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Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Detroit Field Office

Butler County Jail
Hamilton, Ohio

August 10-13, 2020

COMPLIANCE INSPECTION
of the
BUTLER COUNTY JAIL
Hamilton, Ohio

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS NATIONAL DETENTION STANDARDS 2019	
MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SAFETY	8
Environmental Health and Safety	8
SECURITY	8
Admission and Release	8
Funds and Personal Property	9
Special Management Units	9
CARE	10
Food Service	10
Medical Care	10
Significant Self-Harm and Suicide Prevention and Intervention.....	13
Disability Identification, Assessment, and Accommodation.....	13
ACTIVITIES	13
Telephone Access	13
Visitation.....	13
JUSTICE	14
Law Libraries and Legal Materials.....	14
CONCLUSION	14

COMPLIANCE INSPECTION TEAM MEMBERS

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Butler County Jail (BCJ) in Hamilton, Ohio, from August 10 to 13, 2020.¹ The facility opened in 2002, is owned by the Butler County Commissioners, and operated by the Butler County Sheriff's Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCJ in 2007 under the oversight of ERO's Field Office Director (FOD) in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility. A BCJ warden handles daily facility operations and is supported by ██████ personnel. Aramark provides food services, BCJ staff provides medical care, and Keefe provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	149
Average ICE Detainee Population ³	102
Male Detainee Population (as of 8/10/2020)	99
Female Detainee Population (as of 8/10/2020)	6

During its last inspection, in Fiscal Year (FY) 2019, ODO found 33 deficiencies in the following areas: Access to Legal Material (4); Admission and Release (4); Detainee Classification System (1); Detainee Grievance System (2); Food Service (1); Funds and Personal Property (1); Staff-Detainee Communication (2); Telephone Access (5); Visitation (2); Environmental Health and Safety (1); Special Management Unit (Administration Segregation) (2); Use of Force (1); Medical Care (5); and Disability Identification, Assessment, and Accommodation (2).

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

² Data Source: ERO Facility List Report as of August 10, 2020.

³ *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 longer than 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.⁴

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 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 to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	3
Custody Classification System	0
Funds and Personal Property	3
Use of Force and Restraints	0
Special Management Units	3
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	9
Part 4 – Care	
Food Service	4
Medical Care	9
Significant Self-harm and Suicide Prevention and Intervention	3
Disability Identification, Assessment, and Accommodation	1
Sub-Total	17
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	2
Visitation	3
Sub-Total	5
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Materials	1
Sub-Total	1
Total Deficiencies	34

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. One detainee alleged he was assaulted by two facility staff members, which is detailed below. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Admission and Release: One detainee stated he was not issued underwear when he arrived at the facility.

- Action Taken: ODO reviewed the detainee's intake records, interviewed a facility lieutenant, and found the facility documented issuing the detainee two t-shirts, two boxer shorts, and two pairs of socks on August 12, 2020, during his admission to the facility.

Use of Force and Restraints: One detainee stated he was assaulted by three officers during his admission process.

- Action Taken: ODO reviewed his detainee detention file and interviewed a facility sergeant. ODO found the detainee was involved in a use-of-force (UOF) incident, which occurred during his intake to the facility. The sergeant stated he responded to loud noises and cursing in the booking area. The sergeant stated he spoke to the detainee and learned the detainee was upset because he had not received his meal and a facility admissions staff member told him he would get the meal in about 90-minutes. The sergeant stated he instructed two admissions staff members to finish processing the detainee and then he was going to escort the detainee to his housing unit. ODO reviewed the UOF incident paperwork. ODO found while two security officers escorted the detainee, the detainee pushed away from a countertop and punched one of the officers in the face. An officer struck the detainee twice on the thigh area for compliance. Once the officers gained the detainee's compliance, they requested the facility medical staff evaluate the detainee. The detainee refused medical care; however, the facility medical staff noted the detainee had a small bruise above his right eye on his forehead. The facility conducted a disciplinary hearing for the detainee, and he was sanctioned to disciplinary segregation. The facility notified ERO Detroit about the UOF incident in accordance with the UOF standard.

Medical Care: One detainee stated she needed immunization shots and the facility had not provided her with the shots.

- Action Taken: ODO reviewed the detainee's medical record and interviewed the facility's medical supervisor. ODO found the detainee requested the immunization shots for her application process with the United States Citizenship and Immigration Services. The facility's medical supervisor stated the facility does not provide the requested immunization shots and ERO Detroit staff would need to escort the detainee to a lab off-site. On August 13, 2020, ERO Detroit staff escorted her to an immunization lab off-site, where she received her requested immunization shots.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO interviewed the maintenance supervisor and found the emergency generator testing documentation was not recorded nor retained for review (**Deficiency EH&S-1⁶**).

ODO reviewed the medical department's documentation for sharps and found inventories were not reconciled accurately for the [REDACTED] (**Deficiency EH&S-2⁷**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and found 3 out of 12 files did not contain documentation, which indicated the facility issued clothing, bedding, towels, and personal hygiene items to the three new detainee arrivals (**Deficiency A&R-1⁸**).

ODO reviewed the facility's detainee handbook, interviewed facility staff members, and found the facility will only replenish personal hygiene supplies (except soap) at no cost for indigent detainees, instead of all detainees as required by the standard (**Deficiency A&R-2⁹**).

ODO reviewed 12 detainee detention files and found 1 out of 12 Orders to Detain or Release (Form I-203) was not signed by an authorizing official (**Deficiency A&R-3¹⁰**).

⁶ "Power generators will be tested according to the manufacturer's instructions. Other emergency equipment and systems will undergo [REDACTED] testing, with follow-up repairs and replacement as necessary. Testing documentation will be retained for review." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(G).

⁷ "A perpetual/running inventory will be kept of those items that pose a security risk, such as [REDACTED]. This inventory will be reconciled [REDACTED] by an individual designated by the medical facility Health service Administrator (HSA) or equivalent." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

⁸ "...During intake, detainees shall be given the opportunity to shower, where possible, and be issued clean institutional clothing, bedding, towels, and personal hygiene items." See ICE NDS 2019, Standard, Admission and Release, Section (II)(B).

⁹ "Staff shall provide detainees with articles necessary for maintaining proper hygiene. The facility will replenish all hygiene supplies as needed at no cost to the detainee." See ICE NDS 2019, Standard, Admission and Release, Section (II)(E).

¹⁰ "Official documentation from ICE/ERO (e.g. Form I-203, I-203a, or I-216) shall accompany each newly arriving detainee." See ICE NDS 2019, Standard, Admission and Release, Section (II)(F).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed property audit documentation for the year preceding the inspection and found on four occasions, the property audit documentation did not include the time the facility staff member conducted the inventory/audit (**Deficiency F&PP-1¹¹**).

ODO reviewed the detainee detention files for four released detainees and found the facility did not have all four detainees sign for the return of their property on their respective property return forms (**Deficiency F&PP-2¹²**).

ODO reviewed the facility's detainee handbook and found the handbook did not inform detainees about the facility's policies and procedures for storing or mailing property not allowed in their possession, nor the facility's policy and procedures for claiming property upon their release, transfer, or removal (**Deficiency F&PP-3¹³**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 10 detainee disciplinary segregation weekly checklist forms and found 4 out of 10 forms had multiple missing entries for receipt of meals and/or offering the detainees the opportunity to shower (**Deficiency SMU-1¹⁴**).

ODO reviewed the facility's inmate segregation policy (Policy HOU-07), interviewed a facility lieutenant, and found [REDACTED] in the SMU were completed and logged into the facility's jail management system at [REDACTED] instead of every [REDACTED] minutes on an [REDACTED] as required by the standard (**Deficiency SMU-2¹⁵**).

ODO reviewed 10 detainee disciplinary segregation weekly checklists and found 10 out of 10 checklists indicated the facility health care staff did not conduct a face-to-face medical assessment, at least once per day for detainees housed in the SMU (**Deficiency SMU-3¹⁶**).

¹¹ "... An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter. The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

¹² "... After a property check, the detainee will then sign a receipt for the property, indicating his or her receipt of all funds and personal property due him or her..." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(E).

¹³ "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

3. The rules for storing or mailing property not allowed in their possession;

4. The procedures for claiming property upon release, transfer, or removal." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(3) and (4).

¹⁴ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in SMU. ...

a. The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication." See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(a)(1).

¹⁵ "SMU staff shall observe and log observations at least every [REDACTED]." See ICE NDS 2019, Standard, Special Management Units, Section (II)(K).

¹⁶ "...Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in SMU..." See ICE NDS 2019, Standard, Special Management Units, Section (II)(M).

CARE

FOOD SERVICE (FS)

ODO reviewed FS documentation, interviewed the facility's inmate advocate, and found the facility did not purchase precooked and sealed hot entrées for detainees whose religious dietary needs could not be met with the regular FS menu (**Deficiency FS-1¹⁷**).

ODO reviewed photographs of FS areas and found trash cans in the kitchen were not equipped with lids (**Deficiency FS-2¹⁸**).

ODO reviewed documentation for the facility's multi-tank conveyor dish washer and found the final rinse water temperature was below the required temperature range of 180-degrees Fahrenheit (**Deficiency FS-3¹⁹**).

ODO reviewed the facility's food service department temperature logs for their dish washer, three compartment sink, and refrigerator/freezer, and ODO found 115 total daily entries in July 2020 were missing from the dish washer, three compartment sink, and refrigerator/freezer temperature logs (**Deficiency FS-4²⁰**).

MEDICAL CARE (MC)

ODO interviewed the facility's acting health services administrator (HSA), reviewed the facility's medical policy and procedures, and found the HSA did not negotiate nor keep current, arrangements with nearby medical facilities or health care providers for detainee care the facility

¹⁷ "To the extent practicable, a hot entrée shall be made available to accommodate detainees' religious dietary needs, e.g., kosher and/or halal products. Hot entrees shall be offered five times a week and shall be purchased precooked, heated in their sealed containers, and served hot." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(4).

¹⁸ "Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect and rodent proof. The facility shall comply with all applicable regulations (local, state, and federal) on refuse-handling and disposal." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(5)(j).

¹⁹ "a. The facility shall implement written procedures for the administrative or food service, personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas and an annual independent inspection ensuring that all governmental health and safety codes are being met. Staff shall check refrigerator and water temperatures daily, recording the results..." See ICE 2019, Standard, Food Service, Section (II)(I)(11)(a). "A) Except as specified in (B) of this section, in a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than (90) C (194 F), or less than: (1) For a stationary rack, single temperature machine, 74 C (165 F); or (2) For all other machines, 82 C (180 F)..." See Food Code, US Public Health Service, 2017.

²⁰ "b. Daily checks of equipment temperatures shall follow this schedule:

- 1) Dishwashers: every meal;
- 2) Pot and pan-washers daily, if water in the third compartment of a three-compartment sink is used for sanitation the required minimum temperature shall be maintained in accordance with the applicable local food code;
- 3) Refrigerator/freezer equipment (walk-in units): site specific schedule, established by the FSA.

All temperature-check documentation shall be filed and accessible." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(b).

medical staff was not able to provide (**Deficiency MC-1²¹**).

ODO reviewed the credential files for [REDACTED] facility health care staff members and found [REDACTED] credential files had no primary source verification of the health care staff members' licenses, and [REDACTED] credential files did not have a position description included (**Deficiency MC-2²²**).

ODO reviewed 17 detainee medical records and found 1 out of 17 detainees did not have a tuberculosis (TB) screening prior to the facility placing the detainee in general population. Additionally, neither the facility's medical questionnaire screening form, nor their intake form, contained symptom screening for TB (**Deficiency MC-3²³**). The facility did complete a TB screening for the one detainee, using a purified protein derivative test, four months after the detainee's arrival.

ODO reviewed 17 detainee medical records and found 5 out of 17 detainees' comprehensive health assessments were completed late, or not at all (**Deficiency MC-4²⁴**).

ODO reviewed [REDACTED] facility staff members' training files and found [REDACTED] staff members did not have a cardiopulmonary resuscitation (CPR) certification, and the CPR certifications for [REDACTED] staff members expired in May 2020 (**Deficiency MC-5²⁵**).

ODO reviewed the medical records for two detainees the facility medical staff prescribed psychotropic medication and found the facility did not obtain signed consent forms from either detainee, prior to administering the medication to the detainees (**Deficiency MC-6²⁶**).

ODO reviewed the facility's medical policy, interviewed the acting HSA, and found the facility did not have a policy, which addressed routine, age appropriate, gynecological and health care for female detainees (**Deficiency MC-7²⁷**).

ODO reviewed the medical records for two female detainees and found 1 out of 2 detainees did

²¹ "...The HSA will negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(A).

²² "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license..." See NDS 2019, Standard, Medical Care, Section (II) (C).

²³ "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, ..." See NDS 2019, Standard, Medical Care, Section (II)(D)(1).

²⁴ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility..." See NDS 2019, Standard, Medical Care, Section (II)(E).

²⁵ "... Detention staff and health care staff will be trained to respond to health-related emergencies within 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the facility and will include the following: ...

b. The administration of first aid and cardiopulmonary resuscitation (CPR)." See NDS 2019, Standard, Medical Care, Section (II)(K)(b).

²⁶ "...Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See NDS 2019, Standard, Medical Care, Section (II)(O).

²⁷ "Female detainees shall receive routine, age appropriate gynecological and obstetrical health care, consistent with recognized community and clinical guidelines for women's health services." See NDS 2019, Standard, Medical Care, Section (II)(U).

not have a pregnancy test. Additionally, the initial female health assessments for both females did not inquire about their reproductive histories, menstrual cycles, family histories of breast and gynecological problems, nor their histories of physical and sexual victimization (**Deficiency MC-8²⁸**).

ODO interviewed the acting HSA and found the facility does not have a policy to address preventive services such as contraception and abortion access (**Deficiency MC-9²⁹**).

ODO found the facility used local paramedics as their main healthcare delivery personnel and a physician was on-site three times per week. ODO was unable to determine if the healthcare provided by the paramedics was within the scope of their licensure. The paramedics used emergency medical protocols and nursing protocols, which included the administration of antibiotics. The nursing protocols did not meet the National Commission of Correctional Health Care Standards for Health Services in Jails, Section J-E-11. ODO noted this as an **Area of Concern**.

The facility used a language line to aid in communication with limited English proficient detainees. However, the facility was inconsistent with documenting using the language line in the detainees' medical records, which ODO noted as an **Area of Concern**.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SP&I)

ODO reviewed [REDACTED] facility staff members' training files and found [REDACTED] training files did not document completion of annual suicide prevention training (**Deficiency SSH&SP&I-1³⁰**).

ODO reviewed the facility's suicide prevention program training curriculum and found it did not address demographic, nor cultural factors of suicidal behaviors (**Deficiency SSH&SP&I-2³¹**).

ODO interviewed the facility's mental health provider, reviewed the facility's health services

²⁸ "All initial health assessments of female detainees shall be conducted by a qualified health care practitioner. In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following:

- a. Pregnancy test for detainees aged 18-56 and deliver to the detainee and document the results; ...
- d. Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.);
- e. Menstrual cycle; ...
- g. Family history of breast and gynecological problems; and
- h. Any history of physical or sexual victimization and when the incident occurred." See NDS 2019, Standard, Medical Care, Section (II)(U)(a)(d)(e)(g) and (h).

²⁹ "Female detainees shall receive routine, age appropriate gynecological and obstetrical health care, consistent with recognized community and clinical guidelines for women's health services... 2. Preventive Services Contraception... 3. a. Abortion Access..." See NDS 2019, Standard, Medical Care, Section (II)(U)(2) and (II)(U)(3)(a).

³⁰ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See NDS 2019, Standard, Significant Self-Harm and Suicide Prevention & Intervention, Section (II)(B).

³¹ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter. All of the following topics shall be covered... 5. Demographic, cultural, and precipitating factors of suicidal behavior..." See NDS 2019, Standard, Significant Self-Harm and Suicide Prevention & Intervention, Section (II)(B)(5).

policy on suicide prevention, and found the mental health provider did not perform welfare checks on detainees placed on suicide watch every eight hours as required by the standard (**Deficiency SSH&SP&I-3³²**).

The facility established a crisis hotline, which is available 24-hours per day, seven days per week for detainee use. The facility's mental health staff monitored the hotline seven days a week from the hours of 7:00 a.m. to 6:00 p.m., and a corrections sergeant monitored the hotline from 6:00 p.m. to 7:00 a.m. Messages to this hotline could be retrieved from any phone. ODO noted this detainee hotline as a **Best Practice**.

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

ODO reviewed the facility's orientation program and found it did not address the facility's DIA&A policy, nor the detainees' right to request reasonable accommodations, and how to request reasonable accommodations (**Deficiency DIA&A-1³³**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO interviewed the facility's staff and found they did not inspect the telephones daily to ensure they were in proper working order (**Deficiency TA-1³⁴**).

ODO interviewed the facility's staff and found they did not take, nor deliver non-legal, non-emergency telephone messages to detainees (**Deficiency TA-2³⁵**).

VISITATION (V)

ODO reviewed the facility's visitation policy and found it did not include written procedures about contact visit limits and conditions (**Deficiency V-1³⁶**).

ODO found the facility's visitation policy did not address legal service providers and their assistants, calling the facility to determine if the facility currently housed a specific detainee (**Deficiency V-2³⁷**).

³² "...A mental health provider will perform welfare checks every █ hours." See NDS 2019, Standard, Significant Self-Harm and Suicide Prevention & Intervention, Section (II)(F).

³³ "The facility orientation program shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand." See ICE NDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (II)(I).

³⁴ "Appropriate facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service, and ensure required repairs are completed quickly." See ICE NDS 2019, Standard, Telephone Access, Section (II)(D).

³⁵ "The facility shall take and deliver telephone messages to detainees as promptly as possible." See ICE NDS 2019, Standard, Telephone Access, Section (II)(I).

³⁶ "Written procedures shall detail the limits and conditions of contact visits in facilities permitting them." See ICE NDS 2019, Standard, Visitation, Section (II)(F)(3).

³⁷ "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone

Additionally, BCJ’s visitation policy did not address the exchange of documents between detainees and their legal representatives (**Deficiency V-3³⁸**).

JUSTICE

LAW LIBRARIES AND LEGAL MATERIALS (LL&LM)

ODO interviewed the facility’s staff and found they did not provide detainees with the facility’s rules and procedures governing access to legal materials (**Deficiency LL&LM-1³⁹**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2019 and found the facility in compliance with seven of those standards. ODO found 34 deficiencies in the remaining 11 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (NDS 2000)	FY 2020 (NDS 2019)
Standards Reviewed	19	18
Deficient Standards	14	11
Overall Number of Deficiencies	33	34
Repeat Deficiencies	5	0
Corrective Actions	2	0

the facility in advance of a visit to determine whether a particular individual is detained in that facility.” *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(6).

³⁸ “The facility’s written legal visitation procedures must provide for the exchange of documents between detainee and legal representative (or legal assistant) even when contact visitation rooms are unavailable.” *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(9).

³⁹ “The facility shall provide detainees with the rules and procedures governing access to legal materials, communicating their content in a language or manner the detainee understands.” *See* ICE NDS 2019, Standard, Law Libraries and Legal Materials, Section (II)(P).