**



The local ICE/ERO Detroit had not approved MCCF's release procedures (**Deficiency AR-5<sup>11</sup>**).

## **DETAINEE CLASSIFICATION SYSTEM (DCS)**

Detainees are classified by the local ICE/ERO Detroit using the Risk Classification Assessment instrument prior to their arrival; however, the only documentation the MCCF staff received was the Record of Deportable Alien (Form I-213) denoting a classification level and an Order to Detain or Release Alien (Form I-203) from the local ICE/ERO Detroit. These documents are insufficient for facility staff to review the classification of detainees, as they provide minimal classification information (**Deficiency DCS-1<sup>12</sup>**).

ODO reviewed classification documentation and found two detainees with classification levels of high housed with detainees with classification levels of low (**Deficiency DCS-2<sup>13</sup>**).

ODO reviewed classification documentation and found two detainees had a history of violence (armed robbery) and were inappropriately classified by the MCCF booking staff with classification levels of medium. These detainees should have had classification levels of high according to the severity of offense scale per the standard (**Deficiency DCS-3<sup>14</sup>**). ODO brought this to the attention of facility leadership and the SDDO who stated they would evaluate the issue; however, the detainees were not immediately removed from their housing unit. ODO determined the MCCF classification process for detainees is inconsistent and lacks documentation clearly articulating how classification decisions were made.

ODO found the facility staff did not utilize [REDACTED] provided by ICE/ERO Detroit. These forms should have been used by the facility staff when they were making classification and housing decisions (**Deficiency DCS-4<sup>15</sup>**).

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<sup>11</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning of personal property; and reclaiming facility-issued clothing and bedding, etc. INS will approved [sic] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J)[sic].

\*Should be (III)(L). Error in the NDS outline. **This is a Repeat Deficiency.**

<sup>12</sup> "INS offices shall provide non-INS facilities with the necessary information for the facility to classify INS detainees." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(D).

<sup>13</sup> "All facilities shall ensure that detainees are housed according to their classification level.

### Level 1 Classification

- a. May not be housed with level 3 Detainees."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E)(1)(a). **This is a Repeat Deficiency.**

<sup>14</sup> "All facilities shall ensure that detainees are housed according to their classification level.

### Level 2 Classification

- a. May not include any detainee whose most recent conviction was for any offense under the "HIGHEST" section of the severity of offense guideline (APPENDIX 1)."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E)(2)(a).

<sup>15</sup> "The officer assigned to intake/processing will review the detainee's A-file, work-folder and/or information provided by INS, to identify and classify each new arrival according to the Detention Classification System (DCS). Pending receipt and processing of critical information (see paragraph

ODO reviewed the MCCF training documents and records and found [REDACTED] out of [REDACTED] MCCF staff members were not trained in the MCCF classification process (**Deficiency DCS-5<sup>16</sup>**).

### **DETAINEE GRIEVANCE PROCEDURES (DGP)**

ODO inspected the grievance log and interviewed staff regarding the grievance system and found the grievance logs had multiple instances where the facility took a month or longer to respond to detainee grievances, which violated both the facility policy and the standard (**Deficiency DGP-1<sup>17</sup>**). The standard requires five working days to respond to detainee grievances.

MCCF did not have a grievance committee or consistent Grievance Officer who reviewed and responded to formal detainee grievances (**Deficiency DGP-2<sup>18</sup>**). Instead, the facility relied on [REDACTED] facility staff member to respond to the grievances depending on her availability. During the inspection, ODO found out the facility staff member was out of work for several weeks [REDACTED] and there was no one to take her place as the Grievance Officer.

### **FOOD SERVICE (FS)**

MCCF had written procedures for weekly inspections of the food service areas; however, there was no documentation to support inspections were completed (**Deficiency FS-1<sup>19</sup>**).

### **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO reviewed policies and procedures and observed the MCCF booking process and found the facility booking officers did not obtain a forwarding address from detainees prior to being released from the facility (**Deficiency F&PP-1<sup>20</sup>**).

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III.A.2, above), the officer will segregate the detainee from the general population. The officer will place all original paperwork relating to the detainee's assessment and classification in his/her A-file (right side), with a copy placed in the detention file." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(B). **This is a Repeat Deficiency.**

<sup>16</sup> "All officers assigned to classification duties shall be trained in the facility's classification process." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

<sup>17</sup> "When the first-line supervisor receives a formal grievance, he/she will officially meet with the detainee to attempt to resolve the issue. If the grievance cannot be resolved to the satisfaction of the detainee, the supervisor will notate the detainee grievance form and refer the written grievance to the next level of supervision in his/her chain of command or to the appropriate department head. The responsible department head or staff officer will act on the grievance within five working days through informal or formal resolution." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(2). **This is a Repeat Deficiency.**

<sup>18</sup> "The OIC must allow the detainee to submit a formal, written grievance to the facility's grievance committee." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(2). **This is a Repeat Deficiency.**

<sup>19</sup> "The facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting weekly inspections of all food service areas, including dining, storage, equipment, and food preparation areas." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a). **This is a Repeat Deficiency.**

<sup>20</sup> "Standard operating procedure will include obtaining a forwarding address from every detainee who has personal property that could be lost or forgotten in the facility after the detainee's release, transfer, or removal." See ICE

ODO reviewed the facility detainee handbook and found the facility detainee handbook did not notify the detainees of their ability to obtain certified copies of any personal identification documents (i.e., passports, drivers licenses, birth certificates) held by ICE/ERO Detroit in the detainees' detention files (**Deficiency F&PP-2**<sup>21</sup>).

### **RELIGIOUS PRACTICES (RP)**

ODO reviewed the facility's policies and procedures pertaining to religious observance among the detainee population and found the facility policy contains nothing addressing the observance of "holy days" (**Deficiency RP-1**<sup>22</sup>).

### **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO inspected the housing units, reviewed policies and procedures, and observed ICE/ERO Detroit staff making their weekly visits to the detainee housing units to speak with detainees. An electronic request log is maintained on the Keefe kiosk system but, the requests did not include all the required elements such as the detainee's country of origin and detainee Alien number (**Deficiency SDC-1**<sup>23</sup>).

### **TELEPHONE ACCESS (TA)**

ODO reviewed policies and procedures, interviewed staff, and tested the telephones available to detainees at MCCF. ODO found all calls are limited to 15 minutes per call according to the facility policy (**Deficiency TA-1**<sup>24</sup>). The calls should be 20 minutes per call according to the standard.

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NDS 2000, Standard, Funds and Personal Property, Section (III)(C).

<sup>21</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2).

<sup>22</sup> "A policy consistent with maintaining safety, security and the orderly operation of the facility shall be in place to facilitate the observance of important "holy days." See ICE NDS 2000, Standard, Religious Practices, Section, (III)(I).

"The log, at a minimum, shall contain: ...

c. A-number

d. Nationality"

See ICE 2000 NDS, Standard, Staff-Detainee Communication, Section, (III)(B)(2)(c & d). **This is a Repeat Deficiency.**

<sup>24</sup> "The facility shall not restrict the number of calls a detainee places to his/her legal representatives, nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call if desired, at the first available opportunity." See ICE NDS 2000, Standard, Telephone Access, Section (III)(F).

## SECURITY AND CONTROL

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the facility and found conditions were not at an acceptable level of sanitation in several areas, including the Special Management Units ■ and ■ and the dorms (**Deficiency EH&S-1<sup>25</sup>**). ODO observed dirt and debris on the floors; dirty and rusty ceiling vents; soap scum build up, and paint peeling in the restroom/shower areas; a toilet missing; six light fixtures were not working; and sink faucets were not operable. Additionally, ODO observed the epoxy floor in the food service kitchen was repaired, but the epoxy was peeling off and needed to be repaired again.

The facility maintains a master index of hazardous substances used within the facility in the control center. Binders with Safety Data Sheets were found in locations where hazardous chemicals were used. Additionally, ODO observed the facility cleaning chemicals were stored in a storage closet in the sally port entering the booking area of the facility. After the inspection of these areas, ODO found hazardous material inventories were not accurate and a running inventory of the hazardous materials was not maintained (**Deficiency EH&S-2<sup>26</sup>**).

ODO reviewed the logbook and found the inventory of the hazardous chemicals had not been recorded for the three weeks preceding the inspection. Furthermore, ODO observed five barrels of caustic/corrosive chemicals unsecured in the sally port area (**Deficiency EH&S-3<sup>27</sup>**).

ODO reviewed MCCF's fire drill documentation and found ■ fire drills were simulated, detainees were not evacuated, and the fire drill documentation did not include drawing and testing of the emergency keys (**Deficiency EH&S-4<sup>28</sup>**).

ODO observed the emergency exit diagrams posted throughout the facility, which were illegible, instructions were in English only, and did not identify locations of emergency equipment

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<sup>25</sup> "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1). **This is a Repeat Deficiency.**

<sup>26</sup> "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>27</sup> "All toxic and caustic materials must be stored in secure areas, in their original containers, with the manufacturer's label intact on each container." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(G)(1).

<sup>28</sup> "■ fire drills will be conducted and documented separately in each department.

c. Emergency key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of ■ ■ ■ for drawing keys and unlocking emergency doors." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

**(Deficiency EH&S-5<sup>29</sup>).**

ODO cited an **Area of Concern** when ODO inspected the housing units and found the majority of the mattresses in the housing units were cracked, torn and unable to be properly cleaned. Damaged mattresses place detainees at risk for infection, since the mattresses can no longer be properly cleaned and disinfected. Additionally, the facility charges detainee/inmates money if they would like to exchange their damaged mattress for an undamaged mattress.

Detainees are charged \$20 per haircut due to haircuts being performed by qualified barbers from the community. Detainees complained to ODO the cost of haircuts was too high and they couldn't afford a haircut. In addition, the facility policy did not prohibit detainees declared indigent from getting haircuts. ODO cited as an **Area of Concern**.

### **SPECIAL MANAGEMENT UNITS -ADMINISTRATIVE SEGREGATION (SMU-AS-1)**

ODO inspected the SMU cells, which were appropriately equipped; however, the three holding cells located in the MCCF booking area used for detainees in AS were not equipped with beds (**Deficiency SMU-AS-1<sup>30</sup>**).

### **SPECIAL MANAGEMENT UNITS -DISCIPLINARY SEGREGATION (SMU-DS-1)**

ODO inspected the SMU cells, which were appropriately equipped; however, the three holding cells located in the MCCF's booking area used for detainees in DS were not equipped with beds (**Deficiency SMU-DS-1<sup>31</sup>**).

ODO reviewed 14 detainee files and found no documentation of detainees placed in DS in the year preceding the inspection. The SDDO was interviewed and confirmed he was notified by telephone or email when a detainee was placed in the SMU and received the written reports when available; however, MCCF did not have written procedures for the regular review of detainees placed in DS (**Deficiency SMU-DS-2<sup>32</sup>**).

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<sup>29</sup> "In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instruction;
- b. Emergency equipment locations."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(a) and (c).

<sup>30</sup> "The quarters used for segregation shall be well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times. All cells must be equipped with beds. The beds shall be securely fastened to the cell floor or wall." See ICE 2000 NDS, Special Management Unit (Administrative Segregation), section (III)(D)(2).

<sup>31</sup> "The quarters used for segregation shall be well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times. All cells must be equipped with beds. The beds shall be securely fastened to the cell floor or wall." See ICE 2000 NDS, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(6).

<sup>32</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the procedures specified below.

1. The Supervisory Detention Enforcement Officer (SDEO) shall review the status of a detainee in disciplinary segregation every seven days to determine whether the detainee:

- a. abides by all rules and regulations; and,

## USE OF FORCE (UOF)

Although MCCF's policy (11-3) provided procedures for a calculated UOF, according to the facility staff, if there was a need to forcibly move a detainee, the jail staff contacted road deputies to ask for assistance. The facility no longer uses calculated force procedures and did not maintain protective equipment (**Deficiency UOF-1**<sup>33</sup>).

MCCF policy did authorize the use of [REDACTED]; however, the facility did not have the local ICE/ERO Detroit approval authorizing the use of [REDACTED] as a restraint device for detainees (**Deficiency UOF-2**<sup>34</sup>).

MCCF did not maintain or use handheld video cameras during immediate or calculated UOF incidents (**Deficiency UOF-3**<sup>35</sup>).

b. is provided showers, meals, recreation, and other basic living standards, in accordance with section III.D., below.

The weekly review(s) will include an interview with the detainee. The SDEO shall document his/her findings after every review, by completing a Disciplinary Segregation Review Form (I-887).

2. The SDEO may recommend the detainee's early release from the SMU upon finding that time in disciplinary segregation is no longer necessary to regulate the detainee's behavior.

3. An early-release recommendation must have OIC approval before the detainee can be returned to the general population.

4. The SDEO may shorten, but not extend, the original sanction.

5. All review documents shall be placed in the detainee's detention file.

6. Provided institutional security is not compromised, the detainee shall receive at each formal review, a written copy of the reviewing officer's decision and the basis for this finding."

See ICE 2000 NDS, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

<sup>33</sup> "When a detainee must be forcibly restrained during a calculated use of force, the [REDACTED] shall apply.

See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(a). **This is a Repeat Deficiency.**

<sup>34</sup> [REDACTED]

See ICE NDS 2000, Standard, Use of Force, Section (III)(C).

<sup>35</sup> "Calculated-use-of-force videotape will be edited as follows:

1. Introduction by Team Leader, stating facility name, location, time, date, etc.; describing the incident that led to the calculated use of force; and naming the video-camera operator and other staff present.
2. Faces of all team members briefly appear (helmets removed; heads uncovered), one at a time,

ODO reviewed [REDACTED] staff training records and found [REDACTED] staff members did not have documented training for confrontational avoidance procedures and forced cell-move techniques (**Deficiency UOF-4<sup>36</sup>**).

ODO cited an **Area of Concern** while touring MCCF's booking area and discovered [REDACTED], being stored behind the booking desk. [REDACTED] should be properly secured or stored in an area where access is limited to authorized personnel and not accessible to detainees.

## HEALTH SERVICES

### **MEDICAL CARE (MC)**

ODO reviewed the comprehensive 14-day health assessments in 22 medical records and found the assessments were completed in a timely manner by the Registered Nurse (RN). However, the review of the RN's training file confirmed the RN had not received training by the physician to complete the 14-day health assessments nor did the physician review the completed health assessments (**Deficiency MC-1<sup>37</sup>**).

ODO reviewed MCCF's medical records and found the dental examinations were conducted within 14 days by the RN (**Deficiency MC-2<sup>38</sup>**). However, the facility did not have a waiver for nurses to conduct the dental examinations nor did the nurses receive training to conduct the dental

- 
- identified by name and title.
  3. Team Leader offering detainee last chance to cooperate before team action, outlining use-of-force procedures, engaging in confrontation-avoidance, and issuing use-of-force order.
  4. Entire tape of Use-of-Force Team operation, unedited, until detainee in restraints.
  5. Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown.
  6. Debriefing, including full discussion/analysis/assessment of incident."

*See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(g).*

<sup>36</sup> "To control a situation involving an aggressive detainee, all staff must be made aware of their responsibilities through ongoing training. All detention personnel shall also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees. Staff will be made aware of prohibited use-of-force acts and techniques.

Specialized training shall be required for certain non-lethal equipment [REDACTED]. Staff members will receive annual training in confrontation avoidance procedures and forced cell-move techniques. Each staff member participating in a calculated use of force cell move must have documentation of annual training in these areas."

*See ICE NDS 2000, Standard, Use of Force, Section (III)(O).*

<sup>37</sup> "Health appraisals will be performed according to NCCHC and JCAHO standards." *See ICE NDS Standard, Medical Care, Section (V)(III)(D)*

"The health assessment may be performed by an RN only when the nurse completes appropriate training that is approved or provided by the responsible physician." "All positive findings are reviewed by the treating clinician when the RN completes the physical." *See NCCHC standard J-E-04, Initial Health Assessment.*

<sup>38</sup> "An initial dental screening exam should be performed within 14 days of the detainee's arrival.

If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." *See ICE NDS Standard Medical Care, Section (V)(III)(E).*

exams. ODO noted that although this practice is contrary to the NDS 2000, it is acceptable under the National Commission of Correctional Health Care guidelines.

Although the facility does not house pregnant detainees long term, ODO reviewed the facility's UOF, Security and Control 11-10 policy and found conflicting information regarding the restraining of pregnant detainees. [REDACTED]

[REDACTED]

ODO cited as an

**Area of Concern.**

At the time of the inspection, a physician was only on site for a few hours every [REDACTED] weeks even though the physician was reachable via phone by nurses at the facility. The limited amount of time the physician was physically available at MCCF to interact with the detainees, combined with a newly hired nursing staff, resulted in a lengthy waiting time for both detainees and inmates in the medical area at MCCF. During the course of the inspection, the Jail Administrator told ODO a new physician would be coming to the facility for several hours every week beginning on September 3, 2019. ODO cited as an **Area of Concern.**

**PBNDS 2011 STANDARD INSPECTED**

**SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed MCCF's policies and procedures, the facility's detainee handbook, staff training records, the detainee/inmate grievance log, and interviewed staff and the detainees and determined the detainee/inmate grievance log showed what appeared to be three Prison Rape Elimination Act/SAAPI allegations submitted by county inmates against a [REDACTED] officer. MCCF staff were unable to provide ODO with any documentation that any of the allegations had been investigated, and at the time of the inspection the officer in question had ongoing contact with ICE detainees. ODO cited this as an **Area of Concern.**

MCCF had a Zero-Tolerance statement for all incidents of sexual abuse and sexual harassment. The Zero-Tolerance statement is posted throughout the facility and is included as part of the MCCF staff training. The policy covered most of the elements of the SAAPI standard, but with some deviations such as the lack of language indicating staff accused of sexual wrongdoing



are removed from having contact with detainees until the investigations is completed. ODO cited this as an **Area of Concern**.

MCCF did not conduct sexual victimization screenings on incoming detainees to determine if there were potential predators or victims being housed in the same units. ODO cited this as an **Area of Concern**.

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and one standard under PBNDS 2011 (Revised 2016) and found the facility in compliance with three of those standards. ODO found 33 deficiencies in the remaining 14 standards. ODO has concerns regarding staffing and delegation issues at MCCF. The Jail Administrator, in addition to her normal duties befitting that role, was also acting as the Sexual Assault Coordinator, Religious Coordinator, Safety Manager, Supervisor of Nursing Staff (in lieu of a health services administrator), and also as the second level of review for detainee grievances.

ODO observed several deferred maintenance issues and hygiene issues throughout the facility including dirt and debris on the floors; dirty and rusty ceiling vents; soap scum build up and paint peeling in the restroom/shower areas; a toilet missing; six light fixtures not working; and sink faucets not operable.

ODO had serious concerns regarding the safety of detainees, the lack of a cooperative facility response to issues of [REDACTED] and the inconsistency in classification procedures. In addition, ODO had serious concerns regarding MCCF's failure to follow-up on inmate allegations of sexual misconduct regarding [REDACTED] of the facility staff officers. Detainees and inmates are comingled in MCCF housing units. As such, a facility officer that engages in sexual misconduct with inmates can do so as well with ICE detainees since the facility officers have equal access to both populations. The presence of female detainees, none of whom spoke English, in a housing unit with a facility officer with allegations of sexual misconduct was deeply concerning, especially when the MCCF staff had not undertaken an investigation into the veracity of the allegations.

Due to the high number of repeat deficiencies, ODO recommends ERO work closely with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2018 (NDS 2000)</b>	<b>FY 2019 (NDS 2000/PBNDS 2011))</b>
Standards Reviewed	15	18
Deficient Standards	13	14
Overall Number of Deficiencies	57	33
Deficient Priority Components	N/A	N/A
Repeat Deficiencies	25	13
Corrective Actions	1	0