

Office of Professional Responsibility

Cumberland County Jail Inspection 2024-003-419

September 10-12, 2024



U.S. Immigration
and Customs
Enforcement



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Office of Detention Oversight
Special Review
2024-003-419

Enforcement and Removal Operations
ERO Boston Field Office

Cumberland County Jail
Portland, Maine

September 10-12, 2024

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

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SPECIAL REVIEW TEAM MEMBERS



Team Lead
Assistant Team Lead
Contractor
Contractor

ODO
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Creative Corrections
Creative Corrections

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 10 to 12, 2024.¹ The facility opened in 1993 and is owned by Cumberland County and operated by the Cumberland County Sheriff's Office. 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 (FOD) in Boston (ERO Boston). ICE is an authorized user of this facility 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 Custody Management Division Authorized Facility List as of September 9, 2024. CCJ was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.²

[REDACTED]. A jail administrator handles daily facility operations and manages 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 ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of September 10, 2024)	[REDACTED]
Adult Female Population (as of September 10, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2023, ODO found 15 deficiencies in the following areas: Environmental Health and Safety (3); Detainee Handbook (1); Food Service (6); Medical Care (1); and Sexual Abuse and Assault Prevention and Intervention (4).

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 For ODO inspections in FY 2024, ERO Custody Management Division requested ODO inspect all United States Marshals Service Intergovernmental Agreement facilities not contractually obligated to an ICE NDS to NDS 2019.

³ Data Source: ERO Custody Management Division Authorized Facility List as of September 9, 2024.

⁴ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁵

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.

In 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 began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7,8}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	5
Sub-Total	5
Part 2 - Security	
Use of Force and Restraints	3
Special Management Units	1
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	4
Part 4 - Care	
Food Service	6
Hunger Strikes	0
Medical Care	2
Personal Hygiene	1
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	10
Part 5 - Activities	
Recreation	0
Sub-Total	0
Total Deficiencies	19

⁶ For greater detail on ODO's findings, see the *Special Review Findings* section of this report.

⁷ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁸ During a special review, ODO will review a facility's compliance with at least 10 individual standards.

DETAINEE RELATIONS

ODO interviewed seven detainees, who each voluntarily agreed to participate. ODO requested interviews with 19 additional detainees; however, due to COVID-19 concerns in a housing unit, ODO did not interview those detainees. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the Safety Data Sheets master file and found no documented reviews (**Deficiency EHS-9⁹**).

ODO reviewed the facility's written emergency plans and procedures and found no specific procedures for detainees with disabilities (**Deficiency EHS-25¹⁰**). **This is a repeat deficiency.**

ODO observed barber operations in four housing units and found in four out of four units, the facility did not provide laundered towels (**Deficiency EHS-47¹¹**).

ODO observed a total of 27 showers in housing units B-1, B-2, and B-3, and found in 27 out of 27 showers, peeling paint on walls and floors, soap residue on walls and fixtures, and/or hair on the floors and in the drains (**Deficiency EHS-58¹²**).

ODO observed a total of 27 showers in housing units B-1, B-2, and B-3, and found in 27 out of 27 showers, peeling paint on walls and floors, soap residue on walls and fixtures, and/or hair on the floors and in the drains (**Deficiency EHS-64¹³**). **This is a repeat deficiency.**

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed one calculated use-of-force (CUOF) video recording and found the team leader did not state the facility name, date, time, nor name of the camera operator. Additionally, ODO observed three team members wearing helmets and two members wearing protective face

⁹ "Documentation of reviews will be maintained in the SDS master file." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁰ "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).

¹¹ "Barber operations will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care, including containers for waste, disinfectants, disposable headrest covers, laundered towels, and haircloths." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(c).

¹² "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).

¹³ "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).

coverings (**Deficiency UOFR-17**¹⁴).

ODO reviewed one CUOF video recording and found no close-up video of the detainee's body during the medical examination (**Deficiency UOFR-18**¹⁵).

ODO reviewed one UOFR file and found the facility did not forward a copy of the after-action report to the ERO Boston (**Deficiency UOFR-93**¹⁶).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility's SMU policies and procedures and found no written procedures to conduct regular reviews of all disciplinary segregation cases every 7 days (**Deficiency SMU-45**¹⁷).

CARE

FOOD SERVICE (FS)

ODO observed six prepared food containers and found in three out of six containers, no label for product identity, preparation date, nor time (**Deficiency FS-49**¹⁸).

ODO reviewed five files of detainees who requested a special/religious diet and found in five out of five files, no copy nor decision of the requests (**Deficiency FS-55**¹⁹).

ODO reviewed FS menus and found no common-fare special menu for the 10 Federal holidays (**Deficiency FS-60**²⁰). **This is a repeat deficiency.**

¹⁴ "Calculated use-of-force video recording include the following: ...

a) Introduction by Team Leader, stating facility name, location, time, date, etc.; describing the incident that led to the calculated use of force, naming each team member and showing his or her face briefly, as well as naming the video camera operator, and other staff present.

b) Faces of all team members (helmets removed, heads uncovered)."

See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(B)(2)(b)(1)(a-b).

¹⁵ "Calculated-use-of-force video recording will include the following: ...

e) Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown."

See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(B)(2)(b)(1)(e).

¹⁶ "The facility shall forward a copy of the After-Action Report to the local ICE/ERO Field Office Director within seven days of completion." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

¹⁷ "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures: ...

a. A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

¹⁸ "All saved prepared food shall be labeled to identify the product, preparation date, and time." See ICE NDS 2019, Standard, Food Service, Section (II)(E)(4).

¹⁹ "A copy of the request and decision granting or denying it should be kept in the detainee's detention file or in a retrievable electronic format." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(1).

²⁰ "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).

ODO reviewed FS inspection documentation for the fixed fire-suppression system and found a qualified contractor last inspected the system on November 11, 2023 (**Deficiency FS-112**²¹).

ODO interviewed the food service manager and found the facility did not implement procedures for FS staff to conduct weekly inspections of all FS areas (**Deficiency FS-116**²²). **This is a repeat deficiency.**

ODO reviewed FS daily water temperature logs and found the facility did not conduct daily water temperature checks for their three-compartment sinks (**Deficiency FS-117**²³).

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, 1 detainee who arrived on August 20, 2024, had no documentation on record to confirm his tuberculosis screening (**Deficiency MC-18**²⁴). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, no completed health assessment for 1 detainee and medical staff completed 1 health assessment for the other detainee 17 days after his arrival (**Deficiency MC-27**²⁵). **This is a priority component.**

PERSONAL HYGIENE (PH)

ODO observed the personal hygiene kits issued to detainees and found the kits did not include skin lotion (**Deficiency PH-14**²⁶).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)

ODO reviewed █ detainee suicide watch records and found in █ out of █ records, facility clinical staff conducted welfare checks twice a day November 10-21, 2023, and December 1-19, 2023, for

²¹ “A qualified contractor shall inspect the system every six months.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).

²² “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).

²³ “Staff shall check refrigerator and water temperatures daily, recording the results.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

²⁴ “All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

²⁵ “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 ICE NDS 2019, Standard, Medical Care, Section (II)(E).

²⁶ “Each detainee shall receive, at a minimum, the following items: ...

6. One container of skin lotion.

The facility administrator may modify this list as needed (e.g., to accommodate the use of bulk liquid soap and shampoo dispensers).” See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F)(6).

detainee (1) and September 4-8, 2024, for detainee (2) (**Deficiency SSHSPI-22**²⁷).

CONCLUSION

During this special review, ODO assessed the facility’s compliance with 10 standards under NDS 2019 and found the facility in compliance with 3 of those standards. ODO found 19 deficiencies in the remaining 7 standards. Since CCJ’s last inspection in September 2023, the facility has trended downward. CCJ went from 5 deficient standards and 15 deficiencies to 7 deficient standards and 19 deficiencies during this most recent inspection. ODO noted two repeat deficiencies in EHS and two in FS, and two priority component deficiencies in MC. CCJ completed its UCAP for its last inspection in September 2023, which may not have been effective in resolving all the previous deficiencies ODO cited. ODO recommends ERO Boston continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Special Review (NDS 2019)	FY 2024 Special Review (NDS 2019)
Standards Reviewed	10	10
Deficient Standards	5	7
Overall Number of Deficiencies	15	19
Priority Component Deficiencies	2	2
Repeat Deficiencies	0	4
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Acceptable/Adequate	Acceptable/Adequate

²⁷ “A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).



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