



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Detroit Field Office

Butler County Jail
Hamilton, Ohio

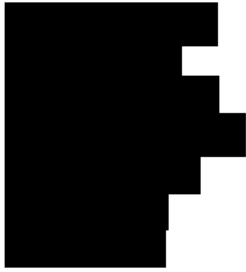
March 29-April 2, 2021

COMPLIANCE INSPECTION
of the
BUTLER COUNTY JAIL
Hamilton, Ohio

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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 March 29-April 2, 2021.¹ The facility opened in 2002, is owned by Butler County Commissioners, and is operated by the Butler County Sheriff's Office. 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 at the facility part-time. A BCJ warden handles daily facility operations and is supported by ██████ personnel. Aramark provides food services, BCJ 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	120
Average ICE Detainee Population ³	████
Male Detainee Population (as of 3/29/2021)	████
Female Detainee Population (as of 3/29/2021)	████

During its last inspection, in Fiscal Year (FY) 2020, ODO found 34 deficiencies in the following areas: Admission and Release (3); Disability Identification, Assessment, and Accommodation (1); Environmental Health and Safety (2); Food Service (4); Funds and Personal Property (3); Law Libraries and Legal Materials (1); Medical Care (9); Significant Self-harm and Suicide Prevention & Intervention (3); Special Management Unit (3); Telephone Access (2); and Visitation (3).

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

² Data Source: ERO Facility List Report as of March 29, 2021.

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&6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	2
Use of Force and Restraints	0
Special Management Units	9
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	12
Part 4 – Care	
Food Service	2
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 – Activities	
Religious Practices	0
Telephone Access	1
Sub-Total	1
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	15

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

⁶ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed 12 detainees, each of whom voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All the detainees reported satisfaction with facility services with the exception noted below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee stated she lost 50 pounds since arriving at the facility and is concerned about her weight loss.

- Action Taken: ODO reviewed the detainee's medical record and found she was admitted to the facility on September 9, 2020. During her medical screening on that date, her vital signs were within normal limits, her weight was 148 pounds, and she did not report any medical concerns. On February 2, 2021, she submitted a sick call request for swollen gums. The facility ordered lab tests and the results came back normal. On March 9, 2021, she submitted a sick call request for acid reflux and unexplained weight loss. On March 9, 2021, the facility staff recorded her weight at 111 pounds. She stated she ate very little better because she did not like the bland food at the facility. The medical staff confirmed her acid reflux and prescribed Prilosec; however, she refused the medication. ODO found the detainee's signed refusal in her medical record. The medical staff directed her to follow up with weekly weight checks. On March 17, 2021, she weighed 110.4 pounds and dropped to 107.4 pounds on March 24, 2021. The provider examined the detainee for a follow-up visit on March 31, 2021, and notes are forthcoming. However, a housing unit officer's report stated the detainee was self-inducing vomiting (purging) after every meal. When questioned about her behavior, she stated she was "looking for a quick release." She was placed in a medical observation area, and the medical staff ordered a mental health evaluation for her.

Telephone Access: One detainee stated the facility allows her to use the phone only during recreation hours, which is only 2 hours per day.

- Action Taken: ODO interviewed the facility's staff about the detainee's concern regarding the use of the phones. The facility staff explained they had to split recreation calls into four groups to maintain social distancing due to COVID-19 restrictions. The facility has also scheduled time in between recreation times to sanitize the phones. On even days, the detainee gets 1 hour and 45 minutes of recreation time in the morning and 1 hour of recreation time in the evening for a total of 2 hours and 45 minutes. On odd days, the detainee receives 1 hour and 45 minutes of recreation time in the morning and 1 hour and 45 minutes of recreation time in the evening for a total of 3 hours and 30 minutes. Records show the detainee made 115 phone calls during the month of March 2021. The facility also explained detainees are made aware they are permitted to request emergency/special circumstance phone calls by written or verbal request at any time. A facility staff member reiterated this information to the detainee on March 31, 2021.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the booking sergeant and supervising lieutenant and found the facility's staff does not provide the detainees with a receipt for all property held until their release (FPP-17⁷). **This is a repeat deficiency.**

ODO reviewed the facility's detainee handbook and found it did not inform detainees of the rules for storing and mailing property not allowed in their possession (FPP-34⁸). **This is a repeat deficiency.**

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed seven detainee disciplinary segregation files and found no evidence in seven out of seven files the disciplinary segregation orders were completed by the disciplinary hearing officer (SMU-38⁹).

ODO reviewed seven detainee disciplinary segregation files and found no evidence in seven out of seven files the disciplinary segregation orders were completed by the disciplinary hearing officer. Since the disciplinary segregation orders were not completed, there was no detailed reason for placement in disciplinary segregation (SMU-39¹⁰).

ODO reviewed seven detainee disciplinary segregation files and found no evidence in seven out of seven files the disciplinary segregation orders were completed by the disciplinary hearing officer. Since the disciplinary segregation orders were not completed, relevant documentation was not attached (SMU-40¹¹).

ODO reviewed seven detainee disciplinary segregation files and found no evidence in seven out of seven files the disciplinary segregation orders were completed by the disciplinary hearing officer. Since the disciplinary segregation orders were not completed, they were not provided to

⁷ "Each detainee shall be given a receipt for all property held until release." *See* ICE NDS 2019, Standard Funds and Personal Property, Section (II)(C)(2).

⁸ "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." *See* ICE NDS 2019, Standard Funds and Personal Property, Section (II)(H)(3).

⁹ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(B)(2).

¹⁰ "Prior to a detainee's actual placement in disciplinary segregation, the IDP shall complete the disciplinary segregation order detailing the reasons for placing the detainee in disciplinary segregation. All relevant documentation must be attached to the order." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(B)(2)(a).

¹¹ "Prior to a detainee's actual placement in disciplinary segregation, the IDP shall complete the disciplinary segregation order detailing the reasons for placing the detainee in disciplinary segregation. All relevant documentation must be attached to the order." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(B)(2)(a).

detainees (SMU-41¹²).

ODO reviewed seven detainee disciplinary segregation files and found no evidence in seven out of seven files the disciplinary segregation orders were completed by the disciplinary hearing officer. Since the disciplinary segregation orders were not completed, the releasing officer could not indicate the date and time of release (SMU-42¹³).

ODO reviewed seven detainee disciplinary segregation files and found no evidence in seven of seven files the disciplinary segregation orders were completed by the disciplinary hearing officer. Since the disciplinary segregation orders were not completed, they were not included in the detainee's detention file or maintained in a retrievable electronic format (SMU-43¹⁴).

ODO reviewed seven detainee SMU files and found no evidence in seven out of seven files all daily medical visits were documented on the Detainee Segregation Weekly Checklist (SMU-67¹⁵). **This is a repeat deficiency.**

ODO reviewed seven detainee SMU files and found no evidence in three out of seven files detainees were evaluated by a health care professional prior to placement or within 24 hours of placement in SMU (SMU-87¹⁶).

ODO reviewed seven detainee SMU files and found no evidence in seven out of seven files health care personnel conducted face-to-face medical assessments at least once daily for detainees in SMU (SMU-89¹⁷). **This is a repeat deficiency.**

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's written policy and found it did not include the facility's requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and

¹² "The completed disciplinary segregation order shall be immediately provided to the detainee and its contents communicated to him or her in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(B)(2)(b).

¹³ "When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be included in the detainee's detention file or maintained in a retrievable electronic format." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(B)(2)(c).

¹⁴ "When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be included in the detainee's detention file or maintained in a retrievable electronic format." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(B)(2)(c).

¹⁵ "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(D)(2)(b).

¹⁶ "Detainees must be evaluated by a health care professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement)." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(M).

¹⁷ "Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(M).

assault policies and standards (SAAPI-13¹⁸).

Corrective Action: On March 31, 2021, the PREA policy was revised to include the facility's requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards. The facility put an updated policy into immediate use and distributed a memo informing all staff of the updated policy as of March 31, 2021 (C-1).

CARE

FOOD SERVICE (FS)

ODO interviewed the contract oversight manager and found the facility did not purchase pre-cooked and sealed hot entrees for detainees whose religious dietary needs could not be met with the regular menu (FS-63¹⁹). **This is a repeat deficiency.**

ODO interviewed the food service director and oversight contract manager and found the facility did not purchase kosher and/or halal meals that were fully prepared, ready-to-use, bearing the symbol of a recognized kosher and or halal certification agency (FS-64²⁰).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO interviewed the facility's ICE/ERO point of contact and found the ERO Detroit Field Office did not provide the facility with current pro bono legal service information. During the inspection week, the facility received the current pro bono legal service information and posted it in the housing areas (TA-13²¹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found 15 deficiencies in the remaining 5 standards, which included 5 repeat deficiencies. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to

¹⁸ "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

7. The facility's requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards." See ICE NDS 2019, Standard Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(7).

¹⁹ "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).

²⁰ "With the exception of fresh fruits and vegetables, the facility's kosher and/or halal food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher and/or halal certification agency." See ICE NDS 2019, Standard Food Service, Section (II)(F)(5).

²¹ "All Field Offices are responsible for ensuring facilities which house ICE detainees under their jurisdiction are provided with current pro bono legal service information." See ICE NDS 2019, Standard Telephone Access, Section (II)(E).

resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2019)	FY 2021 (NDS 2019)
Standards Reviewed	18	18
Deficient Standards	11	5
Overall Number of Deficiencies	34	15
Repeat Deficiencies	0	5
Areas of Concern	0	0
Corrective Actions	0	1