



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
Detroit Field Office  
Bedford Heights City Jail  
Bedford Heights, Ohio**

**November 19 – 21, 2013**

**COMPLIANCE INSPECTION  
BEDFORD HEIGHTS CITY JAIL  
DETROIT FIELD OFFICE**

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# INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

Prior to an inspection, ODO reviews information from various sources, such as the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

## REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replace the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

## INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Management Program Analyst (Team Lead)	ODO, Headquarters
	Inspections and Compliance Specialist	ODO, Headquarters
	Inspections and Compliance Specialist	ODO, Headquarters
	Inspections and Compliance Specialist	ODO, Headquarters
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections

## EXECUTIVE SUMMARY

ODO conducted a Compliance Inspection (CI) of the Bedford Height City Jail (BHCJ) in Bedford Heights, Ohio, from November 18 to 21, 2013. BHCJ, which opened in 1995, is owned and operated by the city of Bedford Heights. ERO began housing detainees at BHCJ in 1997, under an intergovernmental service agreement with the city of Bedford Heights. The facility recognizes three security classification levels (Level I - low, Level II - medium, and Level III - high), and houses both male and female detainees for periods in excess of 72 hours. The CI evaluated BHCJ's compliance with the 2000 NDS and the 2011 Sexual Assault and Abuse Prevention and Intervention (SAAPI) standard.

The ERO Field Office Director (FOD) in Detroit, Michigan, is responsible for ensuring facility compliance with the ICE NDS, 2011

Capacity and Population Statistics	Quantity
Total Bed Capacity	134
Detainee Bed Capacity	40
Average Detainee Daily Population	18
Average Detainee Length of Stay (Days)	33
Male Population Count (as of November 18, 2013)	18
Female Population Count (as of November 18, 2013)	1

SAAPI PBNDS and ICE policies. An Assistant Field Office Director (AFOD) and an Immigration Enforcement Agent (IEA) oversee activities at BHCJ. No ICE personnel, including no Detention Service Manager, are stationed at BHCJ. The Cleveland Sub-Office is the closest ERO office to the facility.

An Assistant Chief at BHCJ is currently the highest-ranking official at the facility and is responsible for oversight of daily operations. (b)(7)e staff members were supporting BHCJ management at the time of the inspection. Aramark provides food service and the city of Bedford Heights provides medical care. BHCJ holds no accreditations.

In June 2012, ODO conducted an inspection of BHCJ under the 2000 NDS. ODO reviewed 17 standards and found BHCJ compliant with five standards. ODO found a total of 29 deficiencies in the remaining 12 standards.

During this CI, ODO reviewed 18 standards and found BHCJ compliant with five. ODO found 31 deficiencies in the following 13 standards: Access to Legal Material (1 deficiency); Admission and Release (2); Detainee Classification System (2); Detainee Grievance Procedures (2); Detainee Handbook (1); Disciplinary Policy (1); Environmental Health and Safety (1); Food Service (1); SAAPI (8); Special Management Unit - Administrative Segregation (3), Special Management Unit - Disciplinary Segregation (2); Staff-Detainee Communication (3); and Telephone Access (4). Six of the deficiencies in the SAAPI standard relate to priority components. ODO made six recommendations based on deficient findings.

This report details all deficiencies and refers to the specific, relevant sections of the NDS and the 2011 SAAPI. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed these deficiencies with BHCJ and ICE personnel during the inspection and at a closeout briefing conducted on November 21, 2013.

Upon admission into BHCJ, first, all incoming detainees are pat-searched, photographed, and fingerprinted. Intake Officers then conduct biographical questioning, perform medical pre-screenings, create detention files, and produce identification bracelets, which include each detainee's classification level. Detainees are issued the local detainee handbook, a uniform, bedding supplies and hygiene items, and are shown an ICE-approved orientation video after being assigned to their housing units.

BHCJ's local handbook is available in both English and Spanish and is intended to be distributed during intake. During interviews, several detainees reported not receiving a local handbook. ODO reviewed 19 active detention files and found 13 did not include handbook receipt dates. At least three of the 19 detainees did not receive a local handbook. Three others received the local handbook at least one month or longer after being admitted to the facility. None of the 19 files contained documentation indicating the ICE National Detainee Handbook is issued.

The law library is well-lit and equipped with adequate furnishings and includes a computer and supplies to support legal research and case preparation by detainees. The law library is located in a designated room near the housing units. Detainees submit request forms to BHCJ officers in order to access the law library; they are afforded a minimum of five hours per week between 9 a.m. and 11 a.m. Additional time is available upon request, if needed. ODO verified the computer contained current versions of LexisNexis and word processing software. Detainees have access to paper, writing utensils, and envelopes. The local detainee handbook did not include the procedure for notifying a designated employee that library material is missing or damaged.

ODO reviewed 19 detention files to verify housing assignments and classification levels as part of the review of the Detainee Classification System standard. During interviews, the Assistant Chief and ERO staff stated that detainees are pre-classified at an ERO field office prior to arrival at BHCJ. BHCJ relies solely on ICE ERO to provide classification and reclassification of detainees. No classification worksheets were being used at the facility and a Level 1 classification detainee was found commingled in a dormitory with Level 2 and 3 detainees. ODO brought this issue of commingling detainees to the attention of the Assistant Chief. The situation was rectified immediately. The lack of classification worksheets and commingling detainees are repeat findings from ODO's inspection in June 2012. ODO also found ICE request forms, and other documents generated throughout custody, are not maintained in the detention files.

The grievance system at BHCJ allows detainees to file informal, formal, and emergency grievances. Grievance forms are available in the housing units and detainees are permitted to obtain assistance from other detainees or facility staff in preparing grievances. The facility has a policy in place for identifying and handling emergency grievances and has established a grievance committee. BHCJ does not maintain a grievance log and the local handbook does not provide notice of the opportunity to file informal grievances, the procedure for resolving a grievance or appeal above the facility level, the procedure for contacting ICE to appeal a decision, or the opportunity to file a complaint about officer misconduct.

ODO reviewed the Disciplinary Policy at BHCJ and found that minor incidents are addressed at the facility. Major incidents result in detainees being transferred to another facility, either Seneca or Geauga County. This is the result of BHCJ not having segregation capabilities beyond a 24-hour holding room. The disciplinary board at BHCJ consists of the Chief, the Assistant Chief, and the Security Officer. The local detainee handbook does not state detainees have the right of freedom from discrimination based on race, religion, national origin, sex, handicap, or political beliefs. While this is noted throughout BHCJ's policies, it is not specifically stated in the handbook.

BHCJ maintains a master index of all chemicals used in the facility. Material Safety Data Sheets for all substances are included in the master index and present in areas where the substances are used and stored. The facility's emergency generator is tested weekly for 20 minutes. Although the testing frequency exceeds the standard, testing duration does not meet the NDS requirement of one hour. Barbering is conducted in the detainee bathroom/shower areas of the housing unit living area and not in a separate room as required by the NDS. In addition, sanitation regulations are not posted. All three deficiencies are repeat findings from ODO's inspection in June 2012.

All work associated with the food service operation is performed by Aramark Correctional Services staff and (b)(7)e BHCJ inmate workers. ICE detainees do not work in food service. ODO verified all menus were certified by a registered dietitian, and procedures are in place for approval, issuance, and documentation of religious and medical diets. However, the facility does not have a ceremonial meal schedule. This is a repeat finding from ODO's inspection in June 2012.

ODO found the general sanitation of the facility to be poor except in the medical and food service areas. Floors were dull and dingy. Dust was observed on window and door sills, and ceiling tiles were broken and discolored. Sanitation concerns were noted during ODO's June 2012 inspection. ODO again recommends BHCJ implement a comprehensive program to improve and maintain facility sanitation.

The Assistant Chief and RN Administrator at BHCJ informed ODO no detainees have been on hunger strike in the past year or since the facility has accepted detainees. The facility's hunger strike policy addresses all NDS requirements. It requires staff to refer detainees to medical when detainees refuse a meal for other than religious reasons, such as illness or not liking the food. At first refusal of food, ICE is to be notified that the detainee is on a potential hunger strike and arrangements are made for ICE to interview the detainee for a possible transfer.

Health care at BHCJ is provided by (b)(7)e licensed practical nurses, who are employees of the city of Bedford Heights, and a contract physician, who is the designated administrative and clinical medical authority. Facility personnel informed ODO that the physician and nurses are fluent in Spanish and use the ICE interpretation/translation service for other languages, when needed. The medical clinic has one fully-equipped examination room, which affords adequate privacy, and a secured medical office where medical records are stored. There is no waiting area; therefore, detainees are escorted to the clinic by correctional staff one at a time.

Because medical personnel are not on-site 24 hours a day, correctional staff conducts medical and mental health intake screenings and distribute medication. A review of the medical records of all 19 detainees confirmed intake screenings were completed upon arrival by officers and reviewed by nurses. Screening for signs and symptoms of tuberculosis (TB) was documented in all cases, and TB testing by chest X-ray was completed by a mobile radiology service. Test results were reviewed by the physician the same or following day. Facility personnel informed ODO that because BHCJ has no rooms with negative airflow for respiratory isolation, detainees exhibiting possible TB symptoms would be housed separately pending clearance. In the event of a positive chest X-ray, the detainee would be transferred to the local hospital.

Detainees access health care by placing written requests in secure boxes in the detainee housing unit. The request forms are available in English and Spanish and are retrieved by nursing staff each day. During the medical record review, ODO found 15 sick call requests. The requests were triaged and the detainees were seen the same or next business day following submission.

The Assistant Chief and RN Administrator reported there have been no suicide attempts or suicide watches in the past year. ODO verified screening for suicide risk is completed during intake, and procedures are in place requiring immediate referral to medical staff in the event a detainee is determined at-risk for suicide. Inspection confirmed the cell designated for suicide watch is free from fixtures and protrusions which could facilitate a suicide. Policies require suicide watch management and notification of ICE in accordance with the standard. Review of the training curriculum confirmed it covers all elements required by the standard. The training records of (b)(7) correctional and all medical staff documented current training.

Seriously or terminally ill detainees are not accepted at BHCJ. Should a detainee become seriously ill or injured, a transfer would be arranged. The facility policies address all requirements of the Terminal Illness, Advance Directives, and Death NDS.

BHCJ signed a contract modification with ICE on October 9, 2012, to accept the 2011 SAAPI standards. According to the Assistant Chief, no sexual assaults or allegations involving detainees have occurred at this facility. ODO confirmed no such allegations are recorded in the Joint Intake Center Management System (JICMS). BHCJ staff does not receive any training, nor do the detainees receive any information or orientation, regarding sexual abuse and assault prevention and reporting procedures. When interviewed, the Assistant Chief and select staff appeared knowledgeable of the facility's procedures in the event of an allegation of sexual assault. The facility's written policies and procedures are missing several key elements required by the standard, including prevention techniques and reporting procedures to ERO. During intake, detainees are not screened for a history of sexual assault or for having a high risk of sexual victimization.

ODO verified there were no detainees on administrative or disciplinary segregation status at the time of the CI. Based on review of available documentation, no detainees had been assigned to administrative or disciplinary segregation since the last ODO review. BHCJ has a policy in place governing placement and housing of detainees segregated for disciplinary and administrative reasons; however, the policy does not address all requirements of the NDS.

For example, the policy does not address detainees' opportunity to shower and shave at least three times a week or access to the law library.

An IEA visits the facility daily and Deportation Officers conduct one scheduled visit and one unscheduled visit weekly. ODO verified visits by ICE staff through review of a visitation logbook maintained at the entrance to the housing units. ERO management from the Detroit Field Office and the Cleveland Sub-Office do not make regular, unannounced visits to BHCJ. ODO verified detainees are able to submit written requests and questions to ICE and BHCJ staff. Review of logbooks confirmed responses to request are provided within 72 hours as required by the NDS. Completed detainee request forms are maintained at the ERO Cleveland Sub-Office rather than in detainee detention files. ODO observed the DHS OIG Hotline number is not posted in the female or male housing units.

ODO found detainees have reasonable and equitable access to telephones at BHCJ. The number of telephones in housing areas meets the requirements of the NDS. Facility staff inspects phones regularly and reports out-of-order telephones for repair. The local handbook provides telephone access rules but these rules are not posted in each of the housing units. ODO found that the female housing unit and one of the male housing units did not have any access rules posted. The facility has a policy in place to permit detainees in SMUs telephone access similar to detainees in the general population. BHCJ had a 15-minute time limit on all telephone calls by automatic cut-off. The facility contacted the service provider to have the time limit increased to 20 minutes as required by the standard and this was corrected while ODO was onsite. The facility does not take and deliver all telephone messages to detainees as required by the standard.

There were no calculated or immediate use-of-force incidents involving ICE detainees since the last ODO inspection. A review of facility policies confirmed they address all requirements of the standard, including confrontation avoidance, medical examination and after-action review. ODO's inspection confirmed appropriate protective gear and video recording equipment is maintained in secured lockers. There are (b)(7) BHCJ and Bedford Heights City Police Department staff members trained in use-of-force team techniques and available to respond to incidents within the facility. A review of training records confirmed current training.

# OPERATIONAL ENVIRONMENT

## INTERNAL RELATIONS

ODO interviewed the Assistant Chief, the Assistant Field Office Director (AFOD), and a Deportation Officer separately regarding ERO and BHCJ's working relationship. All stated in their interviews that the working relationship between BHCJ and ERO personnel is amicable and working conditions are adequate to accomplish all required duties. The Assistant Chief stated the staffing level at BHCJ is sufficient to handle the current ICE detainee population. BHCJ supervisory staff stated they regularly observe ICE staff visiting detainees in the housing units throughout the week to communicate with detainees and address concerns. The AFOD stated resources are sufficient to carry out all assigned duties and responsibilities.

## DETAINEE RELATIONS

ODO interviewed four of 19 detainees individually. There were no medical grievances filed at the facility and detainees were generally happy with the medical care provided to them. Detainees stated they generally see their Deportation Officers bi-weekly. Hygiene items are issued upon arrival to the facility and the indigent detainee form is regularly provided for any detainees with insufficient funds in their accounts.

Several detainees complained about not receiving the local handbook or ICE National Detainee Handbook. During interviews, several detainees reported not receiving a local handbook. ODO reviewed 19 active detention files and found 13 did not include handbook receipt dates. At least three of the 19 detainees did not receive a local handbook. Three others received the local handbook at least one month or longer after being admitted to the facility. Deficiencies related to the issuance of a handbook are cited later in the report.

Detainees also complained about not regularly receiving recreation time and about poor food quality. ODO found the facility only has one room available for indoor recreation, religious services, Alcoholics Anonymous (AA) meetings, and commissary purposes. If the room is being used for any one of these activities, recreation may not be available due to time and location constraints. Due to the structural configuration of the facility, this room appeared to be the only available space for these activities. The NDS states all programs and activities are subject to facility security and operational guidelines and constraints. ODO recommends ERO work with the facility to identify existing space, or revise the scheduling of the room, to ensure recreation time is not compromised. ODO observed the food service and tasted a lunch meal during the inspection. ODO confirmed the items and portions of the meal were consistent with the menu and tasteful.

## **ICE 2000 NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 18 NDS and found BHCJ fully compliant with the following five standards:

1. Hunger Strikes
2. Medical Care
3. Suicide Prevention and Intervention
4. Terminal Illness, Advance Directives, and Death
5. Use of Force

As the standards above were compliant at the time of the review, a synopsis for these standards is not included in this report.

ODO found deficiencies in the following 13 areas:

1. Access to Legal Material
2. Admission and Release
3. Detainee Classification System
4. Detainee Grievance Procedures
5. Detainee Handbook
6. Disciplinary Policy
7. Environmental Health and Safety
8. Food Service
9. Sexual Abuse and Assault Prevention and Intervention (2011 PBNDS)
10. Special Management Unit–Administrative Segregation
11. Special Management Unit–Disciplinary Segregation
12. Staff-Detainee Communication
13. Telephone Access

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

## **ACCESS TO LEGAL MATERIAL (ALM)**

ODO reviewed the Access to Legal Material standard at BHCJ to determine if detainees have access to a law library, legal materials, and supplies and equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS.

The law library is located in a designated room near the housing units. Detainees submit request forms to BHCJ officers in order to access the law library; they are afforded a minimum of five hours per week between 9:00am and 11:00am. Additional time is available upon request, if needed. seven days per week from between the hours of 9:00 a.m. and 11:00 a.m. Hours are posted and the handbook informs detainees of the hours of access and process for requesting use of the library. Detainees submit request forms to BHCJ officers in order to access the law library; they are afforded a minimum of five hours of use per week during designated library hours and can request additional time if needed.

The law library is well-lit, equipped with adequate furnishings, and includes a computer and supplies to support legal research and case preparation by detainees. The library is supervised by an officer and monitored by central control. ODO verified the computer contained current versions of LexisNexis and word-processing software. Detainees have access to paper, writing utensils, and envelopes. Legal documents can be printed with the assistance of a staff member. BHCJ policy affords the same law library privileges to detainees in special management units.

The facility staff informed ODO that illiterate and Limited English Proficient detainees are provided assistance with their legal paperwork, as needed. Detainees with appropriate language, reading, and writing abilities are allowed to provide assistance. The law library custodian provides indigent detainees with free envelopes, stamps, notary services, and certified mail for legal matters.

The facility's detainee handbook did not include the procedure for notifying a designated employee that library material is missing or damaged (**Deficiency ALM-1**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY ALM-1**

In accordance with the ICE NDS, Access to Legal Material, section (III)(Q)(6), the FOD must ensure "the detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

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

## **ADMISSION AND RELEASE (AR)**

ODO reviewed the Admission and Release standard at BHCJ to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO interviewed officers and detainees concerning the intake and out-processing procedures at the facility, and reviewed detention files.

Newly arriving detainees undergo screening interviews, complete questionnaires, and receive facility-issued personal hygiene items, clothing, towels, and bedding. All detainees are searched and afforded the opportunity to shower before their assignment to a housing unit. Any detainees identified as having an urgent medical concern are promptly referred to the medical care unit. All intake documentation is maintained in a file created by BHCJ staff.

Newly arriving detainees are shown an ICE-approved orientation video after they are assigned to their housing units. BHCJ's local handbook is available in both English and Spanish and is intended to be distributed during intake. However, during interviews with detainees, several reported not receiving a local handbook. ODO reviewed 19 active detention files and found 13 did not include handbook receipt dates. At least three of the 19 detainees did not receive a local handbook (**Deficiency AR-1**). None of the 19 files contained documentation indicating the ICE National Detainee Handbook is issued.

ERO staff stated the classification of detainees at BHCJ is conducted by ERO field office staff prior to arrival at BHCJ. BHCJ relies solely on ICE ERO to provide classification and reclassification of detainees. ODO found ICE request forms, detainee classification worksheets, and other documents generated during custody, are not maintained in the detention files (**Deficiency AR-2**).

The funds and personal property of all incoming detainees are appropriately inventoried and all detainees receive a receipt for the funds and personal property in compliance with the ICE NDS. If a detainee arrives with identity documents, including passports and birth certificates, the facility informs ICE and ICE takes custody of the documents, as required. The BHCJ Intake Officers indicated that very few detainees arrive with identity documents.

ODO reviewed all 19 active detention files to determine if all documents created during the duration of the detainee's custody are contained in the detention file. All 19 files contained Form I-203A (Order to Detain Aliens).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY AR-1**

In accordance with the ICE NDS, Admission and Release, section (III)(K), the FOD must ensure "Upon admission every detainee will receive a detainee handbook ."

### **DEFICIENCY AR-2**

In accordance with the ICE NDS, Admission and Release, section (III)(A), the FOD must ensure "staff will open a detainee detention file as part of the admissions process. This file will contain all paperwork generated by the detainee's stay at the facility."

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

ODO reviewed the Detainee Classification System standard at BHCJ to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data in accordance with the ICE NDS. ODO reviewed policies, procedures, and the detainee handbook; inspected detainee files; interviewed staff and detainees; and toured the intake area. No detainees were processed through intake during the inspection.

During interviews, the Assistant Chief and ERO staff stated that the classification of detainees at BHCJ is conducted by ERO field office staff prior to arrival at BHCJ. BHCJ relies solely on ICE ERO to provide classification and reclassification of detainees. There are (b)(7) trained classification officers at the ERO field office.

ODO reviewed all 19 detention files during the inspection. All 19 contained Forms I-203A (Order to Detain Aliens) listing the detainees' classification level; digital photographs of the detainees; property inventories; receipts for funds; and medical questionnaires. Two files contained Forms I-213 (Record of Deportable/Inadmissible Alien). No other information or forms, such as the detainee classification worksheet, were found (**Deficiency DCS-1**). This is a repeat finding from ODO's inspection in June 2012.

ODO reviewed the housing assignments and classification levels for all 19 detainees. ODO noted a detainee with a Level 1 classification housed in a dormitory with Levels 2 and 3 detainees. This was brought to the attention of the Assistant Chief who promptly moved the detainee (**Deficiency DCS-2**). This is a repeat finding from ODO's inspection in June 2012. ODO recommends that steps be taken to ensure separation of detainees based on classification.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DCS-1**

In accordance with the ICE NDS, Detainee Classification System, section (III)(A)(1), the FOD must ensure "all detainees are classified upon arrival, before being admitted into the general population. ICE will provide CDFs and IGSA facilities with the data they need from each detainee's file to complete the classification process."

### **DEFICIENCY DCS-2**

In accordance with the ICE NDS, Detainee Classification System, section (III)(E)(1)(a), the FOD must ensure that Level 1 detainees "may not be housed with Level 3 detainees."

## **DETAINEE GRIEVANCE PROCEDURE (DGP)**

ODO reviewed the Detainee Grievance Procedure standard at BHCJ to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE NDS.

ODO found the grievance system at BHCJ allows detainees to file formal, informal, and emergency grievances. Grievance forms are made available in the housing units and detainees are given the opportunity to obtain assistance from another detainee or facility staff in preparing a grievance. The facility has a policy for identifying and handling emergency grievances and has established a grievance committee.

An interview with the Grievance Coordinator confirmed that BHCJ does not maintain a grievance log (**Deficiency DGP-1**). All grievance forms filed by detainees are kept in a folder. A review of the grievance forms confirmed there were six formal grievances filed by detainees in the past year and all were responded to within 24 hours. ODO confirmed responses are provided to detainees in writing and a copy is placed in the detention file. All six grievances involved miscellaneous issues and no pattern or trend was observed in any grievance subject matter.

The facility's handbook provides notice to detainees of the opportunity to appeal the decision to the Jail Administrator. The BHCJ detainee handbook does not provide notice of the opportunity to file informal grievances, the procedure for resolving a grievance or appeal above the facility level, the procedure for contacting ICE to appeal a decision, and the opportunity to file a complaint about officer misconduct (**Deficiency DGP-2**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DGP-1**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(E), the FOD must ensure "each facility will devise a method for documenting detainee grievances. At a minimum, the facility will maintain a Detainee Grievance Log."

### **DEFICIENCY DGP-2**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(G)(1)(3)(4)(6), the FOD must ensure "the grievance section of the detainee handbook will provide notice of the following:

1. The opportunity to file a grievance, both informal and formal. ...
3. The procedure for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved. The level above the CDF-OIC is the ICE-OIC.
4. The procedures for contacting ICE to appeal the decision of the OIC of a CDF or IGSA facility. ...
6. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to:

Department of Justice  
P.O. Box 27606  
Washington, DC 20038-7607.

In accordance with the Change Notice, National Detention Standards Staff-Detainee Communication Standard, dated June 15, 2007, the FOD must ensure that until detainee handbooks can be revised during the annual update, ICE staff shall ensure that each detainee in ICE custody is informed in writing the OIG contact information:

DHS OIG Hotline

Write to:  
245 Murray Drive, S.E., Building 410  
Washington, D.C. 20538

Email to:  
[DHSOIGHOTLINE@DHS.GOV](mailto:DHSOIGHOTLINE@DHS.GOV)

Or Telephone  
1-800-323-8603”

## **DETAINEE HANDBOOK (DH)**

ODO reviewed the Detainee Handbook standard at BHCJ to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, and medical care, in accordance with the ICE NDS. ODO reviewed the detainee handbook, interviewed detainees, and inspected detention files.

BHCJ's Detainee Handbook is available in both English and Spanish and distributed during intake. The facility handbook includes all required information. Three detainees did not receive the local handbook and 13 files did not list a date of receipt for the local handbook. Three others received the local handbook at least one month or longer after being admitted to the facility (**Deficiency DH-1**). None of the files contained documentation indicating the ICE National Detainee Handbooks is issued.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DH-1**

In accordance with the ICE NDS, Detainee Handbook, section (I), the FOD must ensure "every detainee will receive a copy of the handbook upon admission to the facility."

## **DISCIPLINARY POLICY (DP)**

ODO reviewed the Detainee Disciplinary System standard at the BHCJ to determine if there is a formal process for managing the detainee disciplinary process and providing for detainee rights and responsibilities in accordance with the ICE NDS. ODO reviewed policies, procedures, and the detainee handbook; inspected detainee files and incident reports; and interviewed staff, detainees, and the Assistant Chief.

The Assistant Chief explained that minor incidents are addressed at the facility level, by the Disciplinary Committee, which consists of the Disciplinary Officer (Assistant Chief). The Disciplinary Panel at BHCJ consists of the Chief, the Assistant Chief and the Security Officer. However, major incidents result in detainees' being transferred to another facility, either Seneca or Geauga County. This is the result of BHCJ not having segregation capabilities beyond a 24-hour holding room. ERO confirmed its personnel are notified of these incidents and arrange for prompt transfer.

ODO reviewed seven randomly selected detainee disciplinary reports. All reports were for minor infractions and were dealt with appropriately. As required by the standard, the detention files did not contain any disciplinary actions in which the detainee was found "not guilty."

Review of the local detainee handbook revealed that it does not state detainees have the right of freedom from discrimination based on race, religion, national origin, sex, handicap, or political beliefs (**Deficiency DP-1**). While this right is noted throughout BHCJ's policies, it is not specifically stated in the handbook.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DP-1**

In accordance with the ICE NDS, Detainee Disciplinary System, section (III)(A)(5)(b), the FOD must ensure "the detainee handbook or equivalent, issued to each detainee upon admittance, shall provide notice of the facility's rules of conduct, and of the sanctions imposed for violations of the rules. Among other things, the handbook shall advise detainees of the following:

- b. The right of freedom from discrimination based on race, religion, national origin, sex, handicap, or political beliefs."

## ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at the BHCJ to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, and reviewed policy and documentation of inspections, hazardous material management and fire drills.

Aside from the medical and food service areas, ODO found the general sanitation of the facility to be poor. Floors were dull and dingy. Dust was observed on window and door sills, and ceiling tiles were broken and discolored. Sanitation concerns were also noted during ODO's June 2012 inspection. ODO recommends again that BHCJ implement a comprehensive program to improve and maintain facility sanitation.

The facility shares resources with the adjacent city police department. The designated safety officer is also BHCJ's transport officer. The only hazardous substances within the facility are commercial sanitation chemicals in the food service, laundry, and a locked janitor's closet located near the officer's post. Inspection confirmed all chemicals were secured and adequately controlled. The chemicals are provided and maintained by a commercial vendor, ECOLAB. ODO reviewed copies of inspections and routine preventive maintenance reports and found them to be current. Material Safety Data Sheets (MSDS) were present in the safety officer's office and in locations where the substances were maintained. Documentation of running inventories was available and current.

The facility's emergency generator is tested on a weekly basis for twenty minutes. Although the testing frequency exceeds the standard, testing duration does meet the NDS requirement of one hour. Also, the generator is not tested or serviced by an external company on a quarterly basis. This was cited as a deficiency by ODO in June 2012, after which ERO granted BHCJ a waiver of this standard by written memorandum dated October 18, 2012. In the waiver, ERO noted the generator is tested in accordance with manufacturer guidelines and on the same schedule as the generator for the police department located in the same room. ODO is not citing this as a deficiency in this report due to the waiver.

ODO observed fire extinguishers throughout the facility and reviewed documentation reflecting monthly inspections by the safety officer. Exit signs meet NDS requirements. The local fire department conducts monthly inspections, reports for which were found current. Fire drills are conducted monthly and documented. BHCJ's pest control contractor provides preventive services each month and eradication services as needed. Review of reports confirmed completion in accordance with the contract and the NDS.

Due to space constraints, barbering is conducted in the detainee bathroom/shower areas of the housing unit living areas and not in a separate room. Also, inspection found sanitation regulations were not posted (**Deficiency EH&S-1**). This was cited as a deficiency during the June 2012 ODO inspection. Because barbering is offered every other Sunday, ODO was not able to observe barbering being conducted; however, staff stated the officer issues electronic clippers, comb, and a spray container with germicide. ODO verified these supplies were present in a locked closet in the officer's post area.

## **STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS**

### **DEFICIENCY EH&S-1**

In accordance with ICE NDS, Environmental and Safety, section (III)(P)(1)(4), the FOD must ensure “sanitation of the barber operations is of utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to:

1. The operations will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees. ...
4. Each barber area will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair personnel and detainees.”

## FOOD SERVICE (FS)

ODO reviewed the Food Service standard at the BHCJ to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO toured the facility; reviewed documentation; interviewed staff; inspected food storage, preparation, and sanitation areas; and observed food being prepared, delivered and served.

Food service is managed by the contractor, Aramark. The staff consists of the food service director and (b)(7)(e) cook supervisors, supported by (b)(7)(e) inmate workers. No detainees work in the BHCJ food service operation. Initial and annual medical clearance of food service personnel was on file. At varying times during the inspection, ODO observed kitchen operations and noted staff wore clean attire, hair nets, gloves, and beard guards for facial hair. Cook supervisors were observed frequently using digital thermometers to test food temperatures. ODO's review of food temperatures during preparation and at the time of service confirmed they met the requirements of the NDS. ODO also reviewed temperature logs to confirm on-going documentation and consistent adherence to the standard.

ODO verified all menus were certified by a registered dietitian, and procedures are in place for approval, issuance, and documentation of religious and medical diets. However, the facility does not have a ceremonial meal schedule (**Deficiency FS-1**). This deficiency was cited during ODO's June 2012 inspection. The food service director confirmed this has not been done, but indicated a 2014 ceremonial meal schedule will be completed in concert with the OIC and consulting chaplain.

Meals are served to detainees in a dining room adjacent to the kitchen, under the supervision of an officer. ODO observed service and tasted a lunch meal, and confirmed the items and portions were consistent with the menu and of pleasing taste. Two vegetarian and one medical meal were served and documented.

Inspection of the kitchen found it secure and sanitary. Refrigerators and freezers had exterior and interior thermometers, and temperatures were within the required range. The dry storage area is a locked room with items stored in accordance with the standard. Documentation supports stock is rotated and inventories are maintained by the food service director. Pest control measures and preventive services were documented.

## STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

### DEFICIENCY FS-1

In accordance with ICE NDS, Food Service, section (III)(E)(10), the FOD shall ensure "the Chaplain, in consultation with the local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the next calendar year, providing it to the OIC. This schedule shall include the date, religious group, estimated number of participants, and special foods required."

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

ODO reviewed the Sexual Abuse and Assault Prevention and Intervention standard at BHCJ to determine if the facility acts to prevent sexual abuse and assaults on detainees, provides prompt and effective intervention and treatment for victims of sexual abuse and assault, and controls, disciplines, and prosecutes the perpetrators, in accordance with the ICE 2011 PBNDS. ODO toured the facility, reviewed policy and the detainee handbook, and interviewed staff.

The facility signed a contract modification with ICE on October 9, 2012, to incorporate the 2011 SAAPI PDNDS. Based on a search of JICMS and feedback from facility management, no sexual assaults or allegations involving detainees have been reported at BHCJ. Staff does not receive any training, nor do the detainees receive any information, regarding sexual abuse and assault prevention. However, when interviewed, the staff appeared knowledgeable of the procedures in the event of an allegation of sexual assault. The designated PREA Coordinator is an employee of Recovery Resources; a nonprofit community-based behavioral healthcare organization. The PREA Coordinator visits with the detainees twice a week to provide any needed referrals for counseling.

ODO observed the DHS OIG hotline poster in English and sexual assault awareness information and definitions posted outside of the female dormitories, not readily visible to detainees. The posters were located inside two out of the three male housing units. However, only one of the dormitories had the poster both in English and Spanish. ODO recommended to ERO staff that all sexual assault information posters and DHS OIG hotline posters be laminated and moved into the housing units where they can be easily read and accessed.

ODO reviewed the facility's written policies and procedures. The policy references employee training, inmate education, medical screenings, reporting and investigation procedures, data collection and prosecution procedures. The policy does not include measures taken to prevent sexual assault (**Deficiency SAAPI-1**),<sup>1</sup> the requirement for any allegations to be reported to ERO (**Deficiency SAAPI-2**),<sup>2</sup> or the requirement for coordination with the ICE Office of Professional Responsibility for investigation or referral (**Deficiency SAAPI-3**).<sup>3</sup> In addition, the facility's policy does not specify disciplinary sanctions for staff (**Deficiency SAAPI-4**), or designate a specific staff member to be responsible for detainee education (**Deficiency SAAPI-5**).

No training is provided to staff on the SAAPI standard (**Deficiency SAAPI-6**).<sup>4</sup> The PREA Coordinator is in the process of putting together a training that can be given to the facility staff, if requested. ODO made ERO aware of this issue on-site so that the field office can provide online resources that incorporate the requirements of the 2011 SAAPI standard.

Detainees do not receive instruction on the facility's SAAPI program either through the orientation or detainee handbook (**Deficiency SAAPI-7**).<sup>5</sup> The only available resources are the

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<sup>1</sup> Priority Component

<sup>2</sup> Priority Component

<sup>3</sup> Priority Component

<sup>4</sup> Priority Component

<sup>5</sup> Priority Component

DHS OIG hotline posters and the visits from Recovery Resources twice a week. During the intake process, detainees are not screened for a history of sexual assault or for having a high risk of sexual victimization (**Deficiency SA-API-8**).<sup>6</sup>

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SA-API-1**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(A)(2), the FOD must ensure written policy and procedures include, “measures taken to prevent sexual abuse and/or assault.”

### **DEFICIENCY SA-API-2**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(A)(3), the FOD must ensure written policy and procedures include, “the requirement that any allegation to staff of sexual assault or attempted sexual assault be reported immediately to a supervisor and to ERO.”

### **DEFICIENCY SA-API-3**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(A)(6), the FOD must ensure written policy and procedures include, “the requirement for coordination with the ICE Office of Professional Responsibility (OPR) for investigation or referral of incidents of sexual assault to another investigative agency.”

### **DEFICIENCY SA-API-4**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(A)(12), the FOD must ensure written policy and procedures include, “disciplinary sanctions for staff, up to and including termination when staff has violated agency sexual abuse policies.”

### **DEFICIENCY SA-API-5**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(A)(13), the FOD must ensure written policy and procedures, “designates a specific staff member to be responsible for detainee education regarding issues pertaining to sexual assault.”

### **DEFICIENCY SA-API-6**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(E), the FOD must ensure “Training on the facility’s Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for employees, volunteers and contract personnel and shall also be included in annual refresher training thereafter.”

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<sup>6</sup> Priority Component

**DEFICIENCY SA-API-7**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(F), the FOD must ensure that the facility, “provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program.”

**DEFICIENCY SA-API-8**

In accordance with the ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(G), the FOD must ensure that “Detainees shall be screened upon arrival at the facility for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior.”

## **SPECIAL MANAGEMENT UNIT (SMU) - ADMINISTRATIVE SEGREGATION**

ODO reviewed the Special Management Unit (SMU) - Administrative Segregation (AS) standard at BHCJ to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary and administrative reasons, in accordance with the ICE NDS. ODO toured the facility, interviewed BHCJ staff and ERO personnel, and reviewed policies.

The facility informed ODO that no detainees have been placed in administrative segregation since the last ODO review. According to BHCJ and ERO personnel, detainees are pre-screened prior to assignment to the facility and if segregation may be required, an alternate facility is identified. The facility and ERO staff further stated that should the need arise to remove a detainee from the general population, ERO would be notified and a transfer would be arranged immediately.

Tour of the facility found that on the second floor, which was vacant at the time of the review, there are four cells that could be used to segregate detainees if necessary. In addition, there are three cells on the first floor that could be designated for segregation purposes. ODO's inspection found the cells meet the requirements of the NDS.

Though the need has not arisen to separate detainees from the general population for administrative segregation purposes, BHCJ has a policy in place governing placement and housing on this status. However, the policy does not address all requirements of the NDS (**Deficiency SMU-1**). The policy requires issuance of segregation orders and completion of status reviews in timeframes set in the standard; however, basic living conditions called for in the policy do not address the requirement that detainees be allowed to shave three times per week (**Deficiency SMU-2**), or have access to the law library (**Deficiency SMU-3**). To support compliance with the standard in the event the need arises to place a detainee in administrative segregation in the future, ODO recommends revision of the facility's policy to address these omissions.

## **STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS**

### **DEFICIENCY SMU AS-1**

In accordance with ICE NDS, Special Management Unit – Administrative Segregation, section (III)(A), the FOD must ensure “the facility shall develop and follows written procedures consistent with this standard.”

### **DEFICIENCY SMU AS-2**

In accordance with ICE NDS, Special Management Unit – Administrative Segregation, section (III)(D)(6), the FOD must ensure “each segregated detainee shall have the opportunity to shower and shave at least three times a week, unless these procedures would present an undue security hazard. This security hazard will be documented and signed by the OIC, indicating his/her review and approval.”

**DEFICIENCY SMU AS-3**

In accordance with ICE NDS, Special Management Unit – Administrative Segregation, section (III)(D)(18), the FOD must ensure “detainees housed in administrative segregation shall have the same law library access as the general population, consistent with security, although the facility may establish a policy of upon-request-only access. The level of supervision will depend on the individual’s behavior and attitude.”

## **SPECIAL MANAGEMENT UNIT (SMU) - DISCIPLINARY SEGREGATION**

ODO reviewed the Special Management Unit (SMU) - Disciplinary Segregation (DS) standard at the BHCJ to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary and administrative reasons, in accordance with the ICE NDS. ODO toured the facility, interviewed BHCJ and ERO personnel, and reviewed policies.

The facility informed ODO that no detainees have been placed in disciplinary segregation since the last ODO review. According to BHCJ and ERO personnel, detainees are pre-screened prior to assignment to the facility and if a detainee may need disciplinary segregation, an alternative facility is identified. The facility and ERO staff further stated that should the need arise to remove a detainee from the general population for disciplinary reasons, ERO would be notified and transfer would be arranged immediately.

Tour of the facility found that on the second floor, which was vacant at the time of the review, there are four cells that could be used to segregate detainees if necessary. In addition, there are three cells on the first floor that could be designated for segregation purposes. ODO's inspection found the cells in compliance meet the requirements of the NDS.

Though the need has not arisen to separate detainees from the general population for disciplinary purposes, BHCJ has a policy in place governing placement and housing on this status. However, the policy does not address all requirements of the NDS. Specifically, it does not require that detainees be allowed to shave three times per week (**Deficiency SMU-1**) or have access to the law library (**Deficiency SMU-2**). To support compliance with the standard in the event the need arises to place a detainee in disciplinary segregation in the future, ODO recommends revision of the facility's policy to address these omissions.

### **STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS**

#### **DEFICIENCY SMU DS-1**

In accordance with ICE NDS, Special Management Unit – Disciplinary Segregation, section (III)(D)(11), the FOD must ensure, “each segregated detainee shall have the opportunity to shower and shave at least three times a week, unless these procedures would present an undue security hazard.”

#### **DEFICIENCY SMU DS-2**

In accordance with ICE NDS, Special Management Unit – Disciplinary Segregation, section (III)(D)(15)(e), the FOD must ensure “when developing the schedule for law library-access, the OIC will set aside blocks of time for the detainees in disciplinary segregation. These detainees will be afforded legal access comparable to, but not the same as, that of the general population. Security constraints may impose limits on law-library access.

- The facility may choose to provide segregated detainees upon-request access only.
- Violent and/or uncooperative detainees may be temporarily denied access to the law library, until such time as their behavior and attitude warrants resumed access.

- On a case-by-case basis, legal material may be brought to individuals in disciplinary segregation. Denial of access to the law library must be justified by compelling security concerns, be fully documented in the SMU logbook, and last no longer than necessary for security purposes.”

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at BHCJ to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE NDS. ODO interviewed staff and detainees and reviewed the Facility Liaison Visit Checklists.

The Detroit Field Office has policies and procedures in place for staff-detainee communication. The ERO Cleveland Sub-Office oversees compliance with the standard at BHCJ. ODO reviewed a sign-in log and interviewed BHCJ staff to confirm regular unscheduled visits are conducted and documented. ERO management from the Detroit ERO Field Office and ERO Cleveland Sub-Office do not make regular, unannounced visits to BHCJ (**Deficiency SDC-1**). ODO confirmed ERO management has not visited the facility since August 2012, via logbooks and interviews with ERO Cleveland and BHCJ staff.

ODO reviewed the Facility Liaison Visit Checklists from June 2013 to November 2013, and noted that (b)(7)e Deportation Officers are assigned to the facility to conduct weekly scheduled and unscheduled visits to monitor detention conditions, and to address inquiries and requests from detainees. An Immigration Enforcement Agent visits daily and DOs make scheduled visits to the facility every Thursday to address ICE detainee requests and concerns. ERO visitation schedules are posted inside each housing area. ODO verified these visits through a review of a visitation logbook maintained at the entrance to the housing units.

Detainees have opportunities to communicate with ERO and BHCJ staff regularly. Detainee request forms are available from Housing Unit Officers, who are posted outside the housing units. Request forms are available in English and Spanish.

Detainees give all request forms regarding facility concerns to the Housing Unit Officers. BHCJ staff informed ODO that detainee requests to BHCJ are addressed immediately upon receipt, logged, and responded to within 72 hours. Completed copies of the requests are maintained in detention files. ODO reviewed 50 detainee requests from June 14, 2013, through November 15, 2013. The detainee requests are electronically logged and contain all pertinent information required by the NDS. The majority of the requests related to recreation and poor food quality.

When detainees have requests for ICE, corrections officers remove the detainees from their housing units and the detainees deposit the requests in a separate lockbox. These lockboxes are only accessible to ERO personnel. The detainee requests are collected daily by the IEA and responded to within 72 hours. However, ICE maintains completed detainee request forms in the ERO Cleveland Sub-Office rather than in detention files (**Deficiency SDC-2**).

ODO interviewed an IEA and a Deportation Officer to determine compliance with the requirements of the ERO Model Protocol dated June 2007. ODO confirmed through interviews and reviewing weekly telephone serviceability logbooks that the Telephone Serviceability Forms are completed weekly as required.

The DHS OIG Hotline number was not posted in the female or male housing units (**Deficiency SDC-3**). The Hotline number is required to be conspicuously posted in all units housing ICE detainees.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SDC-1**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(1), the FOD must ensure “policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility’s living and activity areas to encourage informal communication between staff and detainees and informally observing [sic] living and working conditions. These unannounced visits shall include but not be limited to:

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

While visiting the Special Management Unit, the detainees shall be interviewed, living conditions will be observed and detainee-housing records will be reviewed. Each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSA’s.”

### **DEFICIENCY SDC-2**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure “all completed Detainee Requests will be filed in the detainee’s detention file and will remain in the detainee’s detention file for at least three years.”

### **DEFICIENCY SDC-3**

In accordance with the Change Notice, National Detention Standards Staff-Detainee Communication, dated June 15, 2007, “each Field Office Director shall ensure that the attached document regarding the OIG Hotline is conspicuously posted in all units housing ICE detainees. This applies to all Service Processing Centers, Contract Detention Facilities and Inter-Governmental Service Agreement facilities.”

## **TELEPHONE ACCESS (TA)**

ODO reviewed the Telephone Access standard at the BHCJ to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE NDS. ODO interviewed facility staff and detainees, conducted functionality tests of telephones in housing units, and reviewed policy, procedures, and the detainee handbook.

ODO found detainees have reasonable and equitable access to telephones at BHCJ. The number of telephones in housing areas meets the requirements of the NDS. Facility staff inspects phones regularly and reports out-of-order telephones for repair. ODO reviewed telephone repair orders and confirmed inspections are performed and repairs are completed quickly. ODO conducted operation checks of telephones in detainee housing units and all were found to be in good working order.

BHCJ's handbook provides telephone access rules but these rules are not posted in each of the housing units (**Deficiency TA-1**). ODO found that the female housing unit and one of the male housing units did not have any access rules posted. The facility has a policy in place to permit detainees in SMUs telephone access similar to detainees in the general population (however, as noted earlier in this report, the facility transfers detainees for SMU housing). BHCJ had a 15-minute time limit on all telephone calls by automatic cut-off, including detainee calls to legal representatives (**Deficiency TA-2**). The facility contacted the service provider to have the time limit increased to 20 minutes and this was corrected while ODO was onsite.

The facility does not take and deliver all telephone messages to detainees (**Deficiency TA-3**). BHCJ only takes and delivers emergency messages.

The facility notifies detainees that calls are monitored by placing a typed notice on each phone and on a pre-recorded message. BHCJ's detainee handbook does not notify detainees that calls are subject to monitoring (**Deficiency TA-4**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY TA-1**

In accordance with the ICE NDS, Telephone Access, section (III)(B), the FOD must ensure "the facility shall provide telephone access rules in writing to each detainee upon admittance, and also post these rules where detainees may easily see them."

### **DEFICIENCY TA-2**

In accordance with the ICE NDS, Telephone Access, section (III)(F), the FOD must ensure "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 should be no shorter than 20 minutes, and the detainee shall be allowed to continue the call if desired."

**DEFICIENCY TA-3**

In accordance with the ICE NDS, Telephone Access, section (III)(I), the FOD must ensure “the facility shall take and deliver telephones messages to detainees as promptly as possible.”

**DEFICIENCY TA-4**

In accordance with the ICE NDS, Telephone Access, section (III)(K), the FOD must ensure “if telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission.”