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Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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Office of Detention Oversight
Unannounced Compliance Inspection
Enforcement and Removal Operations
ERO Detroit Field Office

Monroe County Detention - Dorm
Monroe, Michigan

July 26-28, 2022

UNANNOUNCED COMPLIANCE INSPECTION
of the
MONROE COUNTY DETENTION - DORM
Monroe, Michigan

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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 an unannounced compliance inspection of the Monroe County Detention - Dorm (MCDD) in Monroe, Michigan, from July 26 to 28, 2022.¹ The facility opened in 2000 and is owned and operated by the Monroe County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCDD in 2000 under the oversight of ERO's Field Office Director in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers (DOs) to the facility. A jail administrator handles daily facility operations and manages support personnel. Continental Cafe, LLC provides food services, Advanced Correctional Healthcare provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	
Average ICE Population ³	
Adult Male Population (as of July 26, 2022)	
Adult Female Population (as of July 26, 2022)	

During its last inspection, in Fiscal Year (FY) 2022, ODO found nine deficiencies in the following areas: Hunger Strikes (1); Medical Care (1); Personal Hygiene (2); Post Orders (2); Searches of Detainees (1); and Voluntary Work Program (2).

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours. Additionally, this inspection was a follow-up inspection to ODO's inspection of MCDD from March 8-10, 2022.

² Data Source: ERO Facility List as of July 26, 2022.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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 highlights instances when 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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of one or more detainees and over 72-hour ICE detention facilities with an ADP of one-to-nine 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, in accordance with the facility’s new contractually required ICE National Detention Standards, which 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 (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance 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 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 ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	9
Sub-Total	9
Part 2 - Security	
Admission and Release	0
Custody Classification System	1
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Post Orders	3
Searches of Detainees	2
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	6
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Personal Hygiene	2
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 - Activities	
Voluntary Work Program	2
Sub-Total	2
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	20

⁵ For greater detail on ODO's findings, see the *Unannounced Compliance Inspection 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.

⁷ Special reviews and unannounced inspections are both focused reviews, and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

DETAINEE RELATIONS

ODO interviewed 27 detainees, who each voluntarily agreed to participate. One detainee made an allegation of mistreatment. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he submitted a sick call request due to his depression and preferred talk therapy versus medication; however, the medical provider informed him the facility did not have a psychiatrist on staff.

- Action Taken: ODO interviewed the facility medical provider, reviewed the detainee's medical file, and found the detainee submitted a sick call request on July 15, 2022, to speak with someone about his feelings of sadness, depression, and poor appetite. On the same day, the provider evaluated and advised the detainee the facility does not provide onsite talk therapy; however, the onsite psychiatrist may prescribe medication to help with the depression. The detainee stated he did not want medication. On July 26, 2022, ODO requested the facility to contact a volunteer clergyman or an available outside institution to help the detainee. On July 27, 2022, the provider informed ODO the staff scheduled an evaluation of the detainee for the outside provider's program for therapy. On July 28, 2022, ODO confirmed the detainee's evaluation for Friday, July 29, 2022.

Medical Care: One detainee stated he wanted to kill himself after a verbal altercation with an on-duty facility sergeant over a shaving razor request, but later recanted his statement and wanted to speak with a mental health provider.

- Action Taken: ODO interviewed the medical provider and witnessing facility detention officers, reviewed the detainee's medical file, and confirmed the provider evaluated and prescribed anti-depressant medication on July 22, 2022. The detainee stated his need to speak with a therapist and did not want any medication. During an assessment evaluation, the detainee explained his suicide threat was an outburst of frustration and recanted it. On July 27, 2022, ODO requested the facility to provide non-medicated talk therapy from an outside mental health provider and confirmed the detainee's pre-talk therapy treatment for July 29, 2022.

Food Service: One detainee stated he submitted a medical diet request because of his food allergies to soy, fish, and peanut butter and wanted a better variety of allergy-free foods.

- Action Taken: ODO reviewed the detainee's detention file, interviewed facility medical staff, and found a completed Inmate Special Medical Privilege form for no dairy, soy, peanut butter, nor fish diet due to allergies. ODO reviewed the MCDD dietary requirements and menus for religious and medical diets and found the detainee's diet, though repetitive, met nutritional and caloric requirements. The facility advised ODO the detainee had nothing noted in his medical records of food allergies and no allergic reactions while at the facility; however, the detainee would remain on the prescribed medical diet as a precaution. On September 13, 2022, at the request of

ODO, the facility informed and ensured the detainee understood the limitations of the food menu based on his allergies.

Personal Hygiene: Two detainees stated facility staff of the opposite gender did not announce themselves when entering the housing unit and had clear views of the detainees' showering and toilet areas from their elevated guard shack.

- Action Taken: During the course of the inspection, ODO observed female officers announcing their presence when entering the housing unit. On July 27, 2022, ODO observed and entered the guard shack located in the detainee housing unit, confirming visibility into the detainee showering and toilet area. The showering area did not have waist high curtains, which could provide privacy for showering detainees. ODO observed the platform's elevation above the floor, allowing visibility over the concrete partition wall meant for providing privacy. ODO cited this as a deficiency in the *Personal Hygiene* section of the report.

Sexual Abuse and Assault Prevention and Intervention: Multiple detainees stated female officers did not announce their presence when entering the housing unit.

- Action Taken: ODO observed female officers announcing their presence when entering the housing unit. ODO interviewed facility staff, reviewed the facility PREA policy, and found MCDD trained its officers to announce their presence with sufficient volume when entering the detainee housing units of the opposite gender. On July 27, 2022, facility leadership emailed the staff a reminder that all facility staff members must announce their presence upon entering a housing unit of the opposite gender.

Staff-Detainee Communication: Two detainees stated they had not interacted with ERO Detroit staff since arriving at the facility.

- Action Taken: On July 27, 2022, ODO reviewed the staff-detainee communication and grievance logs and found no record of complaints regarding lack of communications with ERO Detroit. ODO interviewed an ERO Detroit DO and confirmed ERO Detroit staff made daily visits to the housing unit to answer questions, concerns, and complaints. On July 27, 2022, ODO verified the DO met separately with each detainee to discuss his/her immigration case and each acknowledged satisfaction in meeting with the DO.

Staff-Detainee Communication: One detainee stated he could not submit requests through the electronic system because Spanish was not an option.

- Action Taken: On July 27, 2022, ODO interviewed facility staff, observed the electronic detainee request system in use, and found the electronic system included a Spanish language option for all detainees. On the same day, ODO requested an ERO Detroit DO instruct the detainee on using the Spanish option of the system, which the DO completed that day.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the MCDD EHS program, reviewed 11 inventory records for hazardous and non-hazardous substances, and found the facility did not have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Specifically, ODO observed seven cases of bleach stored in the women's locker room that staff did not record on inventory records (**Deficiency EHS-3⁸**).

ODO reviewed the MCDD EHS program, reviewed 11 inventory records for hazardous and non-hazardous substances, interviewed facility staff, and found the facility did not ensure staff and the maintenance supervisor reviewed the records. Specifically, ODO found no documented reviews of the master index of chemicals, storage locations, and corresponding safety data sheets (SDS) by the kitchen operations manager, maintenance supervisor, or other staff (**Deficiency EHS-7⁹**).

ODO reviewed the MCDD EHS program, reviewed the master index of chemicals, interviewed facility staff, and found the facility did not compile a master index of all hazardous substances in the facility to include their locations and a master file of the SDS. Specifically, the master index did not include the bleach stored in the women's locker room (**Deficiency EHS-8¹⁰**).

ODO reviewed the MCDD EHS program, reviewed the SDS master file, interviewed facility staff, and found the facility did not maintain documented reviews in the SDS master file. Specifically, there was no documentation of periodic reviews to ensure the SDS master file was accurate for all hazardous chemicals used and stored at the facility (**Deficiency EHS-9¹¹**).

ODO reviewed the MCDD EHS program, reviewed inventory records for hazardous substances, interviewed facility staff, and found the facility did not keep inventory records for hazardous substances current before, during, and after each use. Specifically, ODO observed seven cases of bleach stored in the women's locker room that staff did not record on the inventory records (**Deficiency EHS-16¹²**).

ODO reviewed the MCDD EHS program, observed the kitchen chemical storage area, and found the facility did not store "flammable" or "combustible" liquids in accordance with the Federal

⁸ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "Staff must review SDS files and the Maintenance Supervisor will review the records as necessary." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹⁰ "The Maintenance Supervisor or facility designee will compile a master index of all hazardous substances in the facility, including their locations, along with a master file of SDSs. Documentation of reviews will be maintained in the SDS master file." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹¹ "Documentation of reviews will be maintained in the SDS master file." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹² "Inventory records for a hazardous substance must be kept current before, during, and after each use." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

Hazardous Substances Labeling Act, to protect both life and property. Specifically, ODO observed staff had placed Steriphene, a flammable/combustible aerosol disinfectant, on a shelf instead of in an approved storage cabinet in the chemical storage area (**Deficiency EHS-17**¹³).

ODO reviewed the MCDD EHS program, reviewed inventory records for hazardous substances, interviewed facility staff, and found the facility did not include procedures for detainees with disabilities to ensure their safety and security during the facility emergency response (**Deficiency EHS-25**¹⁴).

ODO reviewed the MCDD EHS program, reviewed the annual fire inspection, interviewed facility staff, and found the facility did not comply with national, state, and local fire safety codes. Specifically, the facility had not conducted an annual fire inspection since March 17, 2021 (**Deficiency EHS-33**¹⁵).

ODO toured MCDD and found it did not maintain health conditions at a level that meets recognized standards of hygiene. Specifically, ODO observed what appeared to be a large amount of mold/mildew (non-dirt) staining on the mop basin located in the one detainee housing unit (**Deficiency EHS-58**¹⁶).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 30 detainee detention classification files, interviewed facility staff, and found in 4 out of 30 detention classification files, a supervisor did not review each detainee's classification. Specifically, a supervisor did not review the initial classifications for three files nor the reclassification for one file (**Deficiency CCS-6**¹⁷).

POST ORDERS (PO)

ODO reviewed MCDD PO policy and procedures, interviewed facility staff, and found the facility did not have written procedures to ensure all MCDD officers read applicable POs (**Deficiency PO-3**¹⁸). **This is a repeat deficiency.**

¹³ "Any liquid or aerosol labeled "Flammable" or "Combustible" must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(d).

¹⁴ "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).

¹⁵ "The facility will comply with local fire safety codes." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

¹⁶ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

¹⁷ "The classification system shall ensure: ...

4. A supervisor will review each detainee's classification."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

¹⁸ "All facilities shall have written procedures to ensure that all officers read applicable post orders." *See* ICE NDS 2019, Standard, Post Orders, Section (II)(B).

ODO reviewed MCDD PO logs, interviewed facility staff, and found prior to assuming a post, the facility did not ensure MCDD officers signed and dated the PO to indicate having read and understood its provisions. Specifically, there were 1,198 out of 1,251 instances where MCDD staff did not sign and date the PO log (**Deficiency PO-7¹⁹**).

ODO reviewed MCDD PO, interviewed facility staff, and found the facility did not review nor update the PO at least annually. Specifically, MCDD could not produce documentation to support an annual review of the facility's PO, as the PO provided to ODO were dated 2018 (**Deficiency PO-9²⁰**).

SEARCHES OF DETAINEES (SD)

ODO reviewed MCDD SD policies for searches, strip searches, body cavity searches, and inmate housing unit searches, and did not find written policy and procedures for using the least intrusive and practical method of search, appropriate to the type of suspected contraband and method of suspected introduction or concealment while preserving the dignity of the detainee by avoiding unnecessary force (**Deficiency SD-1²¹**). **This is a repeat deficiency.**

ODO reviewed the MCDD SD program, interviewed facility staff, and found the facility did not have POs for closely observing a detainee in dry cell status (**Deficiency SD-52²²**).

CARE

MEDICAL CARE (MC)

ODO reviewed the MCDD Infectious Diseases Policy and the Pandemic Emergency Response Plan, interviewed facility staff, and found the facility did not have written plans addressing the management of infectious and communicable diseases. Specifically, the facility was in a "Yellow" status and did not implement the required 10-day quarantine for all new detainees in accordance with the ERO COVID-19 Pandemic Response Requirements (**Deficiency MC-25²³**).

ODO reviewed MCDD medical records of one detainee housed at the facility for a period greater than 365 days and found the detainee had arrived at the facility on May 6, 2021, and his medical

¹⁹ "Prior to assuming a post, officers will sign and date the post order to indicate having read and understood its provisions." *See* ICE NDS 2019, Standard, Post Orders, Section (II)(B).

²⁰ "Post orders will be reviewed and updated at least annually." *See* ICE NDS 2019, Standard, Post Orders, Section (II)(C).

²¹ "The facility shall have written policy and procedures for the following: ...

3. Employing the least intrusive method of search practicable, as indicated by the type of suspected contraband and the method of suspected introduction or concealment;

4. Avoiding unnecessary force during searches and preserving the dignity of the detainee being searched;"

See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(A)(3-4).

²² "The facility shall have post orders for closely observing a detainee in dry cell status." *See* ICE NDS 2019, Standard, Searches of Detainees, Section (II)(D)(5).

²³ "The facility will have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, and education." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(D)(2).

records documented a negative tuberculosis (TB) purified protein derivative (PPD) test on March 15, 2021. Based on Center for Diseases Control (CDC) TB guidelines, the detainee was due for an annual TB test on or before March 15, 2022; however, he did not receive a chest X-ray until April 6, 2022, and did not receive a PPD test until April 28, 2022. CDC guidelines require annual testing for TB by either PPD or chest X-ray. ODO notes this as an **Area of Concern**.

PERSONAL HYGIENE (PH)

ODO observed MCDD detainee housing unit bathing and toileting areas, interviewed facility staff, and found a half wall for the showers in the housing unit, serving as a partition for detainee privacy. However, entrances to the shower remained completely open and in the direct line of sight of other detainees and staff from the telephone and seating areas (**Deficiency PH-18²⁴**). **This is a repeat deficiency.**

ODO observed MCDD detainee housing unit bathing and toileting areas, interviewed facility staff, and found a half wall for the showers in the housing unit, serving as a partition for detainee privacy. However, due to the guard shack's elevation, the half wall does not adequately block the view of detainees using the showers and toilets and changing their clothing. Specifically, female facility staff assigned to the guard shack have a clear view of detainees using the shower and toilet areas (**Deficiency PH-19²⁵**). **This is a repeat deficiency.**

ACTIVITIES

VOLUNTARY WORK PROGRAM (VWP)

ODO reviewed the MCDD VWP program, interviewed facility staff, reviewed two detainee files, and found in two out of two files, the facility did not provide detainees with monetary compensation of no less than \$1.00 per day for work. Specifically, the facility provided detainees with pre-packaged commissary food items, valued at \$3.00 per day for work, instead of monetary compensation (**Deficiency VWP-10²⁶**). **This is a repeat deficiency.**

ODO reviewed the MCDD VWP program, interviewed facility staff, and found the facility did not pay owed wages to detainees prior to transfer or release. Specifically, ODO found MCDD did not pay two detainees their owed wages prior to their release (**Deficiency VWP-11²⁷**). **This is a repeat deficiency.**

²⁴ "Detainees shall be provided with a reasonably private bathing and toileting environment in accordance with safety and security needs." See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(G).

²⁵ "Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement." See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(G).

²⁶ "Detainees shall receive monetary compensation of not less than \$1.00 per day for work completed in accordance with the facility's standard policy." See ICE NDS 2019, Standard, Voluntary Work Program, Section (II)(H).

²⁷ "Detainees will be paid owed wages prior to transfer or release." See ICE NDS 2019, Standard, Voluntary Work Program, Section (II)(H).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 9 of those standards. ODO found 20 deficiencies in the remaining 7 standards. ODO recommends ERO Detroit work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of MCDD in March 2022.

Compliance Inspection Results Compared	FY 2022 (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	19	16
Deficient Standards	6	7
Overall Number of Deficiencies	9	20
Repeat Deficiencies	0	6
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	Acceptable