



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Detroit Field Office

Monroe County Dormitory Facility
Monroe, Michigan

September 14-17, 2020

COMPLIANCE INSPECTION
of the
MONROE COUNTY DORMITORY FACILITY
Monroe, Michigan

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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 Monroe County Dormitory Facility (MCDC) in Monroe, Michigan, from September 14 to 17, 2020.¹ The facility opened in 2000, is owned by the County of Monroe, and is operated by the Monroe County Sheriff's Office (MCSO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCDC in 2000 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 a detention services manager to the facility. A MCSO jail administrator handles daily facility operations and is supported by [REDACTED] personnel. Continental Services provides food services, Advanced Correctional Healthcare 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	90
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of 9/14/2019)	[REDACTED]
Female Detainee Population (as of 9/14/2019)	N/A

During its last inspection, in Fiscal Year (FY) 2015, ODO found 9 deficiencies in the following areas: Detainee Classification System (2); Detainee Grievance Procedures (1); Food Service (3); Funds and Personal Property (1); Staff-Detainee Communication (1); and Use of Force (1).

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

² Data Source: ERO Facility List Report as of September 14, 2019.

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	1
Sub-Total	1
Part 2 – Security	
Admission and Release	4
Custody Classification System	3
Funds and Personal Property	3
Hold Rooms in Detention Facilities ⁶	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	3
Sub-Total	13
Part 4 – Care	
Food Service	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	1
Sub-Total	2
Part 5 – Activities	
Recreation	0
Religious Practices	1
Telephone Access	0
Visitation	1
Sub-Total	2
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	18

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

⁶ The facility did not have a special management unit. Instead, they placed detainees in their hold room and ERO Detroit would transfer the detainees to another facility the same day. ODO inspected Hold Rooms in Detention Facilities Standard based on the facility’s use of their hold room in these circumstances.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. 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.

Medical Care: One detainee stated he had been sick for the past 10-days and the facility took him to the emergency room (ER); however, upon his return to the facility, it took facility medical staff two days to provide him with his prescribed medication.

- Action Taken: ODO reviewed the detainee's medical records and interviewed the facility's medical staff. On September 4, 2020, the facility medical staff sent the detainee to the ER due to a suspected seizure, which resulted in a fall. The ER conducted routine diagnostic examinations for suspected seizure events and diagnosed him with a new onset seizure, with an unknown cause. The ER provided him with medication for seizures and discharged him back to the facility with a prescription for seizure medication. His medical records indicated the facility's medical staff administered his prescription as written, every day since his return to the facility. At the time of the inspection, the facility's medical staff submitted a referral for a neurologist to see the detainee. Additionally, the facility's medical staff placed the detainee on the chronic care list for seizures.

Medical Care: One detainee stated he had pain in his testicles from a previously diagnosed condition, which the facility's medical staff had prescribed the detainee medication. Additionally, he stated a specialist indicated he may need corrective surgery, but the facility's medical staff had not followed-up with him regarding the surgery.

- Action Taken: ODO reviewed the detainee's medical records and interviewed the facility's medical staff. A urologist examined the detainee and diagnosed him with an undescended left testicle. The urologist recommended an orchiectomy in order to move the testicle to its proper place. The facility's medical staff forwarded the request to ICE Health Service Corps (IHSC) for approval. IHSC approved the surgery request on September 17, 2020. The facility's medical staff informed ODO and the detainee the facility's health services authority would be scheduling the surgery upon her return to the facility the following week.

Medical Care: One detainee stated before he entered the United States, someone struck him with a baton. The baton strike caused a bruise/bulge on his back, which had not healed. Additionally, he stated he asked for treatment from the facility's medical staff five months ago and a physician has not examined him.

- Action Taken: ODO reviewed the detainee's medical records and interviewed facility medical staff. ODO found no record the detainee informed the facility's medical staff of his condition, nor a request for a sick call appointment. At the request of ODO, the facility's medical staff evaluated the detainee on September 16, 2020. The facility's

medical staff consulted the on-call physician via telephone and scheduled the detainee to see the physician during her next on-site visit to the facility the following week. The physician conducts on-site visits at the facility once per week and the facility's medical staff consults with her via telephone several times per day.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

The facility's written hazardous communication program did not address proper chemical labeling, providing Safety Data Sheets, nor training for employees (**Deficiency EH&S-1⁷**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 13 detention files and found personal property inventories for 2 out of 13 detainees indicated the facility confiscated the detainees' identity documents; however, the facility did not place copies of the detainees' identity documents in their detention files, nor did the facility provide receipts to the two detainees for their confiscated identity documents (**Deficiency A&R-1⁸**).

ODO found 6 out of 13 detention files did not document the facility provided detainees with hygiene items (**Deficiency A&R-2⁹**).

ODO found the facility did not document they provided the detainees with the ICE National Detainee Handbook in 13 out of 13 detention files reviewed (**Deficiency A&R-3¹⁰**).

ODO found the facility did not obtain the detainees' fingerprints, prior to their release, in 13 out of 13 detention files reviewed (**Deficiency A&R-4¹¹**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the classification files for 13 detainees and found in 1 out of 13 detention files, the facility did not complete the initial classification within 12-hours of the detainee's admission to

⁷ "In accordance with OSHA 29 CFR 1910.1200, *Hazard Communication*, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ "Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO. Detainees will receive a receipt for confiscated identity documents. Upon request, staff will provide the detainee with a copy of the document." See ICE NDS 2019, Standard, Admission & Release, Section (II)(C).

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 & Release, Section (II)(E).

¹⁰ "Upon admission, every detainee will receive an ICE/ERO National Detainee Handbook and a facility handbook." See ICE NDS 2019, Standard, Admission & Release, Section (II)(I).

¹¹ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc." See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

the facility (**Deficiency CCS-1¹²**).

ODO reviewed 13 detention files and found a supervisor did not complete a classification review in 13 out of 13 detention files reviewed (**Deficiency CCS-2¹³**).

ODO reviewed the facility's handbook and found it did not contain an explanation of classification levels, nor the conditions and restrictions applicable to each (**Deficiency CCS-3¹⁴**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 13 detention files and found in 13 out of 13 detention files, the facility did not indicate the detainees' forwarding address (**Deficiency F&PP-1¹⁵**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by issuing a directive, which stated the facility's admissions staff will obtain the forwarding address from each detainee and document the forwarding address in their detention files (**C-1**).

ODO reviewed the facility's last three quarterly property inventories and found the facility did not document the time they conducted the inventories for all three inventories (**Deficiency F&PP-2¹⁶**).

ODO reviewed the facility's handbook and found it did not include the following procedures: upon request, the facility would provide a copy of identity documents to the detainee; the rules for storing or mailing detainees' property they were not allowed to maintain in their possession; nor procedures for how to file a claim for lost or damaged property (**Deficiency F&PP-3¹⁷**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's written sexual abuse and assault prevention and intervention policy (SAAPI) and found it did not include procedures for the prompt and effective intervention to

¹² "The initial classification process and initial housing assignment should be completed within 12 hours of admission to the facility." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(2).

¹³ "A supervisor will review each detainee's classification." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

¹⁴ "The facility shall include a classification section in its detainee handbook which will include the following: 1. An explanation of the classification levels, with the conditions and restrictions applicable to each." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(H).

¹⁵ "Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property". See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(1).

¹⁶ "The facility logs will indicate the date, time, and name of the officer(s) conducting the inventory. Any discrepancies will be reported immediately to the facility administrator." See ICE NDS 2019, Standard, Funds and Personal Property, Section, (II)(D).

¹⁷ "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including:

2. That, upon request, they will be provided a copy of any identity document (passport, birth certificate etc.) placed in their A-files or detention files;

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

5. The procedures for filing a claim for lost or damaged property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2)(3) and (5).

address the safety and treatment needs of detainee victims (**Deficiency SAAPI-1¹⁸**).

The facility's written SAAPI policy did not have procedures to include victim advocate services in SAAPI programs (**Deficiency SAAPI-2¹⁹**).

The facility's written SAAPI policy did not include procedures for investigation and discipline of assailants (**Deficiency SAAPI-3²⁰**).

CARE

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

ODO reviewed the facility's suicide prevention and intervention program policy and found it did not include several requirements of the standard. Specifically, the facility did not include the following requirements in their policy: treatment; hospitalization; no excessive deprivation; clothing, hygiene, and privacy; review; debriefing; nor detainee mental health follow-up (**Deficiency SSH&SP&I-1²¹**).

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

ODO reviewed the facility's orientation program and found it did not notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations, nor how to make such a request in a language and/or manner they could understand (**Deficiency DIA&A-1²²**).

¹⁸ "Procedures for prompt and effective intervention to address the safety and treatment needs of detainee victims an allegation is made or an assault occurs, including:

- a. Procedures for offering immediate protection, including prevention of retaliation and medical and mental health referrals;
- b. Plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse and assault; and
- c. Methods for addressing the alleged victim's future safety, medical, and mental health needs."

See ICE NDS 2000, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(3)(a) thru (c).

¹⁹ "Procedures to include victim advocate services in sexual abuse and assault prevention and intervention programs, if such resources are available." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(4).

²⁰ "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;
- b. Following a uniform evidence protocol, including access to a forensic medical exam, which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions;
- 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)(a) thru (c).

²¹ "The facility shall have policy and procedures for a comprehensive suicide prevention and intervention program." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(A).

²² "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO reviewed the facility's RP policy and found it did not include policies and procedures to facilitate the observance of important holy days by the detainee population (**Deficiency RP-1**²³).

VISITATION (V)

ODO reviewed the facility's visitation policy and procedures and found the facility's written policies and procedures did not include provisions, which allowed legal service providers and assistants to call the facility in advance of a visit in order to determine if a detainee was being held at the facility (**Deficiency V-1**²⁴).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 18 deficiencies in the remaining nine standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2015 (NDS 2000)	FY 2020 (NDS 2019)
Standards Reviewed	15	19
Deficient Standards	6	9
Overall Number of Deficiencies	9	18
Repeat Deficiencies	0	N/A
Corrective Actions	1	1

accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(J).

²³ "A policy consistent with maintaining safety, security and the orderly operation of the facility shall be in place to facilitate the observance of important religious holy days..." See ICE NDS 2019, Standard, Religious Practices, Section (II)(I).

²⁴ "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone 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).