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Office of Detention Oversight
Special Review
2023-003-160

Enforcement and Removal Operations
ERO Boston Field Office

Cumberland County Jail
Portland, Maine

September 26-28, 2023

**SPECIAL REVIEW
of the
CUMBERLAND COUNTY JAIL
Portland, Maine**

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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 special review of the Cumberland County Jail (CCJ) in Portland, Maine, from September 26 to 28, 2023.¹ The facility opened in 1993 and is owned by Cumberland County and operated by the Cumberland County Sheriff. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 1993 under the oversight of ERO's Field Office Director in Boston (ERO Boston). ICE is an authorized user under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of September 26, 2023. CCJ was inspected against NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.

[REDACTED] A jail administrator handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, Armor Health provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in January 2021 and the American Correctional Association in January 2023.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 26, 2023)	[REDACTED]
Adult Female Population (as of September 26, 2023)	[REDACTED]

This was ODO's first special review of CCJ.

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

² Data Source: ERO Facility List as of September 26, 2023.

³ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer 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 *Special Review Findings* section of this report.

In fiscal year (FY) 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each review, 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 its decision-making to better allocate resources across the agency’s entire detention inventory.

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	3
Sub-Total	3
Part 2 - Security	
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	4
Sub-Total	4
Part 4 - Care	
Food Service	6
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Sub-Total	7
Part 5 - Activities	
Recreation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	1
Sub-Total	1
Total Deficiencies	15

⁵ For greater detail on ODO's findings, see the Special Review Findings section of this report.

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO conducted no interviews due to a facility ICE detainee population of zero during this inspection. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2023 ADP of 3, meeting the ODO requirement for special reviews.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed facility staff, reviewed the facility's hazardous substances master index, and found no comprehensive, up-to-date list of emergency phone numbers (**Deficiency EHS-10**⁷).

Corrective Action: ODO reviewed the facility's hazardous substances master index on Wednesday, September 27, 2023, in the afternoon and found facility staff added an updated list of emergency phone numbers (fire department, poison control, etc.) to the master index binder (**C-1**).

ODO interviewed facility staff, reviewed the facility's written emergency plans and procedures, and found no specific procedures for detainees with disabilities (**Deficiency EHS-25**⁸).

ODO inspected seven showers in housing unit B-1 and two showers in the intake area and found in seven out of seven housing unit showers, peeling paint, and in two out of two intake area showers, dirt on the floors and soap scum on the walls (**Deficiency EHS-64**⁹).

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's written SAAPI program and policies, interviewed the facility compliance manager, and found the following deficiencies:

- No written procedures to coordinate with ERO Boston to ensure completion of administrative criminal investigations for all SAAPI allegations (**Deficiency SAAPI-9**¹⁰);

⁷ "The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

⁸ "Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

⁹ "General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

¹⁰ "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's

- No written procedures to coordinate with ICE OPR (**Deficiency SA-API-11**¹¹);
- No written requirement to cooperate with ICE audits and compliance monitoring (**Deficiency SA-API-13**¹²); and
- ODO found nothing to demonstrate ERO Boston reviewed and approved the facility's SA-API policy and procedures (**Deficiency SA-API-14**¹³).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's FS program, interviewed the food service manager (FSM), observed the lunch meal service, and found staff did not use thermometers to ensure maintenance of proper internal cooking, holding, or refrigeration temperatures of all potentially hazardous foods. Specifically, ODO observed staff fail to check the temperature of hot dogs and pasta salad prior to plating and serving the food (**Deficiency FS-42**¹⁴).

ODO reviewed the facility's FS program, interviewed the FSM and chaplain, and found the following deficiencies:

- No available "common fare" menu (**Deficiency FS-57**¹⁵);
- The facility did not have a no-flesh protein option offering vegetables and starches

approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

5. Procedures for investigation and discipline of assailants, including: ...
 - a. Coordinating with ICE/ERO and other appropriate investigative agencies to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and assault."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(a).

¹¹ "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: ...

5. Procedures for investigation and discipline of assailants, including: ...
 - c. Procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with the ICE Office of Professional Responsibility."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(c).

¹² "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: ...

6. Procedures for data collection and reporting; and
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)(6-7).

¹³ "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." *See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).*

¹⁴ "The FSA or designee shall use thermometers to ensure the attainment and maintenance of proper internal cooking, holding, or refrigeration temperatures of all potentially hazardous foods." *See ICE NDS 2019, Standard, Food Service, Section (II)(E)(2).*

¹⁵ "Facilities must make available a "common fare" menu, which serves as the foundation to which modifications may be made to accommodate the religious diets of various faiths (e.g., for the inclusion of halal flesh-food options)." *See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).*

- **(Deficiency FS-58¹⁶);**
- No special menus for the 10 Federal holidays **(Deficiency FS-60¹⁷);** and
- No certified menu exceeding minimum daily nutritional requirements **(Deficiency FS-61¹⁸).**

ODO interviewed the FSM and found the facility did not implement written procedures for FS staff to conduct weekly inspections of all FS areas **(Deficiency FS-116¹⁹).**

MEDICAL CARE (MC)

ODO reviewed ■ medical staff training records and found in ■ out of ■ training records, no documented, cardiopulmonary resuscitation training **(Deficiency MC-57²⁰).** **This is a priority component.**

JUSTICE

DETAINEE HANDBOOK (DH)

ODO reviewed facility admission procedures, interviewed ERO Boston and the facility compliance officer, and found the facility did not obtain nor maintain detainee acknowledgement for the receipt of the ICE National Detainee Handbook **(Deficiency DH-9²¹).** **This is a priority component.**

CONCLUSION

During this special review, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 5 of those standards. ODO found 15 deficiencies in the remaining 5 standards. ODO found mainly administrative deficiencies due to CCJ written policies and procedures not including all NDS 2019 requirements and the facility not having a common fare menu. Two of the deficiencies were priority component deficiencies. This was ODO's first inspection of CCJ; therefore, ODO performed no trend analysis of this facility. Prior to this special review, the facility's last known oversight inspection was an ERO Operational

¹⁶ "Common fare represents a no-flesh protein option, offering vegetables, starches, and other foods that are not seasoned with flesh, and must be provided whenever an entrée containing flesh is offered as part of a meal." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

¹⁷ "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

¹⁸ "The menus must be certified as exceeding minimum daily nutritional requirements, meeting or exceeding U.S. recommended daily allowances (RDAs)." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

¹⁹ "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." *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

²⁰ "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(K).

²¹ "The facility will document and maintain a detainee acknowledgement of receipt of the ICE National Detainee Handbook and facility handbook." *See* ICE NDS 2019, Standard, Detainee Handbook, Section (II)(F).

Review Self-Assessment, which occurred on December 31, 2022.²² ERO Boston’s oversight of CCJ appears to be adequate; however, ODO notes there are an additional 23 NDS 2019 standards that ODO did not review as part of this special review. ODO recommends ERO Boston work with the facility to resolve deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2023 Special Review (NDS 2019)
Standards Reviewed	N/A	10
Deficient Standards	N/A	5
Overall Number of Deficiencies	N/A	15
Priority Component Deficiencies	N/A	2
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	1
Facility Rating	N/A	Acceptable/Adequate

²² Data Source: ERO Facility List as of September 26, 2023.