

**From:** (b)(6); (b)(7)(C)  
**Sent:** 4 Dec 2020 11:44:23 -0500  
**To:** (b)(6); (b)(7)(C)  
**Cc:**  
**Subject:** Ice Transfers and Field Arrests

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(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) Thanks for speaking with me yesterday and hearing me out over some of the concerns we spoke about of ICE Inmate Transfers and ICE Field Arrest issues we've recently had to deal with, specific to the COVID Pandemic.

After we spoke I had a meeting with the Sheriff and Major to discuss what CCJ's Intent is moving forward for accepting ICE Inmates/detainees:

- **ALL Out of State Transfers and/or Field Arrests** will *not* be accepted at CCJ beginning, Monday, December 7,2020.(I'm hoping this will give you some time to make alternative plans.)
- Once ICE has the Abbott machine operational you mentioned you are in the process of getting operational, the Sheriff is open to having a follow-up discussion to accepting Out of State Field Arrests, but Facility transfers will still *not* be accepted.
- **In-State Facility Transfers (Jails or DOC) and/or Field Arrests: will be** accepted at CCJ. In State transfers should be communicated beforehand with the Major or either Captains to work out/address any concerns. In State Field Arrests will still be accepted even if COVID positive and no medical concerns related to COVID or other Medical conditions.

As discussed, these restrictions are our attempt to keep COVID out of the Jail by utilizing best practices. Once the Pandemic subsides or we have an effective treatment we can re-look at modifying and/or removing these restrictions.

Thanks again for your understanding and I know your team is also struggling with issues related to the pandemic.

Please let me know if you have any questions?

Thanks,

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Captain-Corrections

Cumberland County Sheriff's Office

**50 County Way**

Portland, Maine 04102

Direct: 207-245 (b)(6);  
(b)(7)(C)



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**From:** (b)(6); (b)(7)(C)  
**Sent:** 29 May 2020 17:19:20 +0000  
**To:** (b)(6); (b)(7)(C)  
**Cc:**  
**Subject:** RE: (b)(6); (b)(7)(C)

Thanks.

(b)(6); (b)(7)(C)  
SDDO  
ICE ERO Portland, ME Sub-Office  
176 Gannett Drive  
South Portland, ME 04106

Main Office Phone#: 207-780- (b)(6); (b)(7)(C)  
Desk Phone#: 207-808- (b)(6); (b)(7)(C)  
Cell Phone#: 207-252- (b)(6); (b)(7)(C)  
Fax#: 207-780-3216

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Sent with BlackBerry Work  
([www.blackberry.com](http://www.blackberry.com))

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Date:** Friday, May 29, 2020, 1:18 PM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Cc:** (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** RE: (b)(6); (b)(7)(C)

Just saw the bottom of the email with special directions. I will print and give to the deputies

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**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Friday, May 29, 2020 1:07 PM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>

**Cc:** (b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)@ice.dhs.gov  
**Subject:** RE: (b)(6); (b)(7)(C)

10-4. I called CCJ, they will be expecting him. You will give the officers the direction on how to get there?:

(b)(6); (b)(7)(C)  
Cumberland County Jail  
50 County Way  
Portland, ME 04102  
Tel#207-774- extension three for Intake.

(b)(7)(E)

(b)(6); (b)(7)(C) SDDO  
ICE ERO Portland, ME Sub-Office  
176 Gannett Drive  
South Portland, ME 04106

Main Office Phone#: 207-780- (b)(6); (b)(7)(C)  
Desk Phone#: 207-808- (b)(6); (b)(7)(C)  
Cell Phone#: 207-252- (b)(6); (b)(7)(C)  
Fax#: 207-780-3216

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**From:** (b)(6); (b)(7)(C)@ice.dhs.gov  
**Sent:** Friday, May 29, 2020 1:00 PM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov  
**Cc:** (b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)@ice.dhs.gov  
**Subject:** (b)(6); (b)(7)(C)

Good afternoon,

(b)(6); (b)(7)(C) is processed and ready to go to Cumberland. I will send him with a complete Jail Packet (203 in your name) to include a "Bail Commissioner Information Form". Subject's temperature was 97.8 @ 1156hrs, no symptoms displayed. ETA to Cumberland 1530hrs.

Thank You,

(b)(6); (b)(7)(C)

**Deportation Officer**  
**DHS/ICE/ERO**  
**Burlington, MA**  
**(781) 645-**

(b)(6); (b)(7)(C) @ice.dhs.gov



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**From:** (b)(6); (b)(7)(C)  
**Sent:** 9 Oct 2020 12:48:45 -0400  
**To:** (b)(6); (b)(7)(C)  
**Cc:**  
**Subject:** Re: CCJ Inspection Environmental Health and Safety Folder  
**Attachments:** EH&S Part 4.zip

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On Fri, Oct 9, 2020 at 12:48 PM (b)(6); (b)(7)(C) <@cumberlandcounty.org> wrote:

On Fri, Oct 9, 2020 at 12:47 PM (b)(6); (b)(7)(C) <@cumberlandcounty.org> wrote:

On Fri, Oct 9, 2020 at 12:40 PM (b)(6); (b)(7)(C) <@cumberlandcounty.org> wrote:

Environmental Health and Safety Part 5

On Fri, Oct 9, 2020 at 10:47 AM (b)(6); (b)(7)(C) <@cumberlandcounty.org> wrote:

See attached



[Environmental Health and Safety.zip](#)

--

(b)(6); (b)(7)(C)  
Compliance Manager  
Cumberland County Sheriff's Office  
207-774-(b)(6); (b)(7)(C)



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(b)(6); (b)(7)(C)  
Cumberland County Sheriff's Office

(b)(6);  
(b)(7)(C)

Corrections Department  
207-774-(b)(6); (b)(7)(C)  
[redacted]@cumberlandcounty.org

(b)(6);  
(b)(7)(C)

--  
[redacted]  
Cumberland County Sheriff's Office  
Corrections Department  
207-774-(b)(6); (b)(7)(C)  
[redacted]@cumberlandcounty.org

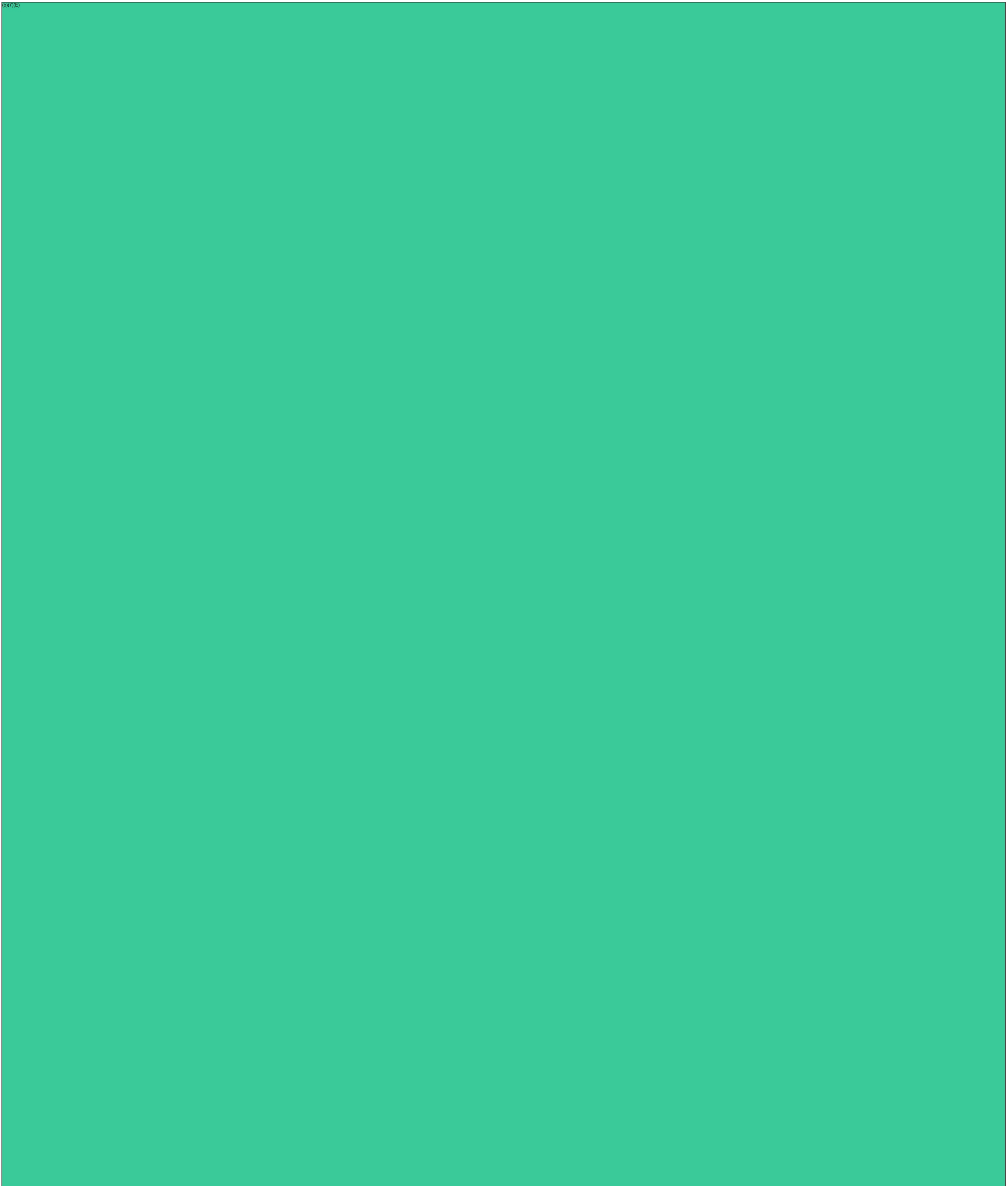
(b)(6);  
(b)(7)(C)

--  
[redacted]  
Cumberland County Sheriff's Office  
Corrections Department  
[redacted]  
[redacted]@cumberlandcounty.org

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[redacted]  
Cumberland County Sheriff's Office  
Corrections Department  
[redacted]  
[redacted]@cumberlandcounty.org



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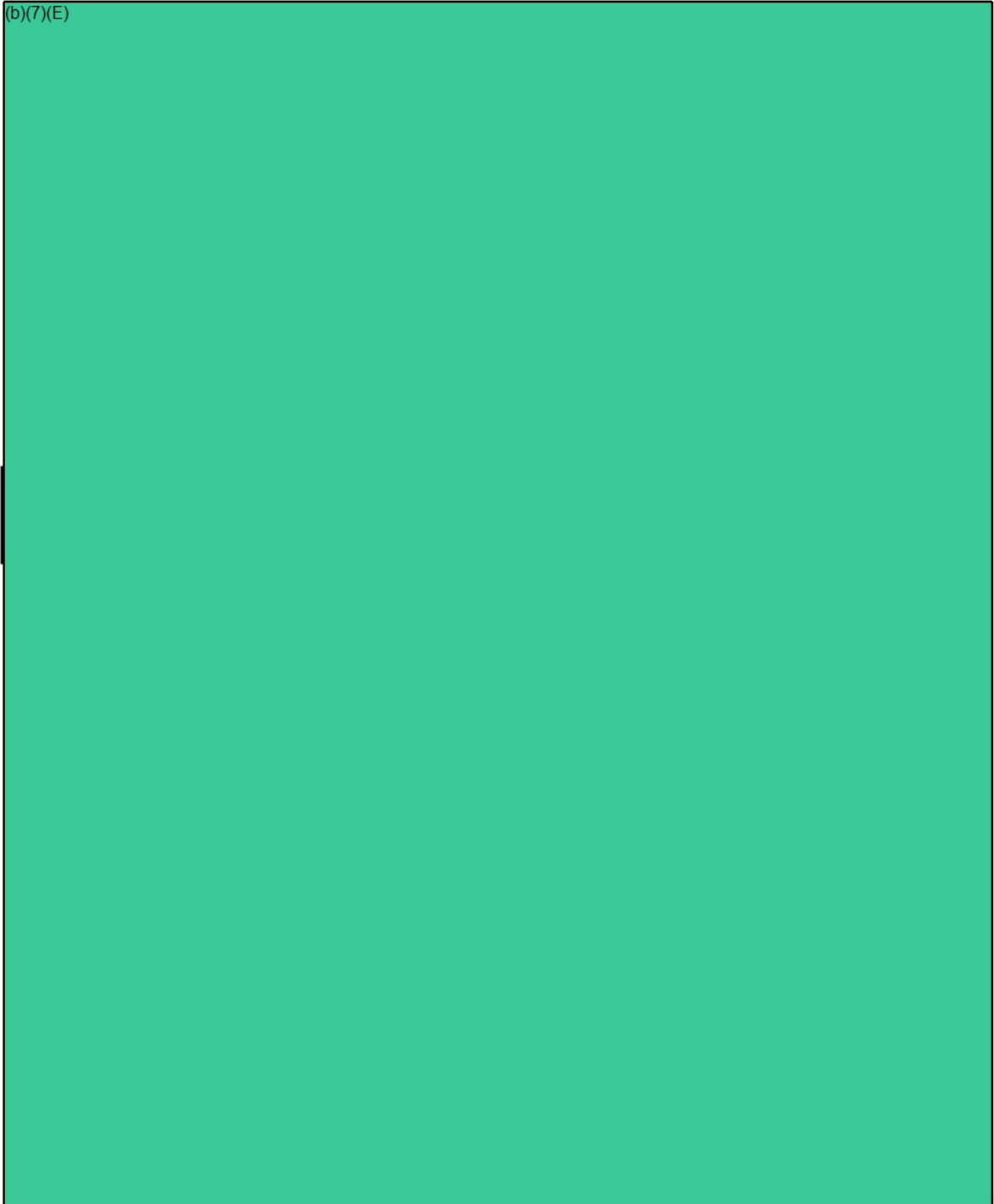


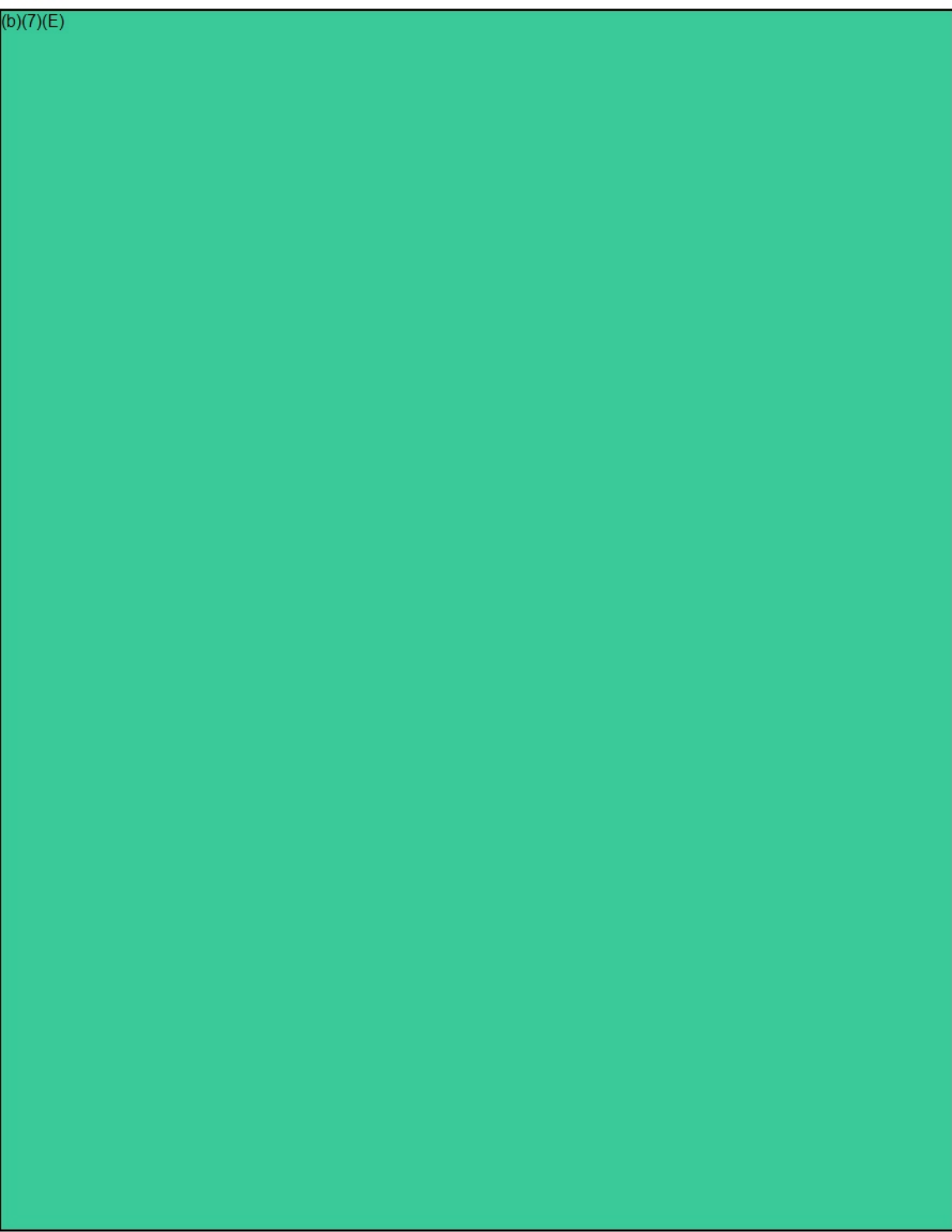
Page 1710

Withheld pursuant to exemption

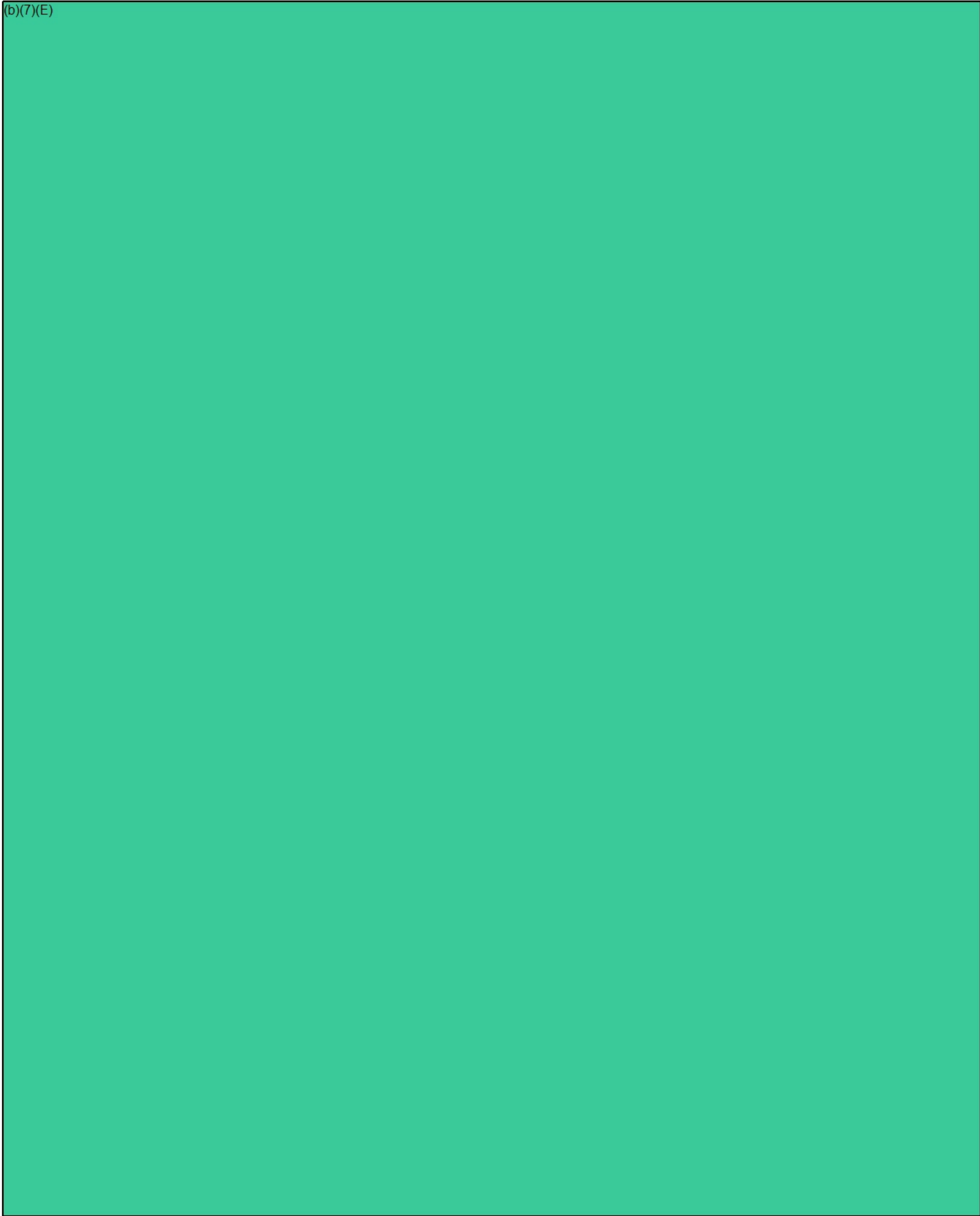
(b)(7)(E)

of the Freedom of Information and Privacy Act





(b)(7)(E)



**From:** (b)(6); (b)(7)(C)  
**Sent:** 9 Oct 2020 12:47:45 -0400  
**To:** (b)(6); (b)(7)(C)  
**Cc:**  
**Subject:** Re: CCJ Inspection Environmental Health and Safety Folder  
**Attachments:** EH&S Part 2.3.zip

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On Fri, Oct 9, 2020 at 12:40 PM (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@cumberlandcounty.org> wrote:  
Environmental Health and Safety Part 5

On Fri, Oct 9, 2020 at 10:47 AM (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@cumberlandcounty.org> wrote:

See attached



--  
(b)(6); (b)(7)(C)  
Compliance Manager  
Cumberland County Sheriff's Office  
207-774-(b)(6); (b)(7)(C)



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(b)(6); (b)(7)(C)  
Cumberland County Sheriff's Office  
Corrections Department  
207-774-(b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@cumberlandcounty.org>

--  
(b)(6); (b)(7)(C)

Cumberland County Sheriff's Office

Corrections Department

207-774-(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) [\(b\)\(6\); \(b\)\(7\)\(C\)@cumberlandcounty.org">@cumberlandcounty.org](mailto:<span style=)



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**From:** (b)(6); (b)(7)(C)  
**Sent:** 9 Oct 2020 12:40:48 -0400  
**To:** (b)(6); (b)(7)(C)  
**Cc:**  
**Subject:** Re: CCJ Inspection Environmental Health and Safety Folder  
**Attachments:** E-206 - Jail Hazard Communication Program.html, E-160 - Trustee Selection.pdf, E-140 - Inmate Personal Hygiene.pdf, E-150 - Laundry Services.pdf, E-205 - Tools and Hazardous Material Control.pdf, E-200 - Facility Maintenance.pdf, E-207 - Control & Use of Flammable, Toxic, and Caustic Materials.pdf, E-210 - Environmental Control.pdf, E-110 Cleaning Supplies.pdf, E.100 Facility Sanitation.pdf, E-300 - Food Service.pdf, E-120 Housekeeping Plans.pdf, E-130 - Vermin and Pest Control.pdf, Binder2.pdf

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## Environmental Health and Safety Part 5

On Fri, Oct 9, 2020 at 10:47 AM (b)(6); (b)(7)(C) <[@cumberlandcounty.org](mailto:(b)(6); (b)(7)(C)@cumberlandcounty.org)> wrote:

See attached



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(b)(6); (b)(7)(C)  
Compliance Manager  
Cumberland County Sheriff's Office  
207-774-(b)(6); (b)(7)(C)



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Corrections Department  
207-774-(b)(6); (b)(7)(C)  
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**Cumberland County Sheriff's Office  
Policy and Procedure**

**Title: Jail  
Hazard  
Communication  
Program**

**No. E-206**

**Effective Date:  
January, 2011**

**Distribution:  
All  
Personnel  
Accreditation  
Standard:  
4-ALDF-2D-  
02, 03**

**Revised:  
March, 2011**

**Associated  
With: N/A**

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\_\_\_\_\_  
Sheriff's Signature

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**Policy E-206 Jail Hazard Communication Program**

To ensure that information about the dangers of all hazardous chemicals used by Cumberland County Jail is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This program applies to all work operations in the Jail where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All employees will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available on the county intranet, with the Support Services Captain, and in the training division for all interested employees.



The Captain of Support Services is the program site-coordinator.

**Procedure A HAZARDOUS MATERIAL CONTROL**

1. Hazardous Material Safety Procedures have been established in order to comply with 29 CFR 1910.1200, OSHA's Hazard Communication Standard, and to provide a safe and healthy workplace for staff and inmates.
2. The Jail Administrator and Captain of Corrections in conjunction with the Facilities Manager will review and update this program at least annually and whenever necessary to include new hazardous materials or procedures.
3. Procedures for managing hazardous materials will include positive controls on labeling, inventory, storage, and use. These procedures will cover flammables, corrosives, caustics, toxics, and aerosols in pressurized cans.
4. In coordination with the department head involved, the Captain of the Corrections Division will ensure that all containers of hazardous substances are properly labeled and establish strict controls on the issue, supervision during use, and storage of these materials.
5. Description of the hazardous container labeling system:
6. Only original containers will be used for all hazardous material. No in-plant containers will be used. The original containers will contain the following labeling information:
  - identify the contents; the identity must match the MSDS; contain the appropriate hazard warnings including routes of entry and target organs if known and the name and address of the manufacturer, importer or responsible party.
7. The inventory control specialist is responsible for establishing and monitoring the Jail MSDS program regarding chemicals used. They will obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. They will see that any new information is communicated to affected employees.
  - a. MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, contact the Inventory Control Officer.
8. The Inventory Control Specialist will review incoming MSDS to make sure they contain all required information, and for changes in health and safety information. He/she will make sure any new information is passed on to the affected employees.
9. When the Inventory Control Specialist receives hazardous substances without the MSDS, they will send a letter to the supplier requesting the MSDS with a copy to file.

10. Employees are not permitted to use any chemicals for which the company does not have the MSDS.
11. MSDS will be accessible to all employees during each work shift when they are in their work areas. Copies of MSDS will be kept in the following locations: Master Control, Inventory Control Specialist's Office, Medical, Maintenance and Food Services.
12. The Captain of the Corrections Division in coordination with the Training Unit is responsible for the employee training program. The Trustee Coordinator is responsible for ensuring inmates are trained.
13. Each affected employee or inmate will be given information as outlined below for any new chemicals prior to that chemical being introduced into the workplace.
14. The Training Unit will coordinate yearly update training as required by the Maine Chemical Substance Identification Law.
15. The training coordinator is responsible for the Hazard Communication Program training and will ensure that all training program elements are carried out. Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. Each **new** employee will attend a health and safety orientation that includes the following information and training:
  - a. An overview of the OSHA hazard communication standard
  - b. The hazardous chemicals present at his/her work area
  - c. The physical and health risks of the hazardous chemicals
  - d. Symptoms of overexposure
  - e. How to determine the presence or release of hazardous chemicals in the work area
  - f. How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment.
  - g. Steps the company has taken to reduce or prevent exposure to hazardous chemicals
  - h. Procedures to follow if employees are overexposed to hazardous chemicals
  - i. How to read labels and MSDSs to obtain hazard information
  - j. Location of the MSDS file and written Hazard Communication program
16. All hazardous substances will be stored in locked cabinets or other secure storage areas that are approved by the National Fire Protection Association (NFPA).
17. Staff will maintain inventories of all flammable, hazardous, poisonous, and toxic material used in each department. These may include, but are not limited to, alcohol, ditto fluids, acids, glues, insecticides, and gasoline.

18. Gasoline and other flammables will be strictly controlled to prevent their use in arson or the manufacture of bombs. Gasoline will be stored or carried only in an approved safety can. Surplus gasoline will be carefully controlled and accountability will be maintained at all times.
19. Gasoline-propelled lawn mowers and other small engines will be stored in a secure place when not in use.
20. Periodically employees may be required to perform non-routine tasks that involve the use of hazardous chemicals. The Supervisor will provide the employee/inmate with information about the hazardous chemicals that they may be exposed to during non-routine tasks prior to employees starting such tasks. This information will include:
  - Specific hazards involved.
  - Protective measures the employee should take.
  - Measures the Cumberland County Jail has taken to lessen the hazard, including ventilation, respirators, presence of another employee and emergency procedures.
21. The Maintenance Unit Supervisor will provide contractors with employees at the Cumberland County Jail the following information:
  - Toxic and hazardous substances to which the contractor's employees may be exposed while at the work site.
  - Precautions the employees can take to lessen the possibility of exposure.
  - Location of MSDS.
22. The Maintenance Unit Supervisor will contact each contractor before work is started at the Cumberland County Jail to gather and disseminate any information concerning chemical hazards that the contractor is bringing into the work site. He/she is responsible for ensuring that any employees of the Cumberland County Jail who are exposed to these hazards are properly trained and protected.
23. The employees will be given information and training on hazardous chemicals. The training format will be as follows:
  - a. Self pace lesson plans and/or,
  - b. Online Training and/or,
  - c. Classroom/Video
24. If at anytime an employee feels unsure if any chemical is hazardous they should secure the area and contact the area supervisor. Hazardous response professionals will be called in to determine the hazard.
25. Emergency Response, Evacuation and First Aid, in the event of a hazardous chemical spill, the following will occur:

- a. Leave and secure the area immediately.
  - b. Alert others to the danger, call Master Control, notify a supervisor, give:
    - 1. Location
    - 2. Description of the chemical
    - 3. Number of persons who may have been exposed
  - c. Call emergency responders: Fire/EMS
    - 1. First Aid, Evacuation
  - d. Do not return to the area of exposure
26. How to Reduce/Prevent Exposure
- a. **READ THE MSDS BEFORE USE !!!**
  - b. Each employee is responsible to use hazardous chemicals in a safe manner that is consistent with the chemical labeling and MSD.
  - c. Employees are not to use a chemical in an unmarked container or a new chemical introduced into the work area until they are properly labeled and MSDS are available.
  - d. Each employee is to use appropriate personal protective equipment recommended by the chemical manufacturer and MSDS.



# Cumberland County Sheriff's Office

## Standard Operating Procedure

<b>Title:</b>	<b>Inmate Personal Hygiene</b>	<b>No:</b>	<b>E-140</b>
<b>Effective Date:</b>	<b>January 1, 2018</b>	<b>Distribution:</b>	<b>All Corrections Division</b>
<b>Last Review:</b>	<b>January, 2017</b>		
<b>Review Date:</b>	<b>January 1, 2019</b>	<b>Number of Pages:</b>	<b>5</b>
<b>Rescinds:</b>	<b>E-140 Dated June, 2016</b>	<b>Accreditation Standard:</b>	<b>ACA 4-ALDF 2A-57, 4B-06, 07</b>
<b>Associated With:</b>	<b>N/A</b>	<b>Approved by:</b>	<b><i>Kevin J. Joyce</i></b> <i>Electronic Signature: 12/19/17</i>
			<b>Sheriff's Signature</b>

### Policy E-140 Inmate Personal Hygiene

When an inmate is allowed to neglect his/her personal cleanliness and abuse himself/herself, the chances that he/she will contract and spread disease and vermin are greatly increased.

The Corrections Division will implement practices to ensure that all inmates exercise good personal hygiene habits by:

- A. Providing facilities necessary to practice good personal hygiene;
- B. Providing personal hygiene items necessary to practice good personal hygiene;
- C. Requiring that inmates comply with minimum standards for personal cleanliness established by the facility;
- D. Providing cleaning of inmates clothing and linen on a scheduled basis.



E-140: Inmate Personal Hygiene  
Standard Operating Procedure

**PROCEDURE A Inmate Personal Hygiene**

1. All inmates shall be allowed to shower at least daily. Inmates will be allowed to shower more often if they wish.
2. Inmates acting as kitchen trustees will shower daily prior to work detail.
3. Inmates are encouraged to wash, and brush their teeth at least daily. Razors will be made available 5 days per week, Sunday through Thursday.
4. Inmates will be afforded the opportunity to receive haircutting services at regular schedule times. The Barber will follow prescribed practices for sanitizing equipment before and after each use.
5. Officers on the 0700-1500 and 1500-2300 shifts will observe inmates daily to ensure that personal cleanliness is maintained according to minimum standards.
6. Inmates suspected of having head or body lice will immediately be referred to the Medical Department for examination.
7. Officers will implement instructions from the Medical Unit to prevent lice from spreading to other inmates.
8. Officers will implement disciplinary procedures by submitting an incident report against inmates who repeatedly refuse to keep themselves clean according to minimum standards.
9. If complaints are made by an inmate or staff member concerning an inmate's hygiene, the inmate will be required by the Area Supervisor to shower.

**PROCEDURE B Inmate Personal Hygiene Items**

1. Officer(s) will provide personal hygiene items as necessary to inmates.
2. Hygiene items provided by the Cumberland County Jail include:
  - A. Toothbrush and paste;
  - B. Hand soap;
  - C. Comb; (access to);
  - D. Toilet Paper (access to);
  - E. Razor and Shaving Cream (5 days per week, Mon. through Thurs. access to);
  - F. Feminine hygiene products (access to);
  - G. Nail Clippers (access to, 7-3 shift).

Some of these items may be purchased through the Inmate Commissary if the inmate desires a different brand product than is issued by the facility.

4. The Officer(s) will fill appropriate requests for personal hygiene items on the same day the request is taken.

**PROCEDURE C Razor Protocol**

1. Razors will be issued daily with the exception being Fridays, Saturdays and days before a Holiday. Staff on the 3-11 will record the names of inmates requesting a razor. This list will be provided to the Area Supervisor for use the next day unless it's one of the above listed exceptions.
2. The officer on duty will record one razor each, listing their name and cell number on the sheet. After the 1500 lockdown the area Sergeants will issue the requested number of razors to the appropriate Pod Officer at pass down. The Pod Officers will issue razors to those on the list, collecting an inmate I.D. from each recipient of a razor.
3. The pod officer will have on hand a clean sharps container (w/o lid) in the unit.
4. The pod officer will maintain control/inventory of the razors until they are collected and removed from the housing area.
5. If the razor is returned without the cap or altered in any way the incident must be documented.
6. The officer will wear gloves at all times when handling contaminated sharps, being cognizant of cross-contaminating while wearing them.
7. The officer will ID the inmate, retrieve and inspect the razor and pass it close to the wall magnet to ensure the blade is in place, if the razor has not been tampered with, the inmate's ID badge is returned.
8. Supervisors will collect razors after 1530 hrs.
9. The area supervisor will bring a clear plastic bag, put on gloves, place the clear plastic bag on the officers' station counter, ensuring that the bag is open enough to put razors inside and not allow the razors to come into contact with anything but the plastic bag. The supervisors will then carefully empty the sharps container's contents on to the plastic bag so that he/she can count and inspect the razors.
10. After the count is verified, the clear plastic bag of razors will be closed up, and placed into the dumpster.

For detailed information of Bio Hazard materials see the Exposure Control Plan.

**PROCEDURE D Inmate Clothing, Linen Exchange & Laundry Service**

1. The Corrections Division offers all inmates a free laundry service. Generally, inmates are offered laundry service on an every-other-day system. Work Release and kitchen trustees will be done on an as needed basis. Laundry services will be provided at least twice weekly for all residents.
2. Laundry services shall be sufficient to allow for the following exchanges:
  - A. Clothing, at least twice a week;
  - B. Linens, at least once a week;
  - C. Towels, at least twice a week;
  - D. Blankets, at least monthly, or before being issued to another inmate;
  - E. Clothing of inmates working in food-services, at least daily.
3. All linen and bedding will be cleaned or replaced at least weekly and whenever necessary.
4. All inmates who are assigned to a housing area will be provided with a mattress.

**PROCEDURE E Contaminated Clothing & Linen**

1. Officers will keep contaminated clothing and linen separate from all other clothing and linen. Contaminated clothing can be defined as clothing with any substance on it that may be hazardous to one's health.
2. Officers will place the clothing or linen in a large plastic bag, spray the clothing or linen with an approved disinfectant, and seal the bag tightly.
3. Officers will label the bag as contaminated, and deliver it to the Property Officer.
4. The Property Officer will keep the clothing or linen in the plastic bag for at least twenty-four (24) hours, and then wash separate from all other laundry.
5. The Property Officer will have recorded all contaminated clothing and linen in the Property Logbook. This information will include:
  - A. The source of contamination, if known
  - B. The name of inmate having possession of the contaminated clothing or linen;
  - C. Action taken to decontaminate.
6. Eating utensils, clothing, and bedding belonging to inmates suspected of having contagious or infectious diseases will be sanitized or destroyed in accordance with physician's instructions.

**PROCEDURE F CCC Resident Hygiene**

1. In order to maintain the personal hygiene of residents at the Cumberland County Community Corrections Center and reduce the frequency of contamination between residents, all residents will be issued a complete set of linen and personal hygiene items upon their transfer to the CCC.

**PROCEDURE G CCC Laundry**

1. All residents are responsible for laundering their own clothing and linen.
2. Instructions for using the laundry equipment will be posted in the laundry room.
3. Residents are to wash and dry FULL LOADS ONLY. No single item laundering.

**PROCEDURE H CCC Linen Issue**

1. The CCC Officer will inventory and issue the following items to the resident:
  - A. Two (2) sheets
  - B. One (1) mattress
  - C. Two (2) blankets
  - D. Two (2) towels
2. Residents of the CCC are permitted to have one (1) pillow (to be provided by the resident).



**PROCEDURE I CCC Personal Hygiene Items**

1. The CCC officer will inventory and issue the following personal hygiene items to each resident upon transfer to the CCC:
  - A. Toothbrush and paste;
  - B. Hand soap;
  - C. Toilet tissue;
  - D. Orientation guide;
  - E. Shaving material;
  - F. Special hygiene items (determined by the CCC Officer).
  
2. CCC residents may, if they wish, provide their own personal hygiene materials.



## Cumberland County Sheriff's Office Standard Operating Procedure

<b>Title: Facility Maintenance</b>	<b>No: E-200</b>
<b>Effective Date: June 1, 2018</b> <b>Last Review: January, 2018</b>	<b>Distribution: All Personnel</b>
<b>Review Date: June, 2019</b>	<b>Number of Pages: 4</b>
<b>Rescinds: E -200 Dated January, 2015</b>	<b>Accreditation Standard: 4-ALDF-1C-13-15</b>
<b>Associated With: N/A</b>	<b>Approved by: <i>Kevin J. Joyce</i></b> <i>*Electronic signature date:01/15/2018</i> <b>Sheriff's Signature</b>

### Policy E-200 Facility Maintenance

The citizens of Cumberland County have invested a substantial amount of money to construct and maintain the Cumberland County Jail. A scheduled maintenance plan has been established to protect this investment and to prevent the deterioration of the facility.

The Corrections Division will implement scheduled maintenance practices to ensure that the physical plant and equipment are kept in good repair. This is not only an economical practice, but also contributes to the safety and sanitation of the facility.

### PROCEDURE A Facility Maintenance, General

- 1 The Jail Facility Technicians will make weekly inspections of the physical plant and equipment to ensure that everything is maintained properly.
- 2 The Jail Facilities Supervisor will make, or arrange to have made, necessary repairs.
3. The Jail Facility Technicians will inspect and adjust environmental control systems as needed.
4. The Jail Facilities Supervisor or designee will maintain a record on the maintenance computer of all job order forms. Work Request/Order forms shall contain the following:
  - A. Date,
  - B. Problem,
  - C. What was done to correct problem,
  - D. Who performed the work,
  - E. Time on/work.



5. The Jail Facility Technicians are trained in emergency shutdown procedures for:
  - A. Heating and cooling systems;
  - B. Lighting systems;
  - C. Ventilation systems;
  - D. Plumbing systems.
  
6. The Jail Facilities Supervisor will maintain records of:
  - A. Work Request/Order forms;
  - B. Emergency calls and repairs;
  - C. Equipment owner's operations manual;
  - D. Blueprints of electrical, plumbing, heating, cooling, locking, ventilation, fire detection, fire suppression;
  - E. Blueprints of the facility design;
  - F. Inventory of facility keys that are located in Maintenance (Paracentric & Medeco).

**PROCEDURE        B        Preventative Maintenance Plan/ Schedule**

The Corrections Division has established a comprehensive preventive maintenance program for its physical plant, under the supervision of the Facilities Supervisor.

1. This program will prolong the useful life of all Corrections Division property through predetermined, scheduled inspections.
2. This inspection program will be conducted on a continuing basis to test and service institutional property and equipment.
3. Any equipment or property beyond serviceable life will be declared surplus and disposed of through County property disposal procedures.
4. This program will supplement the regular use of a standard Work Request/Order form, which will serve to initiate corrective action on major and minor repair items and can be submitted by any staff member.
5. The Maintenance Department will maintain a maintenance schedule on all applicable equipment.
6. The system of scheduled inspections will entail periodic scheduled examinations, lubrication, minor adjustments, and servicing of plant equipment and systems by specific personnel. These will be based on manufacturers' service manuals and other local factors and will be developed for various types of equipment and systems as they become available. All inspections in this category will be documented through the use of a central computer which will serve as a permanent record of the inspection performed and any action taken.
7. Maintenance problems beyond the Maintenance Technician's capacity or authority to correct will be reported to the Facilities Supervisor, who will arrange for corrective action.
8. Inspections will be carried out to keep equipment that is generally unattended in good running order, detect defects, estimate upcoming maintenance requirements, and comply with established safety

regulations. These inspections will be performed by assigned tradesmen; service contracts may be used where applicable. Examples of areas requiring this category of inspection are:

- A. Daily boiler room inspections including completion of Boiler Room Log. Boilers are inspected yearly (steam boiler) by State Boiler Inspectors, every 2 years on low pressure boilers.
  - B. Bi-weekly inspections by a Pest Control Professional (outside contract).
  - C. Bi-Annual preventive maintenance of air handling systems is done by outside source per contract, with minor repairs done by Maintenance Personnel.
  - D. Daily services and inspections of the facility and completion of Work Request/Order form
  - E. Sprinkler system test conducted by outside vendor in accordance with contract.
  - F. Inspection of Kitchen Hood Extinguishing system conducted by outside vendor.
  - G. Weekly inspection of emergency generator, quarterly test is performed under load conditions; completion of generator preventative maintenance forms is done by maintenance personnel. Yearly preventative maintenance is performed by outside contractor.
  - H. Monthly inspections of elevator in facility and completion of job invoice by outside contractor. The State of Maine requires annual licensing. (Copies kept in Maintenance Supervisors office.)
9. The central computer will generate a checklist, and a scheduled maintenance list providing a basis for initiation of corrective maintenance and repair work. Although these inspections are not security inspections, any security deficiencies discovered in the course of such an inspection should be immediately reported to the Shift Lieutenant.
10. Any problems will be listed on the appropriate forms.
11. Maintenance staff will complete Work Request/Order form. Once the form is completed, it is filed in the Maintenance Office.
12. Copies of all invoices reflecting inspections/testing by outside contractor shall be kept on file in the Maintenance Office.

**PROCEDURE C Reporting Maintenance Problems / Non-Emergency**

- 1. The Jail Administrator, Shift Lieutenant, or staff member will complete a Work Request/Order form for all maintenance problems he/she discovers, and submit it to Jail Administrator or designee for approval during normal working hours.

**PROCEDURE D Reporting Emergency Maintenance Problems**

- 1. When an emergency maintenance problem is discovered by staff, he/she will immediately notify the Shift Lieutenant of the problem.
- 2. The Shift Lieutenant will review the problem and determine whether to call the Maintenance pager.
- 3. The emergency pager telephone number is posted in the Shift Lieutenant's office and Master Control, titled Emergency Maintenance Pager. Maintenance personnel can be reached 24 hours a day.
- 4. The Shift Lieutenant will relay all instructions from the Maintenance staff to corrections staff for procedures to be implemented until he/she arrives.
- 5. The Shift Lieutenant will complete a Work Request/Order form for all emergency maintenance problems.

**PROCEDURE      E      Reporting Emergency Maintenance Problems After Normal Hours.**

1.      The Shift Lieutenant will review the problem and determine whether to call the Maintenance pager.

**Cumberland County Sheriff's Office  
Policy and Procedure**

**Title: Cleaning Supplies**

**No. E-110**

**Effective Date: January, 1994**

**Distribution: Corrections Personnel**

**Revised: November, 2014**

**Accreditation  
Standard: 4-ALDF-1C-11**

**Associated With: N/A**

Kevin Joyce Electronically Signed 11/2014  
Sheriff's Signature

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**POLICY      E-110 Cleaning Supplies**

The Corrections Division will keep a supply of cleaning materials and equipment necessary to sustain daily housekeeping practices.

**PROCEDURE      A      Inventorying & Ordering Cleaning Supplies**

1. The Food Services Supervisor will be responsible for inventorying all cleaning supplies used in the food preparation areas and will order supplies as needed. The Food Services Supervisor will provide the Inventory Control Coordinator with a daily inventory report.
2. The Property Officer will be responsible for ordering and inventorying chemicals and equipment used in the laundry areas and the Property Room. Supplies will be ordered as needed.
3. The Inventory Control Coordinator will maintain a running inventory of all cleaning tools and supplies. All chemicals will be inventoried on a daily basis.
4. Once a week or if supplies run low, the Inventory Control Coordinator will order the necessary items and replenish all areas.
5. All deliveries will be inventoried by the recipient, if the recipient is other than the Inventory Control Coordinator, they will add it their inventory and forward a copy of the inventory to the Inventory Control Coordinator who will maintain a master list of all cleaning material and supplies.
6. The Inventory Control Coordinator will order cleaning supplies and forward the invoices to the Business Office for processing.
7. Every effort will be made to purchase cleaning supplies and materials which are non-toxic to humans.
8. All poisonous and caustic materials used for cleaning or extermination shall be clearly labeled, strictly controlled, inventoried and separate from all other chemicals, for detailed information see Policy E-205.
9. All housing units only use diluted chemicals with a Health Hazard rating of 1 or less.

10. Only staff authorized to remove inventory from C-Mechanical will do so and document on the sign-out sheet provided.

**PROCEDURE B Storage of Cleaning Supplies**

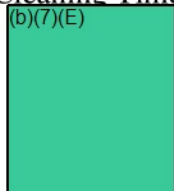
1. All cleaning supplies will be kept in locked closets, only accessible to inmates during specified cleaning times.
2. Inmates will not be allowed access to keys to the locked supply closets.
3. All cleaning materials (mops, brushes, etc.) will be thoroughly cleaned after each use and stored in a well ventilated area.
4. All cleaning storage closets shall have an inventory list and location for cleaning supplies for that area. Equipment will be outlined (“Shadowed”) in the assigned location.
5. Officers must inspect and inventory cleaning storage closets each shift, during first lockdown headcount and prior to going off shift to ensure accountability of all supplies. If a cleaning item is missing a reasonable effort will be made to locate it, i.e. check all rooms and storage areas. If item(s) are not found, document in “Area Log”, i.e. Pod, Intake Log, and Master Control and notify Area Supervisor. The inspection and results will be logged in the Area logbook. If it is a non Pod cleaning supply closet, it will be inventoried at the beginning and end of each shift. Damaged or broken equipment will be returned to the Inventory Control Coordinator for repair or replacement.
6. C-Corridor closet will be inventoried for equipment by the C-Rover and results logged in the logbook found in the closet. The Maximum Security Officer will inventory cleaning equipment in his/her closet and the A-Hall closet and record results in the A-Pod log.

**PROCEDURE C Issuing Cleaning Supplies**

1. Designated times for cleaning shall be established in each area.
2. Officers and the Inventory Control Coordinator will issue supplies to trustees for cleaning other inmate activity areas, hallways, and floors.
3. Pod cleaning storage closets will be opened at specific times during each shift. All other times the closets will remain locked.

Pod Cleaning Times:

(b)(7)(E)



(Pod trustees)

4. The C-Rover will be responsible for making available cleaning supplies for the Hall Trustees at the following times:

(b)(7)(E)



(b)(7)(E)

5. The Intake Staff will make available cleaning supplies for the Intake Trustees using the schedule above with the exception of the (b)(7)(E) Shift.

6. The Food Service Supervisor or designee will make available cleaning supplies for the kitchen Trustees as needed. The normal cleaning times for the kitchen are as follows:

(b)(7)(E)

7. The Property Officer or designee will check all laundry chemicals weekly and re-supply as necessary.

8. The Lobby Officer will make available the cleaning supplies for the On Grounds Trustees.

9. Cleaning supplies and equipment will be assigned to each area. If other equipment or supplies are needed, a request shall be submitted to the Inventory Control Coordinator. We must not take supplies from other areas.

10. Broken equipment must be removed from the area and given to the Inventory Control Coordinator, if he/she is unavailable then forward to the area Supervisor with a brief report. Any removed equipment will be logged in the Pod Log.

**PROCEDURE D Cleaning supplies for CCC**

1. The Cumberland County Community Corrections Center will keep a supply of cleaning materials and equipment necessary to sustain daily house-keeping practices. Cleaning materials will be maintained and controlled as in the aforementioned procedures.





# Cumberland County Sheriff's Office Standard Operating Procedure

<b>Title: Facility Sanitation</b>	<b>No: E-100</b>
<b>Effective Date: December 20, 2019</b>	<b>Distribution: Corrections Personnel</b>
<b>Review Date: Annual</b>	<b>Number of Pages: 3</b>
<b>Rescinds: September, 2002</b>	<b>Accreditation Standard: 4-ALDF-1A-01</b>
<b>Associated With: N/A</b>	<b>Approved by: <i>Kevin J. Joyce</i></b> <i>*Electronic signature date: 12-06-2019</i> <b>Sheriff's Signature</b>

## I. PURPOSE:

To establish a facility sanitation process.

## II. POLICY:

The Corrections Department will maintain strict sanitation practices that comply with local, state, and federal sanitation and health codes, to ensure a healthy and sanitary living and work environment for inmates and staff.

Inspections for the Corrections Department shall be conducted of the facility by the following:

- Weekly sanitation inspections of all facility areas by qualified departmental staff members,
- Comprehensive and thorough monthly inspections by a safety/sanitation specialist,
- At least annual inspections by federal, state, and/or local sanitation and health officials or other qualified person(s). (1A-01)

The facility will comply with all applicable laws and regulations to the governing jurisdiction, and there will be documentation by an independent, outside source that any past deficiencies noted in annual inspections have been corrected.

## III. PROCEDURES:

### PROCEDURE A Sanitation Practices

1. The Jail Administrator or designee will inspect all areas of the facility at least once per week to ensure that proper sanitation practices are being carried out by staff and inmates. The inspection and its results will be recorded in the Facility Running Log.
2. The Jail Administrator will review the sanitation practices of the Corrections Department at least annually to ensure compliance with sanitation and health codes. The facility shall be inspected at least annually by a local health codes officer or the Department of Health and Human Services. All



inspections and reports thereof shall be documented and kept on file. Any and all inspection reports of outside agencies shall be kept on file.

3. The Jail Administrator will implement steps necessary to ensure that the Corrections Department complies with local, state, and federal health and sanitation codes.
4. The Jail Administrator or designee will assist outside agencies responsible for inspecting the Cumberland County Jail to identify possible sanitation and health problems at the facility. (State or local agencies)
5. The Jail Administrator or designee will review all inspection reports by outside agencies and implement a plan of action to correct, within three months, all sanitation and health deficiencies noted.
6. The Jail Administrator or designee will submit a written report to the Sheriff outlining all sanitation and health deficiencies discovered during inspections by outside agencies and the action taken, or planned to correct these deficiencies.
7. The Sheriff or Jail Administrator will submit a copy of the action implemented to correct sanitation and health deficiencies to the appropriate agency within the time required.
8. The Shift Lieutenant or designee will inspect all facility areas for cleanliness on a daily basis. All cleaning storage closets will be checked for proper inventory.
9. The Inventory Control Coordinator will inspect and replenish all cleaning storage areas on a weekly basis.

#### **PROCEDURE B Community Corrections Center Sanitation**

1. The Cumberland County Community Corrections Center will maintain strict sanitation practices that comply with local, state, and federal sanitation and health codes, to ensure a healthy and sanitary living and working environment for residents and staff.
2. The Jail Administrator will be familiar with local, state, and federal health and sanitation codes.
3. The Jail Administrator will review the sanitation practices of the Cumberland County Community Corrections Center at least annually to ensure compliance with health and sanitation codes.
4. The Jail Administrator will implement steps necessary to ensure that the Cumberland County Community Corrections Center complies with local, state, and federal health and sanitation codes.
5. The Jail Administrator or designee will inspect all areas of the CCC at least weekly to ensure that proper sanitation practices are being carried out by staff and residents. A sanitation report will be completed and filed in the CCC office.
6. The Jail Administrator or designee will assist outside agencies responsible for inspecting the Cumberland County Community Corrections Center to identify possible sanitation and health problems at the CCC. (State or local agencies)

7. The Jail Administrator or designee will review all inspection reports by outside agencies and implement a plan of action to correct, within three months, all sanitation and health deficiencies noted.
8. The Jail Administrator or designee will issue a written report to the Sheriff outlining all sanitation and health deficiencies discovered during inspections by outside agencies and the action taken or planned to correct these deficiencies.
9. The Sheriff or Jail Administrator will submit a copy of the action implemented to correct sanitation and health deficiencies to the appropriate agency within the time required.
10. The Administration and Support Services Captain or designee will inspect all CCC areas for cleanliness on a daily basis.



# CUMBERLAND COUNTY SHERIFF'S OFFICE

## Standard Operating Procedure

<b>Title: Food Service</b>	<b>No.: E-300</b>
<b>Effective Date: April 1, 2020</b>	<b>Distribution: All Corrections Department</b>
<b>Review Date: Annual</b>	<b>Number of Pages: 11</b>
<b>Rescinds: September, 2018</b>	<b>Accreditation Standard: 4-ALDF- 2A-59, 4A-01-13, 15-18</b>
<b>Associated With: N/A</b>	<b>Approved by: <i>Kevin J. Joyce</i> Electronic Signature Date: 3/17/2020 Sheriff's Signature</b>

*This directive is for agency use only and does not apply in any criminal or civil proceedings. This directive should not be construed as a creation of a higher legal standard of safety or care in an evidentiary sense with the respect to third party claims. Violation of this directive will only form the basis for agency administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.*

### I. PURPOSE:

To establish guidelines to for the Cumberland County Sheriff's Office Food Service division.

### II. POLICY:

The Corrections Department has established that a good food service program is essential to promote a positive atmosphere and to ensure the good health of inmates. Inmates will be provided with three nutritionally adequate and attractive meals each day that are of a reasonable cost to the county and are prepared and served under sanitary conditions.

There will be weekly inspections of all food service areas, including dining and food preparation areas and equipment by administrative, medical, or dietary personnel; these may include the person supervising food service operations or his/her designee. Refrigerator and water temperatures are checked daily by administrative, medical, or dietary personnel. (4A-15)

### III. PROCEDURES:

#### PROCEDURE A Food Service

1. The Corrections Department will provide qualified personnel in food services. (4A-04)
2. The Food Service Manager will ensure that the food service program at the Cumberland County Jail complies with local, state and federal health codes and standards. Periodic inspections by the local health inspector will be solicited and the records kept for at least one year. (4A-11)



3. The Food Service Manager will maintain a system of inspections, both internally and by outside agencies. Periodic sanitation inspections by a local health inspector will be solicited. The results of the inspections shall be kept for at least one year.
4. The Food Service Manager will ensure that all kitchen trustees and kitchen personnel are trained in the use and safety of all kitchen equipment. All training shall be properly documented on form E-160 Kitchen Training Signoff for kitchen trustees. Training documentation will be completed by food service staff and provided to the Trustee Coordinator by the Food Service Manager to maintain. Food Service Staff training will documented on form E-160-A and forwarded to training division to be kept in training file. (4A-12)
5. The Food Service Manager will encourage comments from personnel, inmates, and food service professionals to ensure quality food service programs at the Cumberland County Jail.
6. The Food Service Manager will seek new and innovative approaches to food service.
7. The Food Service Manager will implement practices necessary to correct deficiencies identified through inspections and complaints made of the Corrections Department food service program.
8. Food Service staff shall conduct daily inspections prior to the morning kitchen trustees, and the evening kitchen trustees returning to housing. Food Service staff will inspect all kitchen equipment and areas for cleanliness and vermin. The results of this inspection will be documented on E-300 Daily Food Service Inspection form, and scanned and saved into the Food Service Manager folder on sharedoc by the Food Service Manager.
9. The Food Service Manager shall maintain an accurate record of all meals served to inmates and staff and shall submit a monthly report to the Jail Administrator on meals served and cost of meals. (4A-06)
10. The Food Service Manager shall complete and submit a complete inventory report to account for all food and supplies on a weekly basis. This shall be kept on file for review.
11. The Food Service Manager or Cook shall maintain a check-in, check-out system for secure storage of culinary items to be kept on file for review.
12. Plastic eating utensils are provided to inmates with meals. Officers will account for all utensils when meal trays are returned in the Special Housing Unit (SHU).
13. The Food Service Manager or designee will maintain food supply records and project needs for future population trends based on gathered data.
14. The Food Service Manager will ensure to purchase supplies at wholesale and other favorable prices and conditions, when possible. (4A-05)
15. The certified Food Service Manager and at least one designee will be “Serv Safe Certified” per state mandate and recertified every 5 years.

#### **PROCEDURE B Food Supply Inventory**

1. A system of inventorying, ordering, and receiving food supplies will ensure that necessary food supplies are on hand, and will prevent the theft of facility food supplies. This system should include accurate records of the following:
  - A. Weekly food supplies on hand;

- B. Food supplies used daily;
  - C. Food supplies ordered;
  - D. Food supplies received.
2. The Food Service Manager or designee will conduct a weekly inventory of all food supplies on hand, and record the results.
  3. The Food Service Manager or designee will review computer records on a weekly basis to ensure a full accounting of all food supplies.
  4. The Food Service Manager or designee will immediately inform the Jail Administrator in writing of discrepancies discovered in the computer records.
  5. The Jail Administrator will investigate, or assign the appropriate investigator to investigate, discrepancies in food supply records.

**PROCEDURE C Ordering Food Supplies**

1. The Food Service Manager will review the facility menu for the coming week to determine supplies to be ordered.
2. The Food Service Manager will order food by means of the computer.

**PROCEDURE D Receiving Food Supplies**

1. Food supplies ordered will be delivered by the food supplier and received by the Food Service Manager or designee.
2. The Food Service Manager or designee will inventory all food supplies delivered by checking each item listed on the food supplier's invoice to ensure that all items are actually received.
3. The Food Service Manager or designee will not sign the food supplier's invoice until all items ordered are received, or the invoice has been adjusted to reflect the actual food items received.
4. The Food Service Manager or designee will instruct the person delivering food supplies to adjust and sign the food supplier's invoice to reflect the actual food items received.
5. The Food Service Manager will retain and file a copy of the food supplier's invoice in their files as documentation of food supplies received until the invoices are sent to the Business Office.
6. The Food Service Manager or designee will ensure that deliveries are inspected for contraband prior to entering the secure perimeter.
7. The Food service Manager will record food items received in the facility's weekly inventory food form.
8. The Food Service Manager or designee will ensure that the kitchen trustees store food supplies properly and with all items dated.

**PROCEDURE E Emergency Food Supply Inventory**

1. The Corrections Department will maintain an emergency food supply within the facility, in case of an emergency, which would cut off the food supply to the jail.

2. The Food Service Manager will maintain a supply of food in the facility that would allow for at least a seven day supply of food for the inmates and staff.
3. The Food Service Manager has a disaster menu and it can be found on the computer.
4. The disaster menu will adhere to all nutritional standards set forth by the Department of Corrections.
5. The Food Service Manager will order the proper food from the Disaster Plan.

**PROCEDURE F Food Storage & Stock Rotation**

1. The Corrections Department Food Service Personnel will ensure that food supplies are stored properly and rotated on a regular basis to prevent spoilage and waste.
2. The Food Service Manager will ensure that food supplies received are immediately stored in proper food storage areas.
3. The Food Service Manager will store food supplies on shelves that are at least 6 inches off the floor.
4. The Food Service Manager will ensure that food storage areas are maintained at the proper temperature.
5. The Food Service Manager will keep a thermometer in each temperature controlled storage area, which will be read twice daily to ensure that proper temperatures are maintained.
6. The Food Service Manager will store perishable food and drink under refrigeration at a temperature between thirty-five (35) to forty (40) degrees F. (4A-16)
7. The Food Service Manager will store fresh fruits and vegetables at a temperature of at least forty (40) degrees F.
8. The Food Service Manager will store frozen food supplies at a temperature of not more than zero (0) degrees F. (4A-16)
9. The Food Service Manager will store dry shelf goods at a temperature maintained at forty five (45) to eighty (80) degrees F. (4A-16)
10. The Food Service Manager will thaw frozen foods under refrigeration.
11. The Food Service Manager will store opened canned food in plastic containers and not in the original containers.
12. The Food Service Manager will keep food storage areas locked when not in use.
13. Keys for food storage areas will be retained by the Food Service Manager or designee.
14. The Food Service Manager will not store or have exposed during preparation cleaning compounds, insect sprays, or poisons in food preparing, serving or storage areas. All cleaning compounds, insect sprays, and poisons will be stored in a separate storage area.
15. The Food Service Manager will rotate food supplies on a weekly basis according to expiration dates stamped on them. This will ensure that food supplies are used before their expiration date.

16. The Food Service Manager will record and dispose of food supplies which have not been used before their expiration date or perishable items which have spoiled and are not usable. A report shall be submitted itemizing the food that was discarded and explaining why the food was not used in a timely manner.

#### **PROCEDURE G Security Procedures for Food Service**

1. When cooler #1, #2 and the freezer are not being accessed they will be secured (locked).
2. Any time inmates are in the above mentioned units, Food Service staff will remain outside the door to supervise/direct.
3. The dry storage area is to be secured (locked) when not being accessed.
4. The Food Service area bathroom is to be kept secured (locked) at all times. Food Service staff will unlock the bathroom as needed.
5. The Food Service Manager will ensure that all ladder(s) will be cabled and locked when not in use.

#### **PROCEDURE H Menu Plan**

1. There shall be documentation that the facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure that they meet the nationally recommended allowances for basic nutrition. (4A-07)
2. The Food Service Manager will be familiar with the recommended dietary allowances for basic nutrition and will plan the facility's menu to meet those recommendations. The Food Service Manager will review the menu at least quarterly to assure compliance with established basic daily servings
3. The Food Service Manager will ensure that each meal consists of the four basic food groups, and is nutritionally well balanced. All menus are approved by a registered dietitian at least annually.
4. The facility's menu will consist of:
  - A. The date and name of meals to be served;
  - B. Food items to be served at each meal;
  - C. The size of food portion to be served;
  - D. Beverages to be served.
5. The Food Service Manager will plan the facility's menu to consist of two (2) hot meals per day. Food shall be served promptly after preparation. Hot meals will be served at 140 degrees F.
6. The Food Service Manager will post the facility's weekly menu for the 30 day rotation in the kitchen.
7. The Food Service Manager will prepare a traditional holiday menu for the following holidays; Easter, Thanksgiving, and Christmas.
8. The Food Service Manager will notify the Jail Administrator of changes in the facility's 30 day menu.
9. The Food Service Manager will maintain a record-keeping system which will include:
  - A. The four-week menu plan;
  - B. Substitute meals served;
  - C. Number of meals served to inmates, staff, and visitors;
  - D. By whom prepared;
  - E. Date and time served;



- F. Any special diets served;
- G. Portion sizes;
- H. Any deviation from an established menu. (4A-06)

10. The Food Service Manager will ensure that the planning of meal menus are substantially followed and that the planning and preparation of the meals consider food flavor, texture, temperature, appearance, and palatability when preparing. (4A-08)

#### **PROCEDURE I Food Preparation**

1. All food preparation at the Cumberland County Jail will comply with local and state health regulations.
2. The Food Service Manager or designee will know and practice local health regulations for food preparation.
3. The Food Service Manager will invite local health officials to inspect the facility's food service area on a regular basis to ensure compliance with local health regulations.
4. The facility's food service area will be inspected daily by the Food Service Manager or designee to ensure that sanitary practices are maintained.
5. Meals are prepared, delivered, and served under staff supervision. (4A-17)
6. The Food Service Manager or designee will ensure that meals are prepared under clean and sanitary conditions. (4A-13)
7. The Food Service Manager or designee will inspect food service trustees to ensure that:
  - A. Clean clothing is worn daily;
  - B. Proper personal hygiene is maintained;
  - C. Proper hair restraints & gloves are worn;
  - D. Kitchen trustees do not have open cuts or sores;
  - E. Kitchen trustees are free from medical ailments (i.e. colds, fever, sore throats, etc.)
8. The Food Service Manager or designee will thaw frozen food under proper refrigeration only or prescribed method.
9. The Food Service Manager or designee will not use home canned or preserved foods.
10. The Food Service Manager or designee will use only government inspected meat and poultry.
11. The Food Service Manager or designee will ensure that all raw food to be served is washed and cleaned thoroughly in clean, fresh, and safe water.
12. Whenever ice is used, it shall come from a sanitary source and shall be handled in a manner so as not to cause contamination.

#### **PROCEDURE J Alternative meal service and Special Diets**

1. The Corrections Department will provide alternative meal service for the following:
  - special diets for inmates with special therapeutic needs,
  - inmate's religious beliefs,

- inmates who uses food or food service equipment in a manner that is hazardous to self, staff, or other inmates
2. Alternative meal service will be provided to an inmate who uses food or food service equipment in a manner that is hazardous to self, staff, or other inmates. Alternative meal service is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs with the written approval of Jail Administrator or designee and responsible health authority, or designee. This substitution period shall not exceed seven days (2A-59).
  3. Alternative meal service for suicide and psychological watches consist of a Styrofoam tray and finger foods. Medical will provide a Dietary Order form to food services for tray.
  4. Alternative meal service for inmates that are classified High-Max, or deemed a security risk will receive a security tray that has the same food as the general population is receiving except that it will be served in a Styrofoam tray and a paper spork. E-150 Security Tray Order form will be completed by Area Sergeant, approved by Shift Lieutenant, and the order shall not exceed 7 days with exception for High-Max. High-Max will remain on security tray until reclassified. For all others if order needs to be extended a new E-150 form must be completed by the Area Sergeant documenting reason for extension, and approved by Shift Lieutenant.
  5. The Food Service Manager or designee will prepare special diets for inmates with special therapeutic needs, as directed by the facility's Medical Department. (4A-09)
  6. The Food Service Manager or designee will prepare a 28 day menu plan which will simulate the facility's regular menus as closely as possible; the menu must be approved by a registered dietitian at least annually.
  7. The Food Service Manager or designee will keep a record of special diets served to inmates with special therapeutic needs.
  8. The Food Service Manager or designee will prepare special diets to meet the religious beliefs of inmates upon approval from the Chaplain or designee when a special diet is warranted, the chaplain will forward a copy of form F-330-A. (4A-10)
  9. The Food Service Manager or designee may consult with the facility chaplain or local clergy to ensure that appropriate meals are planned and prepared for inmates with special religious beliefs.
  10. The Food Service Manager or designee will record all special meals served because of an inmate's religious beliefs.
  11. When the U.S. Marshals call by phone to take their inmates out, the intake staff member receiving the call will in turn call the kitchen and provide Food Services with those same names. Food Service will then check those names against the special diet list, if one or more of the inmates going out require a special diet, Food Service will prepare the appropriate special diet number of bag lunches. Food Service personnel will then write the inmate's name(s) on the corresponding bag lunches.

#### **PROCEDURE K Meal Schedule**

1. The Corrections Department will provide three scheduled meals (including two hot meals) at regular meal times during each 24 hour period, for inmates with no more than fourteen hours between the evening and breakfast meal, and no more than six hours between lunch and supper. Proper timing of meals service is an important aspect of inmate health and comfort. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met. (4A-18)

2. The Food Service Manager or Cook will serve inmate meals according to the following schedule:  
Breakfast: 0545-0605 hours, bottom tier, 0610-0630 top tier  
Lunch: 1040-1100 hours, tier that is out 1100-1120 hours for the opposite tier.  
Supper: 1640-1700 hours, tier that is out, 1700-1720 hours for opposite tier.
3. The facility's meal schedule will be posted in the Inmate Handbook.

#### **PROCEDURE L Inmate Dining**

1. The Corrections Department provides adequate dining space for inmates in their assigned Pod housing day-room areas. Corrections staff will not impose unnecessary restrictions on inmate dining that serve no purpose. The Corrections Department will ensure that meals are served under conditions that minimize regimentation and with supervision by staff members.
2. Meals will be delivered to the Pod housing units by kitchen trustees.
3. Staff will only apply the supervision necessary to maintain control and order, and to make sure that no inmate deprives another of his/her food. Staff will document in the pod electronic log when an inmate verbally refuses a meal. If an inmate refuses three (3) consecutive meals refer to policy B-221 Hunger Strikes.
4. Staff will allow inmates at least 20 minutes to enjoy their meals in an unhurried manner. (4A-01)
5. Meals will not be withheld from inmates as punishment nor offered as a reward. Each inmate shall be offered the same amount of food as another.
6. Inmates housed in segregation will be served the same meal as the general population; these inmates will be served in their cells.
7. Inmates returning from court, being transported or out of the facility for medical appointments after scheduled meals, will dine in their Pod dayroom or Intake Area if necessary.

#### **PROCEDURE M Inmate Feeding Procedures**

1. Strict adherence to inmate feeding procedures is necessary for the safety/security of inmates and staff, and to insure that all inmates receive their meals promptly.
2. The meals served to personnel and guests will be identical to those served to inmates.
3. Appropriate disposable plastic utensils shall be issued to each inmate at meal time, unless doing so would be dangerous to inmates, staff, or the security of the facility.
4. Disciplinary procedures will be implemented against inmates who attempt to retain materials or pilfer facility food.
5. The Food Service Manager or designee will notify Master Control as soon as meals are ready for delivery.
6. Master Control will allow the trustees to take the carts to the sally port and deliver the cart to the entrance of the pod.

7. All officers assigned to the food carts will wear gloves while distributing food trays and cups.
8. As soon as all inmates have completed their meal, the Officer, with assistance from the pod trustees will take an accurate count of all cups for accountability and place the carts in the sally port for pick up by the kitchen trustees.
9. The electronic Running Log will record the time that the meal carts go out and return to the kitchen.

#### **PROCEDURE N Split Tier Feeding**

1. Split tier feeding has been implemented to ensure orderly feeding of the inmate population. The following pods will be designated for the split tier feeding schedule: B-1, B-2, B-3, C-1, C-2A, C-2B and C-3.
2. The split tier feeding will proceed as follows: the bottom tier will come out from 0545 to 0605 hours to eat breakfast. Once all bottom tier inmates are secured, the top tier will come out from 0610 to 0630 hours for their breakfast, after the meal is complete the top tier will lock back in.
3. Lunch will be 1040 to 1100 hours for the tier that is out and 1100 to 1120 hours for the opposite tier.
4. Dinner will be 1640 to 1700 hours for tier that is out and 1700 to 1720 hours for the opposite tier.
5. Any inmate needing to go to court will eat their meal with the first floor. The kitchen will be responsible for acquiring the morning and afternoon court list and label the trays for those inmates going out to court who are housed on the top tier. The labeled trays will be placed on the bottom tier chow carts allowing the inmate sufficient time to eat before court. Labeling the trays will help to ensure the proper inmates are not getting extra trays and will create a record of the feeding to avoid any issues and claims of missing trays due to the split tier feeding.
6. Inmates will not be allowed to get up during meal times, they will remain seated. After 20 minutes, the pod officer will direct the inmates to return the trays and cups and go back to their cells, same for the opposite tier.
7. Trustees will ensure that food trays are empty before sending them back to the kitchen. Trustees will eat together after the last tier is finished. Trustees on the 11-7 shift will set up chairs at night for the morning meal. Trustees will ensure an accurate cup/tray count is done and returned to cart.

#### **PROCEDURE O Meals- Resident Dining - CCC**

1. The Community Corrections Center (CCC) will provide three scheduled meals each day for residents, with no more than fourteen hours between the evening and breakfast meal, and no more than six hours between lunch and supper. Proper timing of meals is an important aspect of resident health and comfort.
2. Meals will be delivered to the CCC from the main facility. Meals will be delivered hot and may be reheated in the microwave if necessary.
3. A "meal count", lunch, and breakfast supplies will be completed daily and called into the kitchen.
4. Cold breakfast supplies will be provided at the CCC 7 days a week. Any replenishing of breakfast supplies will be noted and relayed to the kitchen Food Service Manager.
5. Any special diets will be made known to the Food Service staff prior to the resident being moved to the CCC.

6. CCC residents' food will be provided by Food Service.
7. Bag lunches will be placed in the CCC refrigerator to be retrieved by the officers for residents going out to work.
8. All meals are to be consumed in the dining area of the CCC. No institutional food or drink is to leave this area.
9. Security personnel will ensure all trays are emptied prior to leaving CCC.
10. All carts and trays will be searched by the security personnel for contraband upon returning to the jail from CCC.

**PROCEDURE P Maintaining Kitchen Sanitation**

1. The Food Service Manager will implement practices to ensure that food service areas are kept sanitary, clean, and orderly.
2. The Food Service Manager or Cook(s) will inspect food service areas after each meal to ensure that the areas are sanitary and clean.
3. The Food Service Manager or Cook (s) will inspect to see that food service equipment is cleaned after each use.
4. The Food Service Manager or Cook (s) will inspect eating utensils, serving trays, cups, and bowls to ensure that they are washed and sterilized after each use.
5. The Food Service Manager or Cook (s) will ensure that the water temperature of the dishwasher is maintained at 140 degrees F. for washing and 180 degrees F. for rinsing.
6. The Food Service Manager or Cook (s) will ensure that kitchen floors are swept and washed after each meal has been served.
7. The Food Service Manager or Cook (s) will ensure that refrigerators, freezers, and the walk-in coolers are kept clean and frost free and all packages in them are sealed.
8. The Food Service Manager or Cook (s) will ensure that counter tops and work areas are cleaned after each use.
9. The Food Service Manager will conduct a thorough cleaning of all food service areas at least weekly this includes the filters, vents and hoods of appliances.
10. The Food Service Manager or Cook (s) will ensure that all pots and pans are washed after each use.
11. The Food Service Manager will ensure that walls, exposed piping and lights are cleaned at least weekly.
12. The Food Service Manager or Cook (s) will ensure that all trash containers are and are emptied and cleaned at least daily.
13. The bathroom provided for inmates and kitchen personnel in the kitchen area will be cleaned and inspected daily. The inspection will be documented with the results.

14. The Food Service Manager will ensure that all health/sanitation standards are complied with.
15. Toilet and washbasin facilities are available to food service personnel and inmates in the vicinity of the food preparation area. (4A-03)
16. All food handlers, including kitchen personnel and inmates will wash their hands when reporting for duty, after using toilet facilities, and using cleaning chemicals.
17. The Food Service Manager or Cook (s) will monitor inmates and other persons working in food service for health and cleanliness each day.
18. The food preparation area includes space and equipment for food preparation based on population size, type of food preparation, and methods of meal service. There are sanitary, temperature-controlled areas for food storage. (4A-02)

**PROCEDURE Q Food From Outside the Facility**

1. Staff are allowed to bring food or drink from outside the facility for their personal consumption only. Inmates will not be allowed to have food or drink, except that which is provided by the kitchen, commissary, or approved by Captain or above. This policy and practice will aid in the sanitation of the facility.
2. Facility food supplies will not be taken or issued to employees or inmates for their personal use.
3. Staff who wish to bring coffee, tea, sugar, or powdered cream from outside the facility for their personal use may do so.
4. Staff will not distribute food items brought from outside the facility to inmates.
5. Food from outside the facility which requires refrigeration shall be dated and stored in the refrigerator provided in the staff dining area. Stored food shall not be kept for more than 48 hours.
6. Food will not be stored in the staff locker rooms.
7. Glass and Metal containers will not be permitted in the secure perimeter.



# Cumberland County Sheriff's Office Standard Operating Procedure

<b>Title:</b>	<b>House Keeping Plans</b>	<b>No:</b>	<b>E-120</b>
<b>Effective Date:</b>	<b>November 1, 2017</b>	<b>Distribution: Corrections Division</b>	
<b>Last Review:</b>	<b>January 1, 2017</b>		
<b>Review Date:</b>	<b>October 1, 2018</b>	<b>Number of Pages: 4</b>	
<b>Rescinds:</b>	<b>N/A</b>	<b>Accreditation Standard: ACA 4-AIDF-1A-04, 2A-12, 5C-08</b>	
<b>Associated With:</b>	<b>N/A</b>	<b>Approved by:</b>	<b><i>Kevin J. Joyce</i></b> <b>Sheriff's Signature</b>
		<i>*Electronic signature date: 10-13-2017</i>	

## **POLICY E-120 Housekeeping Plans**

The Corrections Division housekeeping plans will be implemented daily to ensure that all areas of the facility are kept clean, sanitary, and healthy.

The Corrections Division shall be equipped with noncombustible receptacles outside of the facility in designated smoking areas only. Separate containers shall be provided for other combustibles refuse at accessible locations throughout living quarters in the facility. Special containers are provided for flammable liquids and for rags used with flammable liquids. All receptacles and containers are emptied and cleaned daily.

## **PROCEDURE (A) Housekeeping Plans, General**

1. Officers on all shifts will implement daily housekeeping practices to ensure that all areas are clean, sanitary, healthy, and maintained in an acceptable condition.
2. Corrections personnel will keep all areas orderly which are off limits to inmates.
3. All Inmates, including pre-trial are not required to work. However, all inmates are responsible for keeping their cells and day areas clean and orderly at all times. These areas shall be kept free of all unnecessary articles that may create a fire hazard or attract vermin. Any inmate may volunteer for a work assignment.
4. Unoccupied/Common areas are to be inspected at least weekly and recorded on the E-103 form.
5. Each Area Supervisor will inspect all Pods/ inmate living areas daily including Holidays and weekends in their assigned area. He/she will record the results of his/her inspection in the respective Pod log. Each Area Supervisor will inspect all core areas daily and record on the E-110 Daily Inspection form.



E-120: House Keeping Plans  
Standard Operating Procedure

6. A clean safe and sanitary working and living environment requires certain general sanitation standards be maintained. Particular attention will be given to the following:
  - A. Facility floors and carpets will be kept clean, dry, and free of hazardous substances.
  - B. Facility floors will be polished with special attention given to corners and crevices.
  - C. All facility sinks and toilets will be clean and sanitary.
  - D. Furniture, shelves, and counter tops will be clean.
  - E. Windows and mirrors will be kept clean.
  - F. Mops and rags will be laundered on a daily basis immediately after use.
  - G. Window sills, ledges, and door frames/tracks will be kept clean and free of dust/debris.
  - H. Trash will be removed promptly and placed in designated removal containers and/or areas. Trash containers shall be emptied and cleaned daily.

**PROCEDURE (B) Inmate Housing Area**

1. Cleaning supplies will be available to inmates to clean their cells and living area daily.
2. The Officer(s) will check each cell area to ensure that all inmates are carrying out house cleaning duties.
3. The Area Supervisor's inspection (Procedure A #5) will ensure the following but not limited to that:
  - A. All cells are clean;
  - B. Walls and furnishings are free from graffiti, pictures, and unauthorized material etc;
  - C. All cell sink and toilets will be clean and sanitary;
  - D. All cells will be free of any fire hazards such as old newspapers or magazines;
  - E. No items will be left on the cell floor excluding shoes.
  - F. No items in the cell windows.
4. The Officer will ensure that floors are swept and washed daily.
5. The Officer will ensure that all waste receptacles are emptied and washed daily.
6. The Officer will require inmates to clean areas which are not cleaned properly the first time.
7. The Officer will implement disciplinary procedures against inmates who repeatedly fail to carry out housekeeping duties, or do not share equally in keeping common areas in his/her cell area clean.
8. The Officer will ensure that all cleaning supplies are returned to the supply closet and that the closet is locked.
9. Housekeeping plans will be posted in each area of the jail and rules pertaining to same will be issued in the inmate rule book.
10. All work details shall be assigned by staff only. Under no circumstances shall one inmate assign work to another inmate.



**PROCEDURE (C) Common Areas**

1. Officers will issue the necessary cleaning supplies to the inmates to ensure that housekeeping duties of the jail common areas are implemented in conjunction with inmate labor duties.
2. The inmates will be responsible to clean and maintain the following areas:
  - A. Hallways and stairwells;
  - B. Multipurpose rooms;
  - C. Hot water dispenser area;
  - D. Staff washrooms;
  - E. Sweeping and washing floors and stairwells;
  - F. Washing walls;
  - G. Cleaning windows;
  - H. Painting;
  - I. Trash removal;
  - J. Other duties as instructed.

**PROCEDURE (D) Kitchen**

1. Food Service and related sanitation practices shall comply with the rules set by the Maine Department of Human Services.
2. All Food Service areas shall be inspected annually and licensed by the Department of Human Services, Food Engineering Division.
3. A daily inspection of all food service areas and equipment shall be conducted by administrative or food service staff. (Reference 4-ALDF-4A-15)
4. A constant supply of hot water shall be ready on demand at all sinks and dishwashers during all hours of operation.
5. All garbage shall be stored in watertight containers with plastic trash or garbage liners and tight fitting covers. Garbage shall be disposed of daily so as not to permit transmission of disease or provide a breeding place for insects.

**PROCEDURE (E) Housekeeping Plans, CCC**

1. The Cumberland County CCC housekeeping plans will be implemented daily to ensure that all areas of the CCC are kept clean, sanitary, and healthy.
2. Correctional Officers assigned to the CCC on all shifts will implement daily housekeeping practices to ensure that all areas are clean, sanitary, healthy, and kept in acceptable condition.
3. CCC personnel are responsible for keeping all areas orderly which are off limits to CCC residents.
4. Residents are responsible for the upkeep of their assigned rooms. All property must be stored in the containers provided and beds are to be kept made. Rooms will be inspected daily before each resident leaves the CCC.

5. The cleaning of common areas, including the floors, will be handled by all residents of the CCC. The schedule of morning cleaning activities will be handled by the day shift officer, and the scheduling of evening cleaning activities will be handled by the evening shift officer. Residents will be responsible to clean and maintain the following areas:
  - A. Hallways and stairwells;
  - B. Multipurpose and visiting rooms;
  - C. Staff washrooms.
  - D. Other areas as requested.
6. All residents are required to clean up after themselves when using common areas.
7. All residents may be required to participate in the maintenance of the jail campus as necessary.
8. All work details shall be assigned by staff only. Under no circumstances shall one resident assign work to another resident.
9. The Area Supervisor, Work Release Officer or designee will inspect, on a daily basis, the areas that residents are responsible for maintaining to ensure that housekeeping duties are being carried out properly.



# Cumberland County Sheriff's Office Standard Operating Procedure

<b>Title:</b> Vermin & Pest Control	<b>No:</b> E-130
<b>Effective Date:</b> December 20, 2019	<b>Distribution:</b> Corrections Personnel
<b>Review Date:</b> Annual	<b>Number of Pages:</b> 2
<b>Rescinds:</b> September, 2000	<b>Accreditation Standard:</b> 4-ALDF-1A-03
<b>Associated With:</b> N/A	<b>Approved by:</b> <i>Kevin J. Joyce</i> <i>*Electronic signature date: 12-06-2019</i> <b>Sheriff's Signature</b>

## I. PURPOSE:

To establish a vermin and pest control program for the Cumberland County Jail.

## II. POLICY:

The County Facility Director will maintain a contract with a locally licensed pest-control professional to ensure regular inspections of the facility for control of vermin and/or pests. (Reference 4-ALDF-1A-03)

## III. PROCEDURES:

### PROCEDURE A Vermin & Pest Control Services Provided By Professionals

1. The Jail Administrator will secure contractual services from a locally licensed pest-control professional to provide pest and vermin control services. These services will include:
  - A. A yearly inspection of the facility for vermin or pests, per contract with a pest control company;
  - B. Emergency pest control services;
  - C. Scheduled pest-control services;
  - D. Providing consulting services to the corrections division to prevent problems with vermin and pests.
2. The Jail Administrator or designee will keep a record of all pest-control problems and services rendered.
3. Maintenance personnel will escort the pest-control professional to all areas of the facility, including individual cells.
4. All visits to the facility by pest-control professionals will be recorded in the Daily Log.
5. The staff person escorting the pest-control professional will sign an invoice provided by the pest-control professional, and deliver a copy to the Business Office as proof of services rendered.



**PROCEDURE B Vermin & Pest Control By Staff**

1. The on duty Cook will inspect the facility kitchen and food storage areas on a regular basis to ensure vermin and pest control.
2. The Area Supervisor or his/her designee will, when conducting daily housekeeping inspections, look for possible or potential vermin and pest problems.
3. Officers shall ensure that inmates keep authorized in-cell food items in their proper receptacles.
4. The Jail Administrator or designee will, when conducting his/her weekly sanitation inspection, look for possible or potential vermin and pests.

**From:** (b)(6); (b)(7)(C)  
**Sent:** 19 Jun 2020 13:45:44 +0000  
**To:** (b)(6); (b)(7)(C)  
**Subject:** FW: Medical Summary (b)(6); (b)(7)(C) FCI release for Monday 6/22/2020  
**Attachments:** Medical Summary (b)(6); (b)(7)(C) FCI inmate.pdf

Good morning all,

Attached is a medical summary for (b)(6); (b)(7)(C) an FCI Danbury release on Monday. She's a 59yr old female with a host of medical issues but significant criminal history and a final order to Jamaica. (b)(5)

(b)(5)

**CRIMINAL HISTORY:**

On 05/01/1995, subject was convicted at EASTERN DISTRICT OF VIRGINIA for CONSPIRACY TO DISTRIBUTE AND POSSESS WITH INTENT TO DISTRIBUTE COCAINE AND COCAINE BASE; AIDING & ABETTING; & IMPORTATION OF A CONTROLLED SUBSTANCE; in violations of 21 USC 846, 952 & 18 USC 2, sentenced to serve 420 months incarceration with 5 years term of supervision.

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)  
(A)Assistant Field Office Director  
Immigration And Customs Enforcement  
Enforcement and Removal Operations  
1000 District Avenue, Burlington, MA 01803  
Cell 617-799- Office 781-359-

(b)(6); (b)(7)(C)

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---

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Friday, June 19, 2020 9:29 AM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** FW: Medical Summary (b)(6); (b)(7)(C) FCI release for Monday 6/22/2020

Please see attached medical for Monday's release.

Thanks

(b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Friday, June 19, 2020 9:16 AM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** Medical Summary (b)(6); (b)(7)(C) FCI release for Monday 6/22/2020

Hello again,

Attached is alien's medical summary;

(b)(6); (b)(7)(C)

Should you need anything else, please let me know.

Thanks.

---

**From:** (b)(6); (b)(7)(C) @ice.dhs.gov  
**Sent:** Friday, June 19, 2020 8:47 AM  
**To:** (b)(6); (b)(7)(C) @ice.dhs.gov <(b)(6); (b)(7)(C)>  
(b)(6); (b)(7)(C) @ice.dhs.gov  
**Subject:** RE: DOCC Transfer request

Thanks

**From:** (b)(6); (b)(7)(C) @ice.dhs.gov  
**Date:** Friday, Jun 19, 2020, 8:46 AM  
**To:** (b)(6); (b)(7)(C) @ice.dhs.gov  
**Cc:** (b)(6); (b)(7)(C) @ice.dhs.gov  
**Subject:** RE: DOCC Transfer request

Good morning,

I contacted FCI yesterday regarding medical summary for (b)(6); (b)(7)(C) I should get it sometime today. I'll keep you posted.

Thanks.

---

**From:** (b)(6); (b)(7)(C) @ice.dhs.gov  
**Sent:** Friday, June 19, 2020 8:21 AM  
**To:** (b)(6); (b)(7)(C) @ice.dhs.gov  
**Subject:** FW: DOCC Transfer request

(b)(6);  
(b)(7)(C)

Can you obtain this medical from FCI today and forward to (b)(6); (b)(7)(C) and copy me in on response. Thanks -

(b)(6);  
(b)(7)(C)

Sent with BlackBerry Work  
([www.blackberry.com](http://www.blackberry.com))

**From:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Date:** Friday, Jun 19, 2020, 7:27 AM  
**To:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Subject:** FW: DOCC Transfer request

Can you please have one of the guys obtain a medical from FCI for Monday's release?

Thanks

(b)(6);  
(b)(7)(C)

**From:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Date:** Friday, Jun 19, 2020, 7:26 AM  
**To:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Subject:** FW: DOCC Transfer request

The female scheduled to be released to you on Monday, can you try to obtain any medical information you can about her today? Because of her age everyone is nervous to accept her right now.

Sent with BlackBerry Work  
([www.blackberry.com](http://www.blackberry.com))

(b)(7)(E)

**From:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Date:** Friday, Jun 19, 2020, 07:18  
**To:** (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Cc:** DOCC (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Subject:** DOCC Transfer request

Good morning BOS:

Can you please send the medical for the requested transfer:

BOS STRAFFORD COUNTY CORRECTIONS 6/18/2020 11:43 AM  
CAP intake, final order female from Jamaica. 59 years old,

Thank you

(b)(6); (b)(7)(C)

Detention and Deportation Officer  
Field Operations: DOCC  
Enforcement and Removal Operations  
Immigration and Customs Enforcement

U.S. Department of Homeland Security  
Cell: 229-321-(b)(6);  
(b)(7)(C)



(b)(6);  
(b)(7)(C)

**Bureau of Prisons  
Health Services  
Inmate GCT Release**

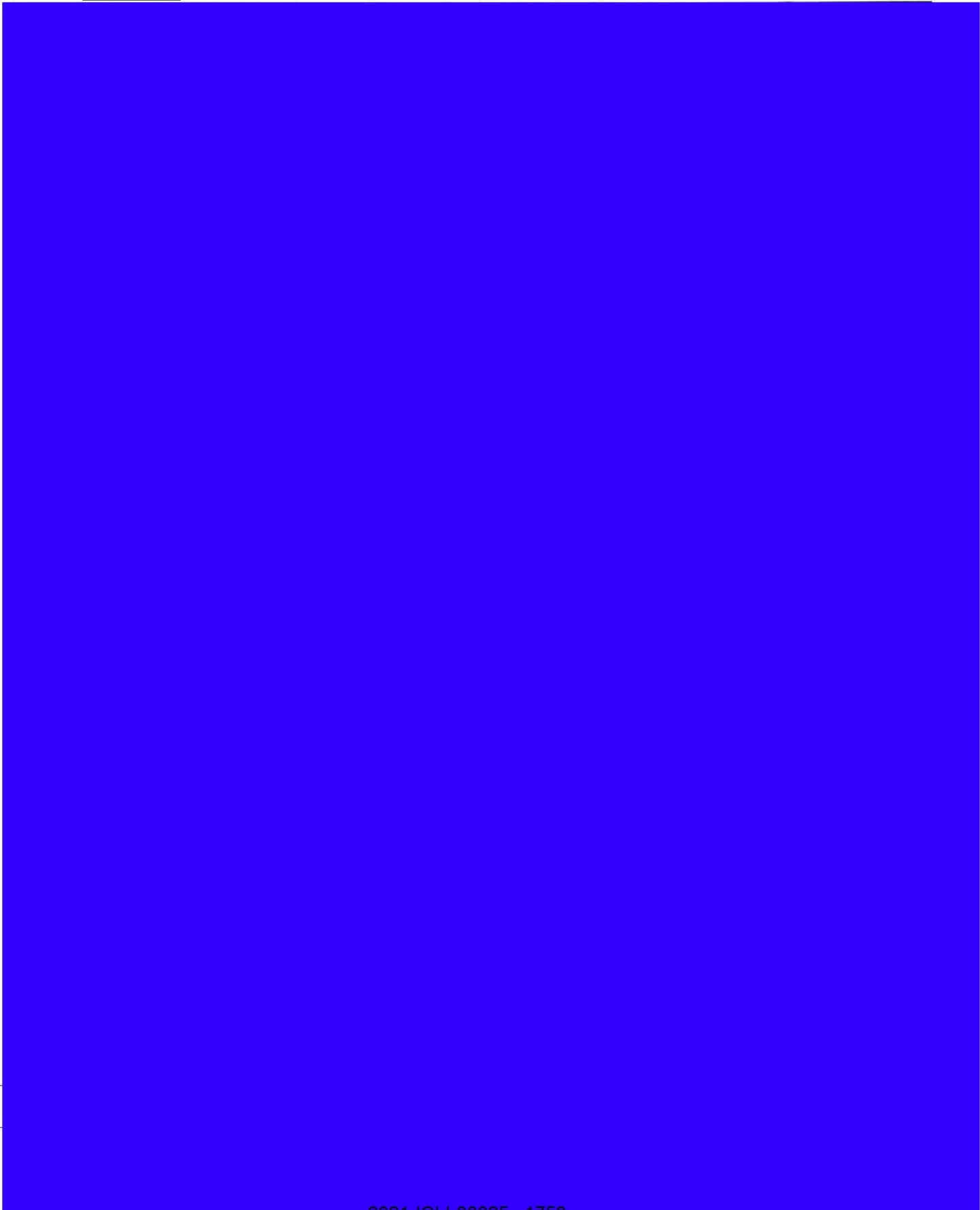
Reg #:

[Redacted]

Inmate Name:

(b)(6), (b)(7)(C)

[Redacted]

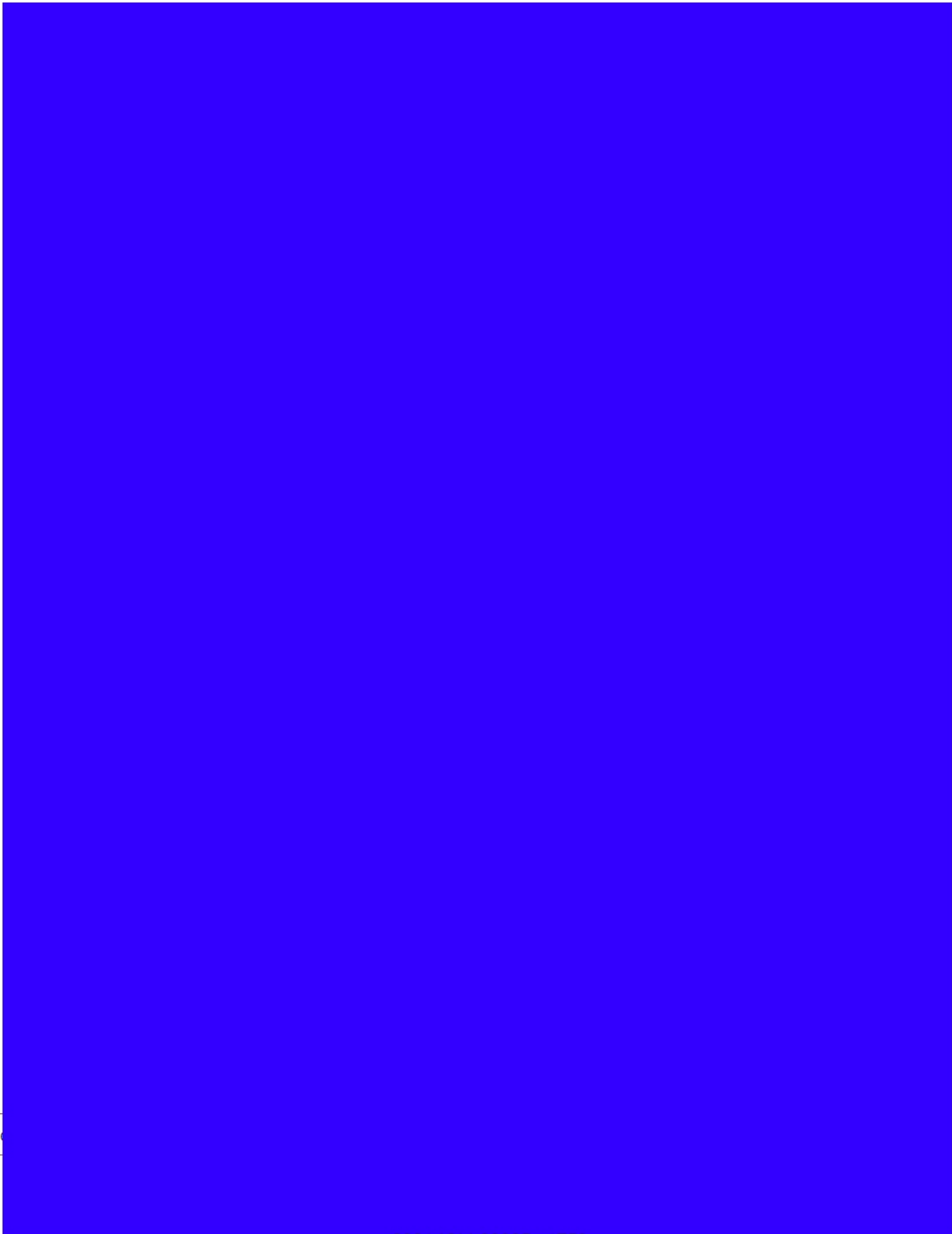


(b)(6);  
(b)(7)(C)

Reg #: (b)(6); (b)(7)(C)

Inmate Name: (b)(6); (b)(7)(C)

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

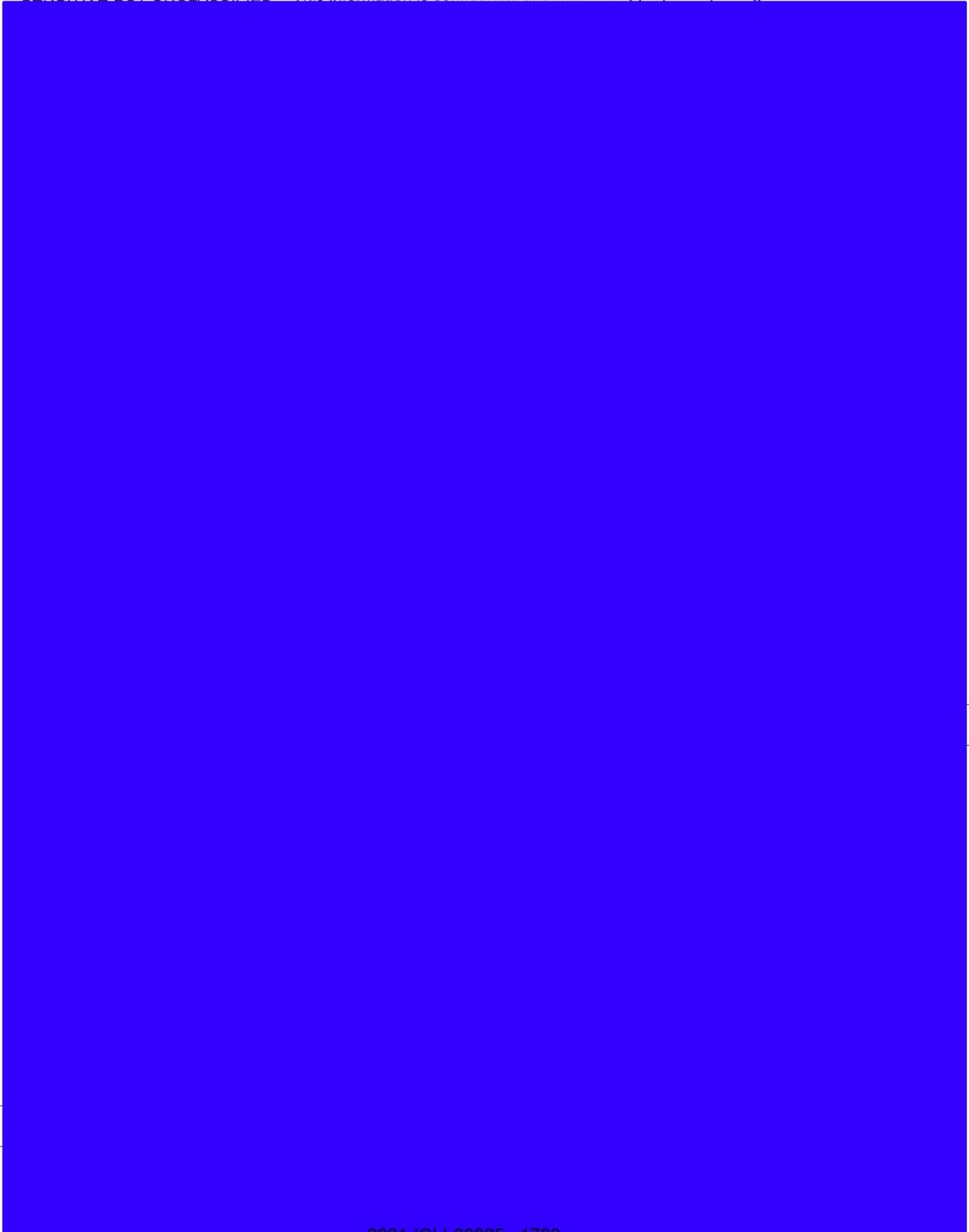


(b)(6);  
(b)(7)(C)

Reg #: (b)(6); (b)(7)(C)

Inmate Name: (b)(6); (b)(7)(C)

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.



(b)(6);  
(b)(7)(C)

**From:** (b)(6); (b)(7)(C)  
**Sent:** 21 Aug 2020 19:18:08 +0000  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov  
**Subject:** FW: More COVID protocol changes  
**Attachments:** COVID Screening Intake August 2020.pdf, Returning Inmates screening August 2020.pdf

More Cumberland COVID concerns to be aware of for transfers.

(b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)  
(A)Assistant Field Office Director  
Immigration And Customs Enforcement  
Enforcement and Removal Operations  
1000 District Avenue, Burlington, MA 01803  
Cell 617-799-[redacted] Office 781-359-[redacted]  
(b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Friday, August 21, 2020 3:17 PM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>;  
(b)(6); (b)(7)(C)@ice.dhs.gov>  
**Cc:** (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>;  
(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** FW: More COVID protocol changes

Please see attached.

New arrests being brought into CCJ will be subject to a COVID rapid test in the sally-port, starting on 8/24. This will result in a 10-20 minute wait for transport officers in the sally-port area prior to clearance to access Intake is granted.

(b)(6); (b)(7)(C) SDDO  
ICE ERO Portland, ME Sub-Office  
176 Gannett Drive  
South Portland, ME 04106

Main Office Phone#: 207-780-[redacted]  
Desk Phone#: 207-80-[redacted]  
Cell Phone#: 207-252-[redacted]  
Fax#: 207-780-3216

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**From:** (b)(6); (b)(7)(C) @cumberlandcounty.org>

**Sent:** Friday, August 21, 2020 3:08 PM

**To:** (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @usdoj.gov>

**Subject:** More COVID protocol changes

(b)(6); (b)(7)(C)

Sorry, been a COVID protocol week, attached are two memos, one deals with new arrests and COVID procedures before Intake process and the other is with Inmates leaving the facility (court, medical, etc.) upon return will be quarantined and re-tested before be allowed to return to classified housing POD, both start on Monday.

Let me know if you have any questions/have a good weekend.

Thanks,

(b)(6); (b)(7)(C)

Captain-Corrections  
Cumberland County Sheriff's Office  
50 County Way  
Portland, Maine 04102  
Direct: 207-245-(b)(6);  
(b)(7)(C)



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# Cumberland County Sheriff's Office

- **Kevin J. Joyce**  
SHERIFF
- (b)(6); (b)(7)(C)  
CHIEF DEPUTY

36 COUNTY WAY PORTLAND, ME 04102

PHONE (207)774-1444

FAX (207)828-2373

**To:** District II Chief's, US Marshal's, Immigration and Customs  
Enforcement, County Sheriff's

**From:** Captain (b)(6); (b)(7)(C)

**Date:** August 20, 2020

**Subject:** NEW COVID screening process for New Arrests

Effective Monday, August 24, 2020, 0900 hrs, the Sheriff's Office Medical/COVID Screening will change to include ALL NEW arrests being brought to the Jail will be COVID rapid tested in the Vehicle Sallport by Medical Staff (current practice has been only if the arrestee was symptomatic).

Once test results are received (10-20 minutes), Intake Staff will continue with the booking process. Should the arrestee refuse test, be combative, etc. so test cannot be done, they will be housed accordingly. If the Arrestee tests positive they will be taken to Medical Isolation and the appropriate notifications made.

We are aware that this will create a delay in the process for your Officer's, but this is another step to help early identification of COVID positives prior to coming into the Jail, and will allow immediate notification the Arresting Agency, so we can all handle immediately.

---

Captain (b)(6); (b)(7)(C)



☐ JAIL 50 County Way, Portland, ME 04102 (207) 774-5939 ~ FAX (207) 879-5600

☐ Cumberland County

2021-ICLI-00025 1763



# Cumberland County Sheriff's Office

- **Kevin J. Joyce**  
SHERIFF
- (b)(6); (b)(7)(C)  
CHIEF DEPUTY

36 COUNTY WAY PORTLAND, ME 04102

PHONE (207)774-1444

FAX (207)828-2373

**To:** All Staff, US Marshal's, Immigration and Customs Enforcement,  
**From:** Captain (b)(6); (b)(7)(C)  
**Date:** August 20, 2020  
**Subject:** NEW Process for Inmates leaving the facility and returning

Effective Monday, August 24, 2020, 0900 hrs, any Inmate who leaves the facility (Medical Appointment, Hospital, Court, other), will be medically screened upon returning and then placed into Quarantine housing and monitored. Medical will re-test (COVID) at the end of 72-hour Quarantine before being released back to their assigned POD/room.

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Captain (b)(6); (b)(7)(C)



☐ JAIL 50 County Way, Portland, ME 04102 (207) 774-5939 ~ FAX (207) 879-5600

☐ *Maine*  
Cumberland County

2021-ICLI-00025 1764

**From:** (b)(6); (b)(7)(C)  
**Sent:** 19 Nov 2020 15:20:26 +0000  
**To:** (b)(6); (b)(7)(C)  
**Subject:** FW: Movement of ICE Inmates  
**Attachments:** Inmate Transfers.pdf

FYSA, these are the new rules at CCJ for CAP intakes. Applies to everyone, not just ICE. They told us they're doing it for state transfers also. (b)(6); (b)(7)(C) and I working on solutions, but I told (b)(6); (b)(7)(C)

(b)(5)

1. Notify CCJ with a 24-hour notification of the transfer request, which is required
2. CCJ will need to acknowledge and accept the transfer but only by CCJ supervisor
3. Before transferring the inmate, the inmate needs to be quarantined. The transferring facility needs to advise in writing how many days the inmate was quarantined
4. The transferring facility must test the inmate for COVID 72 hours prior to transfer with a negative result and/ or the inmate needs to be asymptomatic.

(b)(6); (b)(7)(C)

(A)Assistant Field Office Director, Custody Management  
Boston Field Office  
Enforcement and Removal Operations  
U.S. Immigration And Customs Enforcement  
Cell 617-799- (b)(6); (b)(7)(C) Office 781-359- (b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Wednesday, November 18, 2020 6:48 PM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Cc:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** FW: Movement of ICE Inmates

All,

Please see below, and attached. Effective immediately per Sheriff Joyce.

(b)(6); (b)(7)(C)

Supervisory Detention & Deportation Officer  
Boston Field Office, Portland, ME Sub-office  
**Enforcement and Removal Operations**  
**U.S. Immigration and Customs Enforcement**  
(Office) 207-780- (b)(6); (b)(7)(C) Cell) 207-252- (b)(6); (b)(7)(C)  
176 Gannett Drive  
South Portland, ME 04106

---

**From:** Kevin Joyce (b)(6); (b)(7)(C)@cumberlandcounty.org>  
**Sent:** Wednesday, November 18, 2020 3:44 PM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>



Cc: (b)(6); (b)(7)(C) @cumberlandcounty.org>

Subject: Movement of ICE Inmates

**CAUTION:** This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact [ICE SOC SPAM](#) with questions or concerns.

Good afternoon (b)(6); (b)(7)(C)

As you know on Friday November 13, 2020, the Bristol County Sheriff's Office arrived at our facility at approximately 19:00 hours with three ICE inmates.

Our staff followed our long standing protocol of testing ALL inmates in the vehicle prior to entering the Cumberland County Jail. Consequently, one of the inmates tested positive for COVID-19. Given that some, if not all of the inmates had been transported from a holding facility and were in close contact with each other for 2 hours plus, it was safe to assume that given we had one positive COVID test and it is likely the two others who were exposed for a long period of time would have tested positive after a period of incubation. Their entrance was ultimately refused.

Our staff has been very aggressive in accommodating various law enforcement agencies, but the movement of inmates is extremely concerning and very risky to our staff and our inmate population

The short notice of transfers of any inmate, ICE inmates, Federal inmates or other County Jail inmates were pretty benign prior to COVID-19, but give the current circumstance and the increasing number of COVID cases popping up, we are forced to set a new process for accepting ICE inmates from an interfacility transfer.

Effective immediately, the process for inmate transfer will be enforced.

This does not affect any arrests coming from the "field".

It appears that an individual by the name of (b)(6); (b)(7)(C) is scheduling these transfers. I have not been able to obtain an email address for (b)(6); (b)(7)(C)

Would you please make sure that the attached document gets relayed accordingly?

Thanks,

--

(b)(6); (b)(7)(C)  
**Kevin J. Joyce, MBA, CHPP, CCE**  
Sheriff  
Sheriff's Office Law Enforcement  
Cumberland County  
774- (b)(6); (b)(7)(C)  
FBINA 218th Session



Notice: Under Maine law, documents - including e-mails - in the possession of public officials or employees about government business may be classified as public records. There are very few exceptions. As a result, please be advised that what is written in an e-mail could be released to the public and/or the media if requested.



# CUMBERLAND COUNTY SHERIFF'S OFFICE

- Kevin J. Joyce  
**SHERIFF**
- (b)(6); (b)(7)(C)  
**CHIEF DEPUTY**

---

36 COUNTY WAY, PORTLAND, MAINE 04102

PHONE (207)774-1444 – FAX (207)828-2373

Given the increasing surge of COVID-19 within the State of Maine and throughout the country, it is apparent that the Cumberland County Sheriff's Office will need to adjust its procedures for accepting inter-facility transfers of inmates. If there is a requirement for an inmate or inmates to be transferred from one facility to another, the following must occur prior to acceptance:

1. 24-hour notification of the transfer request is required.
2. The acknowledgment and acceptance of the inmate(s) transfer will be approved by a Cumberland County Sheriff's Office Corrections supervisor as soon as possible.
3. The inmate(s) must have been quarantined prior to transfer and the number of quarantine days must be declared upon making the request for the transfer.
4. The inmate(s) must be tested by the sending correctional facility and have tested negative prior to transfer.
5. MEDICAL REQUIREMENTS:
  - 72 hours prior to transfer, the inmate must meet the following criteria:
    - Negative COVID test
    - Be asymptomatic

ALL inmates coming into the Cumberland County Jail are and will continue to be tested prior to entering the jail. As we continue to operate in this high-risk environment, I hope that you will understand that we are doing everything we possibly can to provide correctional services, yet also keep our employees and those we are incarcerating from becoming seriously ill.

Thank you!

Kind Regards,

Kevin J. Joyce, Sheriff

Cumberland County



**From:** (b)(6); (b)(7)(C)  
**Sent:** 2 Sep 2020 13:55:47 +0000  
**To:** (b)(6); (b)(7)(C)  
**Subject:** FW: Prioritized List of Facilities for LabCorp Test Kits - For FOD Review  
**Attachments:** Prioritization for Expanded COVID-19 Testing Spreadsheet - DMD 7.8.20 - For Field Office Review 8.25.20.xlsx, List of Facilities Already Conducting Intake Testing as of 8.25.20 .xlsx

Sent with BlackBerry Work  
(www.blackberry.com)

**From:** (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>  
**Date:** Thursday, Aug 27, 2020, 17:14  
**To:** (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>  
**Cc:** (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** FW: Prioritized List of Facilities for LabCorp Test Kits - For FOD Review

(b)(6); (b)(7)(C) – this will be one to track.

(b)(6); (b)(7)(C) – pls take the lead. Let me know if you need assistance.

Thx,

(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Thursday, August 27, 2020 4:19 PM  
**To:** #ERO FODS (b)(7)(E) <(b)(7)(E)@ice.dhs.gov>; #ERO DFODS (b)(7)(E) <(b)(7)(E)@ice.dhs.gov>  
**Cc:** (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** FW: Prioritized List of Facilities for LabCorp Test Kits - For FOD Review

Good afternoon FODs/DFODs,

HQ Custody Management is working on an initiative that would give ERO the capability to conduct 10,000 COVID tests per month via LabCorp test kits. The deployment of the test kits is expected to occur in the next few months. To ensure the correct number of tests are shipped to your facilities, please review the attached document entitled “Prioritization” for accuracy. This attachment lists all over 72-hour facilities proposed to receive LabCorp test kits and the number of test kits they will

receive. Please delete, add or edit as appropriate on the **SP site, here is the link** . Please also provide a facility POC in your office for coordination of the delivery of the test kits.

**Please update the SP site by 4PM EDT, Thursday, September 3, 2020.**

Please note the following when reviewing the attachment and updating SharePoint:

- Facilities listed must be over 72 hour facilities;
- Please do not include (or delete if on attachment) detention locations that are staffed by IHSC or are already COVID testing at intake via County or State protocols (see attachment entitled “List already conducting..” for known locations);
- Please coordinate your responses with the local IHSC Field Medical Coordinators (FMC) prior to submission;
- The test is via nasal swab to be administered by detention center medical staff;
- The requested test swab kits are for use on ICE detainees only not IGSA staff;
- Please ensure the facilities listed in your AOR are listed under the priority level (1-6) you require. Move them if they are not;
- For those facilities that you want to change the priority level, please update the priority level and provide a comment explaining why the priority level was changed;
- If there is a facility not listed that fits the requirements and needs to be prioritized please add them under your AOR;
- Review the facilities listed under your AOR to ensure that the number provided for the “projected number of monthly test kits needed” is accurate. If the number listed under the facility is incorrect, please update the SP site accordingly. Please leverage your local IHSC Field Medical Coordinators (FMC) for assistance if needed;
- Please account for known future increases/decreases in intakes specific to the facility.

Call DAD [REDACTED] for any questions.

(b)(6); (b)(7)(C)

Unit Chief  
Domestic Operations Division-East  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement  
500 12<sup>th</sup> St, SW  
Washington, DC 20024  
202-732-<sup>(b)(6);</sup> Desk  
202-359-<sup>(b)(7)(C)</sup> Cell

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**ERO Custody Management Division**  
**Prioritization for Expanded COVID-19 Testing**  
 210 Authorized DMP and FRC Facilities  
 FY2020 data: IDS as of 06/29/2020; EID data through 06/27/2020  
 IDS is a data warehouse that contains dynamic data extracts from the Enforcement Integrated Database (EID).

\*NOTE: IHSC-Staffed Facilities are Excluded from this List

\*NOTE: Please See Attached Spreadsheet for Facilities Conducting Intake Testing as of 8/24/2020. These Facilities May Not Require LabCorp

DETLOC	Name	Address	City	County	State	AOR	Facility Operator	Type Detailed	Population Count	10% Pop	Monthly Avg. New Admissions (May and June)	# Tests Needed for Saturation Test of Detainees/Staff	# Tests Needed per Month
<b>PRIORITY I: Dedicated Facilities and Other Priorities</b>													
(b)(7)(E)	ADELANTO ICE PROCESSING CENTER	10250 RANCHO ROAD	ADELANTO	SAN BERNARDIN	CA	LOS GEO	DIGSA	DIGSA	909	91	200	1,199	299
	ADAMS COUNTY DET CENTER	20 HOBBO FORK RD.	NATCHEZ	ADAMS	MS	NOL CORRECIVC	DIGSA	DIGSA	700	70	96	866	143
	SOUTH LOUISIANA DETENTION CENTER	3843 STAGG AVENUE	BASILE	EVANGELINE	LA	NOL GEO	DIGSA	DIGSA	155	16	4	175	6
	MESA VERDE ICE PROCESSING CENTER	425 GOLDEN STATE AVE	BAKERSFIELD	KERN	LA	SPR GEO	CDJ	CDJ	127	13	103	243	155
	DENVER CONTRACT DETENTION FACILITY	3130 N OAKLAND ST.	AURORA	ARAPAHOE	CO	DEN GEO	CDJ	CDJ	358	36	71	484	108
	DENVER CONTRACT DETENTION FACILITY (CDF) II	11901 E. 30th AVE	AURORA	ARAPAHOE	CO	DEN GEO	CDJ	CDJ	75	8	51	134	77
	ANNEX - FOLKSTON IFC	3424 HIGHWAY 252 EAST	FOLKSTON	CHARLTON	GA	ATL GEO	DIGSA	DIGSA	141	14	124	279	185
	IMMIGRATION CENTERS OF AMERICA FARMVILLE	508 WATERWORKS ROAD	FARMVILLE	PRINCE EDWARD	VA	WAS ICA	DIGSA	DIGSA	383	38	97	488	100
	IMPERIAL REGIONAL DETENTION FACILITY	1572 GATEWAY	CAL EXICO	IMPERIAL	CA	SND MATC	CDJ	CDJ	282	28	55	365	82
	MAIN - FOLKSTON IFC (D RAY JAMES)	3026 HIGHWAY 252 EAST	FOLKSTON	CHARLTON	GA	ATL GEO	DIGSA	DIGSA	346	35	228	607	139
	JACKSON PARISH CORRECTIONAL CENTER	327 INDUSTRIAL DRIVE	JACKSONBORO	JACKSON	LA	NOL LASALLE CORRECTIONS	DIGSA	DIGSA	478	48	206	731	308
	KARNES COUNTY RESIDENTIAL CENTER	FM 1144 AT US HIGHWAY 181	KARNES CITY	KARNES	TX	SNA GEO	FAMILY	FAMILY	80	8	118	204	173
	WINN CORRECTIONAL CENTER	560 GUM SPRING ROAD	WINNFIELD	WRNN	LA	NOL LASALLE CORRECTIONS	DIGSA	DIGSA	741	74	164	979	246
	LA PALMA CORRECTION CENTER - APISO	5501 NORTH LA PALMA ROAD	ELY	PRINAL	AZ	PHO CORRECIVC	DIGSA	DIGSA	592	59	141	792	211
	LA PALMA CORRECTI ONAL CENTER	5501 NORTH LA PALMA ROAD	ELY	PRINAL	AZ	PHO CORRECIVC	DIGSA	DIGSA	695	70	4	765	6
	LAREDO PROCESSING CENTER	4702 EAST SAUNDERS STREET	LAREDO	WEBB	TX	SNA CORRECIVC	DIGSA	DIGSA	203	20	102	325	153
	OTERO COUNTY PROCESSING CENTER	26 MCGREGOR RANGE ROAD	CHAPARRAL	DONA ANA	NM	ELP MATC	DIGSA	DIGSA	435	44	219	698	239
	PINE PRAIRIE ICE PROCESSING CENTER	1123 HAMPTON DUPRE ROAD	PINE PRAIRIE	EVANGELINE	LA	NOL GEO	DIGSA	DIGSA	346	35	48	428	71
	PRAIRIELAND DETENTION FACILITY	1209 SUNFLOWER LN	ALVARADO	JOHNSON	TX	DAL LASALLE CORRECTIONS	DIGSA	DIGSA	291	29	570	890	855
	ROBERT A DETON DETENTION FACILITY	11868 HASTINGS BRIDGE RD	LOVEJOY	CLAYTON	GA	ATL GEO	USMS CDI	USMS CDI	2	0	44	46	66
	RIO GRANDE DETENTION CENTER	1001 SAN RIO BOULEVARD	LAREDO	WEBB	TX	SNA GEO	USMS CDI	USMS CDI	268	27	122	359	116
	RIVER CORRECTIONAL CENTER	26382 HIGHWAY 15	HERRIDAY	CONCORDIA	LA	NOL COUNTY	DIGSA	DIGSA	256	26	78	359	116
	RICHWOOD CORRECTIONAL CENTER	180 PINE BAYOU CIRCLC	RICHWOOD	MONROE	LA	NOL LASALLE CORRECTIONS	DIGSA	DIGSA	191	19	23	233	35
	STEWART DETENTION CENTER	146 CCA ROAD	LUMPKIN	STEWART	GA	ATL CORRECIVC	DIGSA	DIGSA	1,253	125	590	1,968	855
	STOWAH COUNTY CORRECTIONAL FACILITY	3502 NORTH POWERLINE ROAD	WOODSTOCK	WOODSTOCK	GA	ATL CORRECIVC	DIGSA	DIGSA	371	37	120	287	150
	MCHENRY COUNTY CORRECTIONAL FACILITY	2200 NORTH SEMINARY AVENUE	WOODSTOCK	MCHENRY	IL	CHI COUNTY (SHERIFF)	USMS IGA	USMS IGA	170	17	207	580	150
	PULASKI COUNTY JAIL	1026 SHAWNEE COLLEGE ROAD	ULLIN	PULASKI	IL	CHI COUNTY	IGSA	IGSA	52	5	22	79	32
	BLUERONNET DETENTION FACILITY	400 2ND STREET	ANSON	JOHNS	TX	DAL MATC	IGSA	IGSA	398	40	113	715	418
	GLADES COUNTY DETENTION CENTER	1207 EAST SR 78	MOORE	GLADES	FL	SNA COUNTY (SHERIFF)	IGSA	IGSA	128	13	4	148	169
	WEBB COUNTY DETENTION CENTER (CCA)	9958 SOUTH HIGHWAY 83	LAREDO	WEBB	TX	SNA CORRECIVC	DIGSA	DIGSA	104	10	114	228	170
Subtotal									10,707	1,071	4,214	15,992	6,321
<b>PRIORITY II: NON-DEDICATED FACILITIES EXPERIENCING WIDE-SPREAD TRANSMISSION</b>													
Subtotal									0	0	-	-	-
									0	0	-	-	-
<b>PRIORITY III: NON-DEDICATED FACILITIES WITH POPULATION &gt; 100</b>													
(b)(7)(E)	BAKER COUNTY SHERIFF'S OFFICE	1 SHERIFF OFFICE DRIVE	MACCLENNY	BAKER	FL	MIA COUNTY	IGSA	IGSA	200	20	170	390	255
	BATON ROUGE CORRECTIONAL CENTER	160 SOUTH RIVER STREET	HACKENSACK	BERGEN	NJ	NYC COUNTY (SHERIFF)	USMS IGA	USMS IGA	106	11	11	127	16
	CAHOON COUNTY CORRECTIONAL CENTER	165 EAST MICHIGAN AVENUE	HARRISONBURG	RAPIDES	LA	NOL LASALLE CORRECTIONS	IGSA	IGSA	119	12	69	189	103
	CATAHOULA CORRECTIONAL CENTER	499 OLD COLUMBIA ROAD	HARRISONBURG	RAPIDES	LA	NOL LASALLE CORRECTIONS	IGSA	IGSA	292	29	14	335	20
	CA. FLORENCE CORRECTIONAL CENTER	1100 BROADWAY ROAD	FLORENCE	PRINAL	AZ	PHO CORRECIVC	USMS IGA	USMS IGA	210	21	232	463	347
	CLINTON COUNTY CORRECTIONAL FACILITY	419 SHOEMAKER ROAD	CLINTON	CLINTON	LA	PHI COUNTY (CORRECTIONS)	USMS IGA	USMS IGA	107	11	139	293	122
	CDEN DETENTION CENTER	702 E BOWLING ST	EDEN	CONCHO	TX	DAL CORRECIVC	USMS IGA	USMS IGA	183	18	46	247	69
	EL VALLE DETENTION FACILITY	1800 INDUSTRIAL DRIVE	RAYMONDVILLE	WILLACY	NJ	SNA MATC	IGSA	IGSA	330	33	105	468	157
	ESSEX COUNTY CORRECTIONAL FACILITY	354 DOREMUS AVENUE	NEWARK	ESSEX	TX	NEW COUNTY (CORRECTIONS)	IGSA	IGSA	349	35	15	396	22
	ETOWAH COUNTY JAIL	131 FORREST AVENUE	GADSDEN	ETOWAH	AL	PHI COUNTY (SHERIFF)	USMS IGA	USMS IGA	195	19	20	301	151
	HENDERSON DETENTION CENTER	18 E BASIC ROAD	HENDERSON	CLARK	NV	SLC CITY	USMS IGA	USMS IGA	195	20	96	311	144
	RWIN COUNTY DETENTION CENTER	323 COTTON DRIVE	OCELLA	IRWIN	GA	ATL LASALLE CORRECTIONS	USMS IGA	USMS IGA	492	49	269	810	403
	JOE CORLEY PROCESSING CTR	500 HILBIO RD	CONROE	TOWNCOMERY	TX	SPM COUNTY	IGSA	IGSA	281	28	40	493	135
	LIMESTONE COUNTY DETENTION CENTER	910 NORTH TYUS STREET	GROESBECK	LIMESTONE	TX	SNA LASALLE CORRECTIONS	USMS IGA	USMS IGA	181	18	10	187	14
	NEVADA SOUTHERN DETENTION CENTER	2190 EAST MESQUITE AVENUE	PAHRUMP	NVE	NV	SLC CORRECIVC	USMS IGA	USMS IGA	109	11	31	151	47
	OKMULGEE COUNTY JAIL	314 W. 7TH STREET	OKMULGEE	OKMULGEE	OK	DAL COUNTY	IGSA	IGSA	146	15	75	236	113
	OSASALLE CORR CTR JAIL	15076 HWY 165	OLA	LA SALIE	LA	NOL LASALLE CORRECTIONS	IGSA	IGSA	200	20	78	298	117
	PLYMOUTH COUNTY CORRECTIONAL FACILITY	26 LONG POND ROAD	PLYMOUTH	PLYMOUTH	MA	BOS COUNTY (SHERIFF)	IGSA	IGSA	111	11	6	128	8
	HE SECURE ADULT DETENTION FACILITY (POLK)	3400 FM 350 SOUTH	LIVINGSTON	POLK	TX	HOU MATC	IGSA	IGSA	134	13	27	174	40
	SHERBURNE COUNTY JAIL	13800 BUSINESS CENTER DRIVE	SHERBURNE	SHERBURNE	MA	SPM COUNTY (SHERIFF)	IGSA	IGSA	128	13	4	136	8
	ORANCE COUNTY DETENTION FACILITY	209 COUNTY ROAD 49	ESTANCIA	TORRANCE	NM	ELP CORRECIVC	IGSA	IGSA	173	17	117	307	176
Subtotal									4,154	415	1,642	6,211	2,463
<b>PRIORITY IV: NON-DEDICATED FACILITIES WITH POPULATION = 50 - 99</b>													
(b)(7)(E)	BRISTOL COUNTY DETENTION CENTER	400 FAUNCE CORNER ROAD	NORTH DARTMOUTH	BRISTOL	MA	BOS COUNTY (SHERIFF)	IGSA	IGSA	63	6	1	70	1
	BUTLER COUNTY JAIL	705 HANOVER STREET	HAMILTON	BUTLER	OH	SPM COUNTY (SHERIFF)	IGSA	IGSA	86	9	46	141	62
	CHASE COUNTY DETENTION FACILITY	301 SOUTH WALNUT STREET	COTTONWOOD FALLS	CHASE	KS	CHI COUNTY (SHERIFF)	IGSA	IGSA	58	6	37	100	55
	DODGE COUNTY JAIL	215 WEST CENTRAL STREET	JUNEAU	DODGE	WI	CHI COUNTY (SHERIFF)	USMS IGA	USMS IGA	77	8	71	167	107
	FREEDORN COUNTY ADULT DETENTION CENTER	411 SOUTH BROADWAY AVENUE	ALBERT LEA	FREEDORN	MN	SPM COUNTY (SHERIFF)	IGSA	IGSA	70	7	30	107	45
	HARDIN COUNTY JAIL	1816 14TH AVENUE	HARDIN	ELDORA	MO	SPM COUNTY (SHERIFF)	IGSA	IGSA	59	6	24	89	36
	HUDSON COUNTY CORRECTIONAL CENTER	30-35 HACKENSACK AVE	KEARNY	HUDSON	NJ	NYC COUNTY (CORRECTIONS)	IGSA	IGSA	92	9	1	102	1
	JOHNSON COUNTY CORRECTIONS CENTER	1800 RIDGEMAR DRIVE	GLEBURNE	JOHNSON	TX	DAL LASALLE CORRECTIONS	IGSA	IGSA	74	7	46	127	69
	KANDIHOHI COUNTY JAIL	201 23RD ST NE	KANDIHOHI	KANDIHOHI	AK	PHI COUNTY (SHERIFF)	IGSA	IGSA	60	6	20	89	28
	KAY COUNTY JUSTICE FACILITY	1101 WEST DRY ROAD	NEWKIRK	KAY	OK	DAL COUNTY	IGSA	IGSA	84	8	32	124	47
	NYE COUNTY DETENTION CENTER, SOUTHERN (PAHRUMP)	1520 E. BASIN RD.	PAHRUMP	NYE	NV	SLC COUNTY (SHERIFF)	IGSA	IGSA	80	8	35	123	53
	ORANGE COUNTY JAIL	110 WELLS FARM ROAD	GOSHEN	ORANGE	NV	NYC COUNTY (CORRECTIONS)	IGSA	IGSA	83	8	12	103	17
	SAN LUIS REGIONAL DETENTION CENTER	4245 NORTH AVENUE D	YORKAM	SAN LUIS	MO	SPM COUNTY (SHERIFF)	IGSA	IGSA	50	5	77	136	116
	STRAFFORD COUNTY CORRECTIONS	266 COUNTY FARM ROAD	DOVER	STRAFFORD	NH	BOS COUNTY (CORRECTIONS)	IGSA	IGSA	63	6	37	106	55
	WAKULLA COUNTY JAIL	15 OAK STREET	CRAWFORDVILLE	WAKULLA	FL	MIA COUNTY (SHERIFF)	IGSA	IGSA	72	7	59	138	88
Subtotal									1,071	107	524	1,702	786
<b>PRIORITY V: NON-DEDICATED FACILITIES WITH POPULATION = 10 - 49</b>													
(b)(7)(E)	ALLEN PARISH PUBLIC SAFETY COMPLEX	7340 HIGHWAY 28 WEST	BEDRIN	ALLEN	LA	NOL COUNTY	IGSA	IGSA	39	4	3	46	5
	BEDFORD MUNICIPAL DETENTION CENTER	2121 L DON DODSON DRIVE	BEDFORD	TARRANT	TX	DAL CITY	IGSA	IGSA	11	1	234	246	350
	BOONE COUNTY JAIL	3020 CONRAD LANE	BURLINGTON	BOONE	KY	CHI COUNTY (SHERIFF)	USMS IGA	USMS IGA	45	5	6	56	3
	CAMBRRIA COUNTY JAIL	425 MANOR DRIVE	FRENDSBURG	CAMBRRIA	VA	PHI COUNTY (PRISON)	USMS IGA	USMS IGA	19	2	2	23	12
	CHIPPEWA COUNTY BSM	325 COURT STREET	SAULT SAINT MARIE	CHIPPEWA	MI	DET COUNTY (SHERIFF)	IGSA	IGSA	21	2	25	2	2
	CIBOLA COUNTY CORRECTIONAL CENTER	2000 CIBOLA LOOP	MILAN	CIBOLA	NM	ELP CORRECIVC	IGSA	IGSA	16	2	2	20	3
	CLAY COUNTY JAIL	1143 EAST JACKSON STREET	BIRAZAL	CLAY	LA	NOL COUNTY (SHERIFF)	USMS IGA	USMS IGA	40	4	102	146	153
	CLINTON COUNTY JAIL	25 MCCARTHY DRIVE	PLATTSBURGH	CLINTON	NY	BUF COUNTY (SHERIFF)	USMS IGA	USMS IGA	18	2	10	30	15
	DALLAS COUNTY JAIL - LEW STERRETT JUSTICE CENTER	111 WEST COMMERCE STREET	DALLAS	DALLAS	TX	DAL COUNTY	USMS IGA	USMS IGA	16	2	151	169	227
	DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS	710 SOUTH 17TH ST	OMAHA	DOUGLAS	NE	SPM COUNTY (CORRECTIONS)	IGSA	IGSA	22	2	44	68	66
	DEAUGA COUNTY JAIL	1249 MERRIOT DR	DEAUGA	CHALCON	GA	PHI COUNTY (SHERIFF)	IGSA	IGSA	17	4	12	52	17
	FRANKLIN COUNTY HOUSE OF CORRECTION	160 ELM STREET	GREENFIELD	FRANKLIN	MA	BOS COUNTY (SHERIFF)	USMS IGA	USMS IGA	24	2	11	37	17
	HALL COUNTY DEPARTMENT OF CORRECTIONS	1100 PUBLIC SAFETY DRIVE	GRAND ISLAND	HALL	NE	SPM COUNTY (SHERIFF)	IGSA	IGSA	44	4	9	57	14
	ROLLING PLAINS DETENTION CENTER	115 COUNTY ROAD 206	HASKELL	HASKELL	OK	DAL LASALLE CORRECTIONS	USMS IGA	USMS IGA	34	3	20	51	28
	HOWARD COUNTY DETENTION CENTER	7301 WATERLOO ROAD	JESSUP	HOWARD	MD	BAL COUNTY (CORRECTIONS)	IGSA	IGSA	27	3	15	44	22
	KANKAKEE COUNTY JAIL (JEROME COMBS DET CTR)	3050 JUSTICE WAY	KANKAKEE	KANKAKEE	IL	CHI COUNTY	USMS IGA	USMS IGA	34	3	1	38	1
	MONROE COUNTY DETENTION-DORM	7000 EAST DUNBAR ROAD	MONROE	MONROE	MO	DET COUNTY (SHERIFF)	IGSA	IGSA	14	1	3	18	5
	MONTGOMERY COUNTY JAIL	111 EAST THIRD STREET											

(b)(7)(E)

ADAMS COUNTY DET CENTER	20 HOBIO FORK RD	NATCHEZ	ADAMS	MS	NOL	CORECIVIC	DIGSA	700	70	96	866	143
FAYETTE COUNTY DETENTION CENTER	600 OLD FRANKFORD DR	LEXINGTON	FAYETTE	KY	CHI	COUNTY	USMS IGA	2	0	12	14	18
FORSYTH COUNTY JAIL	201 NORTH CHURCH STREET	WINSTON-SALEM	FORSYTH	NC	ATL	COUNTY (SHERIFF)	USMS IGA	0	0	-	-	-
FREDERICK COUNTY DETENTION CENTER	7300 MARCIE'S CHOICE LANE	FREDERICK	FREDERICK	MD	BAL	COUNTY (SHERIFF)	IGSA	0	0	-	-	-
GARVIN COUNTY DETENTION CENTER	201 WEST GRANT AVENUE	PAULS VALLEY	GARVIN	OK	DAL	COUNTY (SHERIFF)	IGSA	0	0	-	-	-
GRAND FORKS COUNTY CORRECTIONAL FACILITY	1701 NORTH WASHINGTON ST	GRAND FORKS	GRAND FORKS	ND	SPM	COUNTY (SHERIFF)	IGSA	0	0	2	2	3
GLENDALE POLICE DEPARTMENT	131 NORTH ISABEL STREET	GLENDALE	LOS ANGELES	CA	LOS	CITY	IGSA	0	0	-	-	-
GRAYSON COUNTY JAIL	320 SHAW STATION ROAD	LEITCHFIELD	GRAYSON	KY	CHI	COUNTY (JAILER)	USMS IGA	1	0	3	4	4
DALE G. HALE DETENTION CENTER	1115 ALBANY	CALDWELL	IDAHO	JD	SLC	COUNTY (SHERIFF)	IGSA	2	0	7	9	11
HALL COUNTY JAIL	1700 BARBER ROAD	GAINESVILLE	HALL	GA	ATL	COUNTY (SHERIFF)	USMS IGA	0	0	-	-	-
JEFFERSON COUNTY JAIL	200 COURTHOUSE WAY	RIGBY	JEFFERSON	ID	SLC	COUNTY	IGSA	1	0	5	6	8
JACK HARWELL DETENTION CENTER	3101 MARLIN HWY	WACO	MCLENNAN	TX	SNA	GEO	USMS IGA	0	0	3	3	5
KARNES COUNTY CORRECTIONAL CENTER	810 COMMERCE STREET	KARNES CITY	KARNES	TX	SNA	GEO	USMS IGA	0	0	5	5	8
KENOSHA COUNTY DETENTION CENTER	4777 88TH AVENUE	KENOSHA	KENOSHA	WI	CHI	COUNTY (SHERIFF)	USMS IGA	0	0	1	1	1
KENT COUNTY JAIL	701 BALL AVENUE NORTHEAST	GRAND RAPIDS	KENT	MI	DET	COUNTY (SHERIFF)	IGSA	0	0	-	-	-
LA PAZ COUNTY ADULT DETENTION FACILITY	1109 ARIZONA AVE	PARKER	LA PAZ	AZ	PHO	COUNTY (SHERIFF)	USMS IGA	1	0	26	27	38
LA PLATA COUNTY JAIL	742 TURNER DRIVE	DURANGO	FLOYD	CO	DEN	COUNTY (SHERIFF)	USMS IGA	0	0	-	-	-
LEXINGTON COUNTY JAIL	521 GIBSON ROAD	LEXINGTON	LEXINGTON	SC	ATL	COUNTY (SHERIFF)	USMS IGA	3	0	47	50	70
LINCOLN COUNTY DETENTION CENTER	65 BUSINESS PARK DRIVE	TROY	LINCOLN	MO	CHI	COUNTY (SHERIFF)	IGSA	1	0	1	2	1
LRN COUNTY JAIL	53 3RD AVENUE BRIDGE	CEDAR RAPIDS	LRN	IA	SPM	COUNTY (SHERIFF)	USMS IGA	6	1	9	15	13
ONOKE POLICE DEPARTMENT	203 W. FRONT STREET	LONOKE	LONOKE	AR	NOL	CITY	IGSA	0	0	13	13	20
LA SALLE COUNTY REGIONAL DETENTION CENTER	832 EAST TEXAS STATE HIGHWAY	ENCINAL	LA SALLE	TX	SNA	COUNTY	USMS IGA	0	0	-	-	-
LUBBOCK COUNTY DETENTION CENTER	811 MAIN STREET	LUBBOCK	LUBBOCK	TX	DAL	COUNTY (SHERIFF)	USMS IGA	0	0	9	9	13
MECKLENBURG COUNTY DETENTION CENTER NORTH	9294 SPECTOR DRIVE	CHARLOTTE	MECKLENBURG	NC	ATL	COUNTY (SHERIFF)	USMS IGA	0	0	-	-	-
MILER COUNTY JAIL	2300 EAST STREET	TEXARKANA	MILLER	AR	NOL	COUNTY (SHERIFF)	USMS IGA	0	0	5	5	8
MINICASSIA DETENTION CENTER	1416 ALBION AVENUE	BURLEY	CASSIA	ID	SLC	COUNTY (SHERIFF)	IGSA	3	0	20	23	29
MONTGOMERY CITY JAIL	320 NORTH RIPLEY STREET	MONTGOMERY	MONTGOMERY	AL	NOL	CITY	IGSA	0	0	1	1	1
MOFFAT COUNTY JAIL	800 WEST 1ST STREET	CRAIG	MOFFAT	CO	DEN	COUNTY (SHERIFF)	IGSA	0	0	2	2	3
MONROE COUNTY DETENTION CENTER	5501 COLLEGE ROAD	KEY WEST	MONROE	FL	MIA	COUNTY (SHERIFF)	IGSA	0	0	-	-	-
NATRONA COUNTY JAIL	1100 BRUCE LANE	CASPER	NATRONA	WY	DEN	COUNTY (SHERIFF)	USMS IGA	1	0	4	5	6
NOBLES COUNTY JAIL	1530 AIRPORT ROAD	WORTHINGTON	NOBLES	MN	SPM	COUNTY (SHERIFF)	IGSA	0	0	-	-	-
NORTHERN OREGON CORRECTIONAL FACILITY	211 WEBBER ROAD	THE DALLES	WASCO	OR	SEA	COUNTY (JAILER)	IGSA	4	0	6	10	9
NEW HANOVER COUNTY JAIL	3950 JUVENILE RD	CASTLE HAYNE	NEW HANOVER	NC	ATL	COUNTY (SHERIFF)	IGSA	0	0	15	15	22
ORANGE COUNTY INTAKE RELEASE FACILITY	550 NORTH FLOWER STREET	SANTA ANA	ORANGE	CA	LOS	COUNTY (SHERIFF)	IGSA	0	0	-	-	-
OGLE COUNTY JAIL	103 JEFFERSON STREET	OREGON	OGLE	IL	CHI	COUNTY	USMS IGA	3	0	12	15	18
OLDHAM COUNTY JAIL	100 W MAIN STREET	LA GRANGE	OLDHAM	KY	CHI	COUNTY (JAILER)	USMS IGA	1	0	6	7	9
ORANGE COUNTY JAIL	3855 SOUTH JOHN YOUNG PARKWAY	ORLANDO	ORANGE	FL	MIA	COUNTY (SHERIFF)	USMS IGA	0	0	28	29	43
OTERO COUNTY PRISON FACILITY	19 MCCUREGOR RANGE ROAD	CHAPARRAL	DONA ANA	NM	ELP	MATC	USMS IGA	1	0	3	4	5
PENNINGTON COUNTY JAIL (SOUTH DAKOTA)	307 SAINT JOSEPH STREET	RAPID CITY	PENNINGTON	SD	SPM	COUNTY (SHERIFF)	USMS IGA	1	0	3	4	5
PINELLAS COUNTY JAIL	14400 49TH STREET NORTH	CLEARWATER	PINELLAS	FL	MIA	COUNTY (SHERIFF)	USMS IGA	0	0	52	52	78
PLATTE COUNTY DETENTION CENTER	415 THIRD STREET	PLATTE CITY	PLATTE	MO	CHI	COUNTY (SHERIFF)	IGSA	1	0	1	2	1
PLATTE COUNTY JAIL	850 MAPLE STREET	WHEATLAND	PLATTE	WY	DEN	COUNTY (SHERIFF)	USMS IGA	0	0	7	7	11
POTTAWATTAMIE COUNTY JAIL	1400 BIG LAKE ROAD	COUNCIL BLUFFS	POTTAWATTAMIE	IA	SPM	COUNTY (SHERIFF)	USMS IGA	0	0	1	1	2
RIO GRANDE COUNTY JAIL	840 CHERRY STREET	DEL NORTE	RIO GRANDE	CO	DEN	COUNTY	IGSA	0	0	1	1	1
RANDALL COUNTY JAIL	9100 SOUTH GEORGIA STREET	AMARILLO	RANDALL	TX	DAL	COUNTY (SHERIFF)	USMS IGA	3	0	22	25	32
ROCKINGHAM COUNTY JAIL	25 SOUTH LIBERTY STREET	HARRISONBURG	HARRISONBURG	VA	WAS	COUNTY (SHERIFF)	USMS IGA	0	0	2	2	3
ROANOKE CITY JAIL	340 CAMPBELL AVENUE SOUTHWEST	ROANOKE	ROANOKE	VA	WAS	CITY	USMS IGA	0	0	-	-	-
SANTA CRUZ COUNTY JAIL	1250 NORTH HOKOKAM DRIVE	NOGALES	SANTA CRUZ	AZ	PHO	COUNTY (SHERIFF)	USMS IGA	0	0	-	-	-
SEBASTIAN COUNTY DETENTION CENTER	801 SOUTH A STREET	FORT SMITH	SEBASTIAN	AR	NOL	COUNTY (SHERIFF)	USMS IGA	0	0	1	1	1
SHAWNEE COUNTY DEPARTMENT OF CORRECTIONS	501 SOUTHEAST 8TH AVENUE	TOPEKA	SHAWNEE	KS	CHI	COUNTY (CORRECTIONS)	IGSA	0	0	-	-	-
SALT LAKE COUNTY METRO JAIL	3415 SOUTH 900 WEST	SALT LAKE CITY	SALT LAKE	UT	SLC	COUNTY (SHERIFF)	USMS IGA	0	0	12	12	17
SANT TAMMANY PARISH JAIL	701 NORTH COLUMBIA STREET	COVINGTON	SANT TAMMANY	LA	NOL	COUNTY (SHERIFF)	IGSA	0	0	-	-	-
SUFFOLK COUNTY HOUSE OF CORRECTIONS	20 BRADSTON STREET	BOSTON	SUFFOLK	MA	BOS	COUNTY (SHERIFF)	IGSA	0	0	-	-	-
TALLAHATCHIE CO CORR FACILITY	415 U.S. HIGHWAY 49 North	TUTWILER	TALLAHATCHIE	MS	NOL	CORECIVIC	USMS IGA	0	0	-	-	-
TALLER COUNTY JAIL	288 WEAVERVILLE ROAD	DIVIDE	TALLER	CO	DEN	COUNTY (SHERIFF)	IGSA	3	0	20	23	29
WESTERN TENNESSEE DETENTION FACILITY	6299 FINDE NAIFEH DRIVE	MASON	TIPTON	TN	NOL	CORECIVIC	USMS IGA	0	0	6	6	9
TOOLE COUNTY JAIL	47 SOUTH MAIN STREET	TOOLE	TOOLE	UT	SLC	COUNTY	USMS IGA	2	0	2	4	2
TULSA COUNTY JAIL (DAVID L. MOSS JUSTICE CTR)	300 NORTH DENVER AVENUE	TULSA	TULSA	OK	DAL	COUNTY (SHERIFF)	USMS IGA	0	0	28	28	41
VAL VERDE CORRECTIONAL FACILITY	253 FARM TO MARKET 2923	DEL RIO	VAL VERDE	TX	SNA	GEO	USMS IGA	0	0	2	2	3
NORTHWEST STATE CORRECTIONAL CENTER	3849 LOWER NEWTON ROAD	SWANTON	FRANKLIN	VT	BOS	COUNTY (CORRECTIONS)	USMS IGA	0	0	1	1	1
CENTRAL TEXAS DETENTION FACILITY	218 S. LAREDO ST	SAN ANTONIO	BEXAR	TX	SNA	GEO	USMS IGA	0	0	-	-	-
WAKE COUNTY SHERIFF DEPARTMENT	330 SOUTH SALISBURY STREET	RALEIGH	WAKE	NC	ATL	COUNTY (SHERIFF)	IGSA	0	0	-	-	-
WASHINGTON COUNTY JAIL (PURGATORY CORRECTIONAL)	1750 SOUTH 5400 WEST	HURRICANE	WASHINGTON	UT	SLC	COUNTY (SHERIFF)	USMS IGA	3	0	11	14	17
WILLACY CO REGIONAL DETENTION FACILITY	1801 BUFFALO DRIVE	RAYMONDVILLE	WILLACY	TX	SNA	MATC	USMS IGA	0	0	-	-	-
WHITFIELD COUNTY JAIL	805 PROFESSIONAL BLVD	DALTON	WHITFIELD	GA	ATL	COUNTY (SHERIFF)	IGSA	0	0	4	4	5
WEST TEXAS DETENTION FACILITY	401 S. VAQUERO AVE	SIERRA BLANCA	HIDALGO	TX	ELP	LASALLE CORRECTIONS	USMS IGA	0	0	1	1	2
SOUTH CENTRAL REGIONAL JAIL	1001 CENTRE WAY	CHARLESTON	KANAWHA	WV	PHI	COUNTY (CORRECTIONS)	USMS IGA	0	0	8	8	12
YANKTON COUNTY JAIL	410 WALNUT STREET	YANKTON	YANKTON	SD	SPM	COUNTY	USMS IGA	0	0	3	3	5
YAKIMA COUNTY DEPARTMENT OF CORRECTIONS	111 NORTH FRONT STREET	YAKIMA	YAKIMA	WA	SEA	COUNTY (CORRECTIONS)	USMS IGA	0	0	-	-	-
YORK COUNTY DETENTION CENTER	1675-3A YORK HWY	YORK	YORK	SC	ATL	COUNTY (SHERIFF)	USMS IGA	0	0	-	-	-
Subtotal								92	9	890	991	1,335
Grand Total								16,778	1,678	8,006	26,462	12,009



# ERO Custody Management Division

Date: Week of 8/24/20

## FACILITIES CONDUCTING INTAKE TESTING

66 # Facilities Testing All New Admissions

48 # Facilities Testing All New Admissions and Conducted a Saturation Testing

#	DETLOC	Name	AOR	Has Facility Conducted Saturation Testing?
1	(b)(7)(E)	ALEXANDRIA STAGING FACILITY	NOL	YES
2		ANNEX-FOLKSTON IPC	ATL	YES
3		BROWARD TRANSITIONAL CENTER	MIA	YES
4		BUFFALO (BATAVIA) SERVICE PROCESSING CENTER	BUF	YES
5		CALHOUN COUNTY CORRECTIONAL CENTER	DET	YES
6		CAROLINE DETENTION FACILITY	WAS	YES
7		CCA, FLORENCE CORRECTIONAL CENTER	PHO	YES
8		CHASE COUNTY DETENTION FACILITY	CHI	YES
9		CIBOLA COUNTY CORRECTIONAL CENTER	ELP	YES
10		DENVER CONTRACT DETENTION FACILITY	DEN	YES
11		DENVER CONTRACT DETENTION FACILITY (CDF) II	DEN	YES
12		EL PASO SERVICE PROCESSING CENTER	ELP	YES
13		ELIZABETH CONTRACT DETENTION FACILITY	NEW	YES
14		ELOY FEDERAL CONTRACT FACILITY	PHO	YES
15		ESSEX COUNTY CORRECTIONAL FACILITY	NEW	YES
16		FLORENCE SERVICE PROCESSING CENTER	PHO	YES
17		FREEBORN COUNTY ADULT DETENTION CENTER	SPM	YES
18		GLADES COUNTY DETENTION CENTER	MIA	YES
19		HOUSTON CONTRACT DETENTION FACILITY	HOU	YES
20		HOWARD COUNTY DETENTION CENTER	BAL	YES
21		HUDSON COUNTY CORRECTIONAL CENTER	NYC	YES
22		IMMIGRATION CENTERS OF AMERICA FARMVILLE	WAS	YES
23		IRWIN COUNTY DETENTION CENTER	ATL	YES
24		KARNES COUNTY RESIDENTIAL CENTER	SNA	YES
25		KROME NORTH SERVICE PROCESSING CENTER	MIA	YES
26		LA PALMA CORRECTION CENTER - APSO	PHO	YES
27		LA PALMA CORRECTIONAL CENTER	PHO	YES
28		LASALLE ICE PROCESSING CENTER (JENA)	NOL	YES
29		MAIN - FOLKSTON IPC (D RAY JAMES)	ATL	YES
30		MESA VERDE ICE PROCESSING CENTER	SFR	YES
31		MONTGOMERY ICE PROCESSING CENTER	HOU	YES
32		OTAY MESA DETENTION CENTER (SAN DIEGO CDF)	SND	YES
33		OTERO COUNTY PROCESSING CENTER	ELP	YES
34		PIKE COUNTY CORRECTIONAL FACILITY	PHI	YES
35		PINE PRAIRIE ICE PROCESSING CENTER	NOL	YES
36		PORT ISABEL	SNA	YES

37	(b)(7)(E)	PULASKI COUNTY JAIL	CHI	YES
38		SOUTH LOUISIANA DETENTION CENTER	NOL	YES
39		SOUTH TEXAS FAMILY RESIDENTIAL CENTER	SNA	YES
40		SOUTH TEXAS ICE PROCESSING CENTER	SNA	YES
41		STEWART DETENTION CENTER	ATL	YES
42		T DON HUTTO RESIDENTIAL CENTER	SNA	YES
43		TACOMA ICE PROCESSING CENTER (NORTHWEST D	SEA	YES
44		TORRANCE COUNTY DETENTION FACILITY	ELP	YES
45		WAKULLA COUNTY JAIL	MIA	YES
46		WEBB COUNTY DETENTION CENTER (CCA)	SNA	YES
47		WORCESTER COUNTY JAIL	BAL	YES
48		WYATT DETENTION CENTER	BOS	YES
49		ADAMS COUNTY DET CENTER	NOL	NO
50		ADELANTO ICE PROCESSING CENTER	LOS	NO
51		BAKER COUNTY SHERIFF'S OFFICE	MIA	NO
52		BERGEN COUNTY JAIL	NYC	NO
53		COLLIER COUNTY NAPLES JAIL CENTER	MIA	NO
54		DEKALB COUNTY DETENTION CENTER	NOL	NO
55		EL VALLE DETENTION FACILITY	SNA	NO
56		FRANKLIN COUNTY HOUSE OF CORRECTION	BOS	NO
57		IMPERIAL REGIONAL DETENTION FACILITY	SND	NO
58		LAREDO PROCESSING CENTER	SNA	NO
59		NEVADA SOUTHERN DETENTION CENTER	SLC	NO
60		RICHWOOD CORRECTIONAL CENTER	NOL	NO
61		RIVER CORRECTIONAL CENTER	NOL	NO
62		SAINT CLAIR COUNTY JAIL	DET	NO
63		SHERBURNE COUNTY JAIL	SPM	NO
64		STRAFFORD COUNTY CORRECTIONS	BOS	NO
65		WASHINGTON COUNTY JAIL (PURGATORY CORRECT	SLC	NO
66		YORK COUNTY PRISON	PHI	NO

**From:** (b)(6); (b)(7)(C)  
**Sent:** 19 Aug 2020 20:33:15 +0000  
**To:** (b)(6); (b)(7)(C)  
**Cc:**  
**Subject:** FW: See attached Memo  
**Attachments:** Sallyport Arrest area masking.pdf

Good afternoon,

New policy from CCJ in regards to required wearing of an OSHA approved mask for officer and detainee. Effective immediately.

Please make sure all transport teams and officers are aware.

Thanks,

(b)(6); (b)(7)(C)  
SDDO  
ICE ERO Portland, ME Sub-Office  
176 Gannett Drive  
South Portland, ME 04106

Main Office Phone#: 207-780- (b)(6); (b)(7)(C)  
Desk Phone#: 207-808- (b)(6); (b)(7)(C)  
Cell Phone#: 207-252- (b)(6); (b)(7)(C)  
Fax#: 207-780-3216

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([www.blackberry.com](http://www.blackberry.com))

**From:** (b)(6); (b)(7)(C)@cumberlandcounty.org>  
**Date:** Wednesday, Aug 19, 2020, 4:14 PM

To: (b)(6); (b)(7)(C) @usdoj.gov> (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C) @ice.dhs.gov>  
**Subject:** See attached Memo

(b)(6); (b)(7)(C)

Could you please share with your staff on the new masking policy?

(b)(6); (b)(7)(C) you asked about thoughts on what the policy will be when Inmates who have been COVID cleared and are residing at the Jail and then leave the facility (Medical app't. Court, etc.). We have discussed this with our Medical Team and we are leaning on the following: Should an Inmate leave the facility and upon returning will be placed back on a Quarantine watch (POD) for 3-days and COVID tested on day three, if negative they will return to their assigned POD/Room.

If they test positive, they go to isolation and we follow the CDC guidelines and I have to do a lot of paperwork!

Let me know if you have any questions?

Thanks,

(b)(6); (b)(7)(C)

Captain-Corrections  
Cumberland County Sheriff's Office  
**50 County Way**  
Portland, Maine 04102  
Direct: 207-245 (b)(6); (b)(7)(C)



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# Cumberland County Sheriff's Office

- Kevin J. Joyce  
SHERIFF
- [REDACTED]  
CHIEF DEPUTY

36 COUNTY WAY PORTLAND, ME 04102

PHONE (207)774-1444

FAX (207)828-2373

**To: District II Chiefs, US Marshal's Office, US Immigration and  
Customs Enforcement**

**From: Captain** [REDACTED]

**Date: August 19, 2020**

**Subject: Mandatory Mask Wear Officers entering Jail**

Beginning today ALL Law Enforcement Officer's entering the facility from vehicle Sallyport area (New Arrest or Inmates being returned) will be required to wear an OSHA approved mask along with the arrestee/Inmate.

This is a continued effort to provide best practices for COVID best practices.

Please share with your staff.

Thanks in advance,

---

Captain [REDACTED]



☐ JAIL 50 County Way, Portland, ME 04102 (207) 774-5939 ~ FAX (207) 879-5600

☐ Cumberland County

2021-ICLI-00025 1778

**From:** (b)(6); (b)(7)(C)  
**Sent:** 1 Dec 2020 01:24:14 +0000  
**To:** (b)(6); (b)(7)(C)  
**Cc:**  
**Subject:** FW: Three to Cumberland. Two Field arrests and one Pre-approved facility transfer.

All,

These 3 new arrests from today are on their way back to Burlington after being turned around by CCJ. Franklin agreed to take 1 of the cases, which will be transported by Strafford deputies to Franklin, but the other 2 will need to be released. Do you have anyone available in about an hour, maybe a little more, (b)(5) Both cases are pre-order.

(b)(6); (b)(7)(C)  
**DOB:** (b)(6); (b)(7)(C)  
**COC:** Guatemala  
**Gangs:** none found.  
**Classification:** Med/High.  
**Temp** is 97.5 at 1210hrs  
Subject shows no signs/symptoms of COVID and claimed to be in good health.

(b)(6); (b)(7)(C)  
**DOB:** (b)(6); (b)(7)(C)  
**COC:** Guatemala  
**Classification:** Med/High  
**Temp** is 97.3 at 0937hrs  
Subject shows no signs/symptoms of COVID and claimed to be in good health

(b)(6); (b)(7)(C)  
(A)Assistant Field Office Director, Custody Management  
Boston Field Office  
Enforcement and Removal Operations  
U.S. Immigration And Customs Enforcement  
Cell 617-799- Office 781-359- (b)(6); (b)(7)(C)

**From:** (b)(6); (b)(7)(C)  
**Sent:** Monday, November 30, 2020 6:18 PM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov  
**Subject:** FW: Three to Cumberland. Two Field arrests and one Pre-approved facility transfer.

The below just tested positive with a rapid test done in the sally port at CCJ. They have refused the van with all 3. (b)(6); (b)(7)(C) is making arrangements to have him brought to Franklin tonight as they have space. He's an admin removal final order based on his agg fel convictions for heroin distribution.

(b)(5)

**PRE APPROVED FACILITY TRANSFER BY SGT** (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

DOB: (b)(6); (b)(7)(C)

COC: Dominican Republic

Classification: High

Temp is 97.5 at 1100hrs

Subject shows no signs/symptoms of COVID. Subject claimed to be in good health.

(b)(6); (b)(7)(C)

(A)Assistant Field Office Director, Custody Management

Boston Field Office

Enforcement and Removal Operations

U.S. Immigration And Customs Enforcement

Cell 617-799 (b)(6); (b)(7)(C) Office 781-359 (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C) @ice.dhs.gov>

**Sent:** Monday, November 30, 2020 5:35 PM

**To:** (b)(6); (b)(7)(C) @ice.dhs.gov>

**Subject:** FW: Three to Cumberland. Two Field arrests and one Pre-approved facility transfer.

FYI;

Sent with BlackBerry Work

([www.blackberry.com](http://www.blackberry.com))

**From:** (b)(6); (b)(7)(C) @ice.dhs.gov>

**Date:** Monday, Nov 30, 2020, 2:23 PM

**To:** [intake@cumberlandcounty.org](mailto:intake@cumberlandcounty.org) <[intake@cumberlandcounty.org](mailto:intake@cumberlandcounty.org)>

**Cc:** (b)(6); (b)(7)(C) @ice.dhs.gov>

**Subject:** Three to Cumberland. Two Field arrests and one Pre-approved facility transfer.

Good afternoon,

Two field arrests along with one pre-approved facility transfer will be transported to Cumberland County Jail this afternoon. Rough ETA 1700hrs.

(b)(6); (b)(7)(C)

DOB: (b)(6); (b)(7)(C)

COC: Guatemala

Gangs: none found.

Classification: Med/High.

Temp is 97.5 at 1210hrs

Subject shows no signs/symptoms of COVID and claimed to be in good health.

(b)(6); (b)(7)(C)

DOB: (b)(6); (b)(7)(C)

COC: Guatemala

Classification: Med/High

Temp is 97.3 at 0937hrs

Subject shows no signs/symptoms of COVID and claimed to be in good health

**PRE APPROVED FACILITY TRANSFER BY SGT (b)(6); (b)(7)(C)**

(b)(6); (b)(7)(C)

DOB: (b)(6); (b)(7)(C)

COC: Dominican Republic

Classification: High

Temp is 97.5 at 1100hrs

Subject shows no signs/symptoms of COVID. Subject claimed to be in good health.

Thank you,

(b)(6); (b)(7)(C)

(A)SDDO/Intake/processing/bonds/property

Boston Field Office

Enforcement and Removal Operations

Immigration & Customs Enforcement

781-853- (b)(6); (b)(7)(C)

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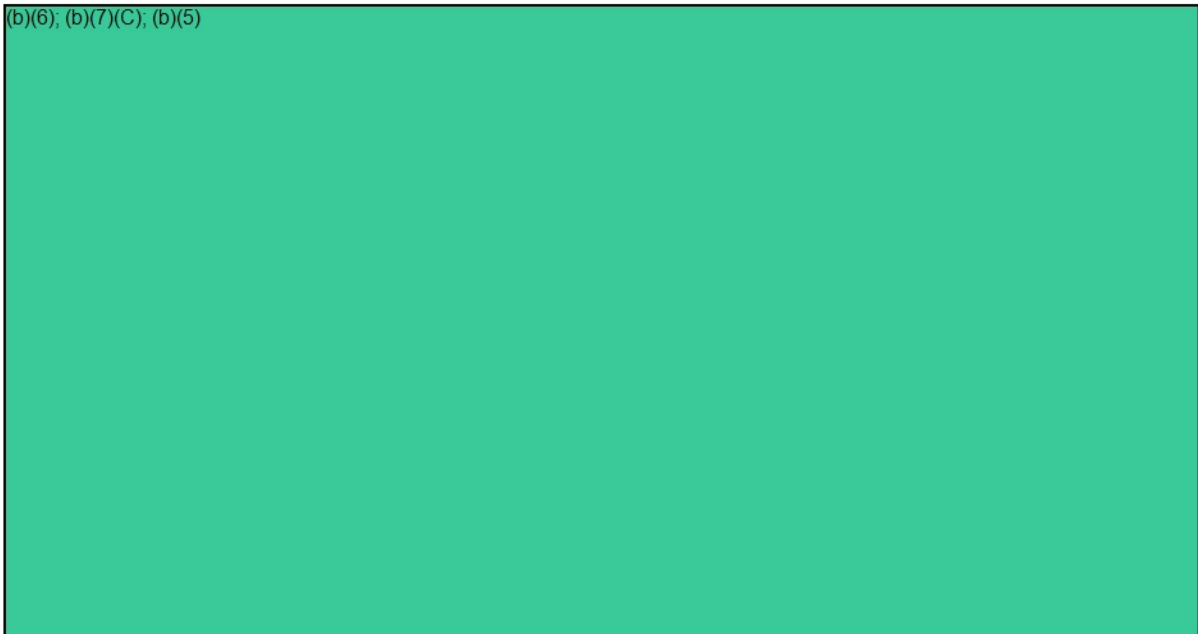
**From:** (b)(6); (b)(7)(C)  
**Sent:** 29 Sep 2020 12:04:39 -0400  
**To:** (b)(6); (b)(7)(C)  
**Cc:**  
**Subject:** ICE OPR Oversight Inspection: Cumberland County Jail, Portland, ME

**CAUTION:** This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact [ICE SOC SPAM](#) with questions or concerns.

Good Afternoon (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) I am (b)(6); (b)(7)(C) the Compliance Manager at the Cumberland County Jail. I will be completing both the Pre-inspection Questionnaire and the Pre-inspection Contingency Inspection Information Request with (b)(6); (b)(7)(C) assisting me in the gathering of information and documentation.

(b)(6); (b)(7)(C); (b)(5)

A large rectangular area of the email is completely redacted with a solid black fill, obscuring all text and graphics that would have been present in the body of the message.

Thanks,

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)  
Compliance Manager  
Cumberland County Sheriff's Office  
207-774-(b)(6); (b)(7)(C)



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**From:** (b)(6); (b)(7)(C)  
**Sent:** 9 Oct 2020 12:35:35 -0400  
**To:** (b)(6); (b)(7)(C)  
**Cc:**  
**Subject:** Re: CCJ Inspection Environmental Health and Safety Folder  
**Attachments:** 7 July 20 Montly Fire Inspection (4).pdf, 7 July 20 Montly Fire Inspection (5).pdf, 7-20-20 Weekly Fire Inspection.pdf, 7-24-20 Weekly Fire Inspection.pdf, 7-7-20 Weekly Fire Inspection.pdf, 8-7-20 Weekly Fire Inspection.pdf, 7-27-20 Weekly Fire Inspection.pdf, 8-21-20 Weekly Fire Inspection.pdf, 8-24-20 Monthly inspection.pdf, 8-10-20 Weekly Fire Inspection.pdf, 9-07-20 weekly fire.pdf, 9-1-20 Weekly Fire Inspection.pdf, 9-21-20 weekly fire.pdf, 06-29-20 weekly fire inspection.pdf, 9-18-20 Weekly Fire Inspection.pdf, 7 July 20 Montly Fire Inspection (1).pdf, 7 July 20 Montly Fire Inspection (2).pdf, 7 July 20 Montly Fire Inspection (3).pdf, 9-29-20 Monthly Fire Inspection.pdf

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Environmental Health and Safety Part 1

On Fri, Oct 9, 2020 at 12:34 PM (b)(6); (b)(7)(C) <[@cumberlandcounty.org](mailto:(b)(6); (b)(7)(C)@cumberlandcounty.org)> wrote:  
Disregard those, I'll send them in a different way

On Fri, Oct 9, 2020 at 12:31 PM (b)(6); (b)(7)(C) <[@cumberlandcounty.org](mailto:(b)(6); (b)(7)(C)@cumberlandcounty.org)> wrote:

(b)(6);  
(b)(7)(C)

On Fri, Oct 9, 2020 at 10:47 AM (b)(6); (b)(7)(C) <[@cumberlandcounty.org](mailto:(b)(6); (b)(7)(C)@cumberlandcounty.org)> wrote:

See attached

 [Environmental Health and Safety.zip](#)

--  
(b)(6); (b)(7)(C)  
Compliance Manager  
Cumberland County Sheriff's Office  
207-774-(b)(6); (b)(7)(C)



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--  
(b)(6); (b)(7)(C)

Cumberland County Sheriff's Office  
Corrections Department

207-774 (b)(6); (b)(7)(C)

(b)(6);  
(b)(7)(C) @cumberlandcounty.org

--  
(b)(6); (b)(7)(C)

Cumberland County Sheriff's Office  
Corrections Department

207-774 (b)(6); (b)(7)(C)

(b)(6);  
(b)(7)(C) @cumberlandcounty.org

--  
(b)(6); (b)(7)(C)

Cumberland County Sheriff's Office  
Corrections Department

207-774 (b)(6); (b)(7)(C)

(b)(6);  
(b)(7)(C) @cumberlandcounty.org



Notice: Under Maine law, documents - including e-mails - in the possession of public officials or employees about government business may be classified as public records. There are very few exceptions. As a result, please be advised that what is written in an e-mail could be released to the public and/or the media if requested.

Weekly Fire/Environmental Health and Safety Inspection

Location: Jail / L.E.C

**ENVIRONMENTAL HEALTH/SAFEY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical - Dental room Sprinkler
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	head violation.
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L.E.C - East stairwell - Items under stairs.
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> All Working Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Toxic/Caustic bottles stored properly, labeled, and SDS present?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>		
Are the First Aid Kit(s) sealed?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>		
Are inmates or staff reporting any problems with pests/rodents?	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>		

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are Emergency Exits (approach-exit-discharge) clear?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kitchen door blocked egress.
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors opening/closing properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kitchen carts blocking panels.
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action Needed:

Inspectors Name (Printed): (b)(6); (b)(7)(C)

Date: 07/20/20

Inspectors Signature: (b)(6); (b)(7)(C)

Location: Cumberland County Jail

**ENVIRONMENTAL HEALTH/SAFETY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments	
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
					All Working Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available? Y <input type="checkbox"/> N <input type="checkbox"/>	
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Toxic/Caustic bottles stored properly, labeled, and SDS present?					Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	N/A <input type="checkbox"/>
Are the First Aid Kit(s) sealed?					Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	N/A <input type="checkbox"/>
Are inmates or staff reporting any problems with pests/rodents?					Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	N/A <input type="checkbox"/>

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are Emergency Exits (approach-exit-discharge) clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple doors in pods are ghost opening.
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrician is aware and working on it.
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors opening/closing properly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action Needed:

Inspectors Name (Printed): (b)(6); (b)(7)(C) Date: 07/24/20

Inspectors Signature: (b)(6); (b)(7)(C)  
8-6-2020

Location: CCJ

**ENVIRONMENTAL HEALTH/SAFETY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments	
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
					All Working	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Toxic/Caustic bottles stored properly, labeled, and SDS present?	Y <input checked="" type="checkbox"/>		N <input type="checkbox"/>		N/A <input type="checkbox"/>	
Are the First Aid Kit(s) sealed?	Y <input checked="" type="checkbox"/>		N <input type="checkbox"/>		N/A <input type="checkbox"/>	
Are inmates or staff reporting any problems with pests/rodents?	Y <input type="checkbox"/>		N <input checked="" type="checkbox"/>		N/A <input type="checkbox"/>	

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental office 18' sprinkler head violation.
Are Emergency Exits (approach-exit-discharge) clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors opening/closing properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action Needed:

(b)(6); (b)(7)(C)

Inspectors Name (Printed): (b)(6); (b)(7)(C)

Date: 07/07/2020

Inspectors Signature: (b)(6); (b)(7)(C)

Location: Cumberland County Jail

**ENVIRONMENTAL HEALTH/SAFETY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Records room - Electrical cord
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taped to floor and plugged into
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a small fan.
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> All Working Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available? Y <input type="checkbox"/> N <input type="checkbox"/>
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Toxic/Caustic bottles stored properly, labeled, and SDS present?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>		
Are the First Aid Kit(s) sealed?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>		
Are inmates or staff reporting any problems with pests/rodents?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>		

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen - Sprinkler head 15'
Are Emergency Exits (approach-exit-discharge) clear?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Violation: Boxes of sparks
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	between ovens - Staff will
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fix.
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors opening/closing properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical - Dental office 15'
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violation - DON egress
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violations.
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action Needed:

Inspectors Name (Printed): (b)(6), (b)(7)(C) Date: 08/07/20

Inspectors Signature: (b)(6), (b)(7)(C)



Location: Cumberland County Jail

**ENVIRONMENTAL HEALTH/SAFETY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments		
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated:	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
					All Working:	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
Toxic/Caustic bottles stored properly, labeled, and SDS present?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Are the First Aid Kit(s) sealed?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Are inmates or staff reporting any problems with pests/rodents?	Y <input type="checkbox"/>				N <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental office 1 1/2' sprinkler
Are Emergency Exits (approach-exit-discharge) clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	head violation.
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen - Trash bins in
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	front of electrical panels.
Are all doors opening/closing properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b)(6); (b)(7)(C)

Corrective Action Needed:

Inspectors Name (Printed): (b)(6); (b)(7)(C) Date: 07/27/2020

Inspectors Signature: (b)(6); (b)(7)(C)

Location: Cumberland County Jail

**ENVIRONMENTAL HEALTH/SAFETY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments	
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
					All Working Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Toxic/Caustic bottles stored properly, labeled, and SDS present?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>			
Are the First Aid Kit(s) sealed?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>			
Are inmates or staff reporting any problems with pests/rodents?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>			

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental office 18' violation
Are Emergency Exits (approach-exit-discharge) clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen - dry storage 18'
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	violation.
Are all doors opening/closing properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(b)(6), (b)(7)(C)

Corrective Action Needed:

Inspectors Name (Printed): (b)(6), (b)(7)(C)

Date: 08/21/2020

Inspectors Signature: (b)(6), (b)(7)(C)

Location: Cumberland County Jail

**ENVIRONMENTAL HEALTH/SAFETY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments		
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
					All Working Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Toxic/Caustic bottles stored properly, labeled, and SDS present?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Are the First Aid Kit(s) sealed?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Are inmates or staff reporting any problems with pests/rodents?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>	N/A <input type="checkbox"/>	

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are Emergency Exits (approach-exit-discharge) clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors opening/closing properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b)(6); (b)(7)(C)

Corrective Action Needed:

Inspectors Name (Printed): (b)(6); (b)(7)(C) Date: 08/10/2020  
 Inspectors Signature: (b)(6); (b)(7)(C)

Location: Cumberland County Jail

**ENVIRONMENTAL HEALTH/SAFEY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> All Working Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available? Y <input type="checkbox"/> N <input type="checkbox"/>
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct? Y <input type="checkbox"/> N <input type="checkbox"/>
Toxic/Caustic bottles stored properly, labeled, and SDS present?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>		
Are the First Aid Kit(s) sealed?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>		
Are inmates or staff reporting any problems with pests/rodents?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>		

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are Emergency Exits (approach-exit-discharge) clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen: Dry Storage & 18' Sprinkler violation.
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Strobes - speaker blocked
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dish washer - wet paper in leading slots. - Red hose leaking
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors opening/closing properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Kitchen Warmers: outlet charred.
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action Needed:

Inspectors Name (Printed): (b)(6); (b)(7)(C) Date: 09/07/2020

Inspectors Signature: (b)(6); (b)(7)(C)

Location: Cumberland County Jail

**ENVIRONMENTAL HEALTH/SAFETY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments		
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated:	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
					All Working:	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
Toxic/Caustic bottles stored properly, labeled, and SDS present?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Are the First Aid Kit(s) sealed?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Are inmates or staff reporting any problems with pests/rodents?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>	N/A <input type="checkbox"/>	

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental office 18' violation.
Are Emergency Exits (approach-exit-discharge) clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen - Electrical panel blocked by bin.
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors opening/closing properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action Needed:

(b)(6); (b)(7)(C)

Inspectors Name (Printed): (b)(6); (b)(7)(C)

Date: 07/01/2020

Inspectors Signature: (b)(6); (b)(7)(C)

Location: Cumberland County Jail

**ENVIRONMENTAL HEALTH/SAFETY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen - Fire alarm box : Strobes
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	blocked by boxes.
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dish washer - Paper towel in rack.
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> All Working Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Toxic/Caustic bottles stored properly, labeled, and SDS present?	Y <input checked="" type="checkbox"/>		N <input type="checkbox"/>		N/A <input type="checkbox"/>
Are the First Aid Kit(s) sealed?	Y <input checked="" type="checkbox"/>		N <input type="checkbox"/>		N/A <input type="checkbox"/>
Are inmates or staff reporting any problems with pests/rodents?	Y <input checked="" type="checkbox"/>		N <input type="checkbox"/>		N/A <input type="checkbox"/>

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical - Dental room 18'
Are Emergency Exits (approach-exit-discharge) clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sprinkler head violation.
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors opening/closing properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action Needed:

Inspectors Name (Printed): (b)(6), (b)(7)(C) Date: 09/21/2020

Inspectors Signature: (b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

Location: Cumberland County Jail - C.C.J.

**ENVIRONMENTAL HEALTH/SAFETY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments		
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated: Y <input type="checkbox"/> N <input type="checkbox"/>		
					All Working Y <input type="checkbox"/> N <input type="checkbox"/>		
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available? Y <input type="checkbox"/> N <input type="checkbox"/>		
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Toxic/Caustic bottles stored properly, labeled, and SDS present?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Are the First Aid Kit(s) sealed?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Are inmates or staff reporting any problems with pests/rodents?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>	N/A <input type="checkbox"/>	

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are Emergency Exits (approach-exit-discharge) clear?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kitchen - Wrong lock on electrical equipment. Items blocking exit
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	and electrical panels.
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors opening/closing properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple leaks through out
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jails Maintenance aware -
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustees cleaned, Wet floor
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs put out and area mopped.

Corrective Action Needed:

Inspectors Name (Printed): (b)(6), (b)(7)(C) Date: 06/29/20

Inspectors Signature: (b)(6), (b)(7)(C)

Location: Cumberland County Jail.

**ENVIRONMENTAL HEALTH/SAFETY INSPECTION**

	Clean	Not Clean	Need Repair	N/A	Comments		
Walls/Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Ceiling/Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stairwells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated:	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
					All Working	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
Furnishings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Heat/Air Cond.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lavatories/showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, soap available? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Outside Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory Correct? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Toxic/Caustic bottles stored properly, labeled, and SDS present?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>		N/A <input type="checkbox"/>
Are the First Aid Kit(s) sealed?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>		N/A <input type="checkbox"/>
Are inmates or staff reporting any problems with pests/rodents?	Y <input checked="" type="checkbox"/>				N <input type="checkbox"/>		N/A <input type="checkbox"/>

**FIRE SAFETY INSPECTION**

	YES	NO	N/A	COMMENTS
Fire Extinguishers: Are all tagged/charged/sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are Emergency Exits (approach-exit-discharge) clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit signs are in place and working properly/lit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the evacuation plans in place/posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are entry/exit keys notched/riveted properly/staff familiar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors opening/closing properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any electrical hazards present? Exposed wiring, altered/faulty appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flammable, combustible materials, stored/handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm panel operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b)(6); (b)(7)(C)

Corrective Action Needed:

Inspectors Name (Printed): (b)(6); (b)(7)(C)

Date: 09/18/2026

Inspectors Signature: (b)(6); (b)(7)(C)

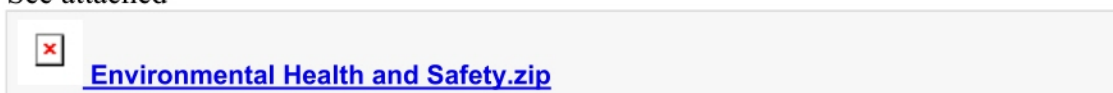


**From:** (b)(6); (b)(7)(C)  
**Sent:** 9 Oct 2020 12:30:57 -0400  
**To:** (b)(6); (b)(7)(C)  
**Cc:**  
**Subject:** Re: CCJ Inspection Environmental Health and Safety Folder  
**Attachments:** EH&S Part 1.1.zip

**CAUTION:** This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact [ICE SOC SPAM](#) with questions or concerns.

On Fri, Oct 9, 2020 at 10:47 AM (b)(6); (b)(7)(C) <[@cumberlandcounty.org](mailto:(b)(6); (b)(7)(C)@cumberlandcounty.org)> wrote:

See attached



--  
(b)(6); (b)(7)(C)  
Compliance Manager  
Cumberland County Sheriff's Office  
207-774-(b)(6); (b)(7)(C)



Notice: Under Maine law, documents - including e-mails - in the possession of public officials or employees about government business may be classified as public records. There are very few exceptions. As a result, please be advised that what is written in an e-mail could be released to the public and/or the media if requested.

--  
(b)(6); (b)(7)(C)  
Cumberland County Sheriff's Office  
Corrections Department  
207-774-(b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C) <[@cumberlandcounty.org](mailto:(b)(6); (b)(7)(C)@cumberlandcounty.org)>



Notice: Under Maine law, documents - including e-mails - in the possession of public officials or employees about government business may be classified as public records. There are very few

exceptions. As a result, please be advised that what is written in an e-mail could be released to the public and/or the media if requested.

**From:** (b)(6); (b)(7)(C)  
**Sent:** 26 Jun 2020 18:13:33 +0000  
**To:** (b)(6); (b)(7)(C)  
**Subject:** RE: (b)(6); (b)(7)(C)  
**Attachments:** FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Attached. I think you're right.

(b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)  
(A)Assistant Field Office Director  
Immigration And Customs Enforcement  
Enforcement and Removal Operations  
1000 District Avenue, Burlington, MA 01803  
Cell 617-799- Office 781-359- (b)(6); (b)(7)(C)

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---

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Friday, June 26, 2020 2:11 PM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** RE: (b)(6); (b)(7)(C)

Do you happen to have the memo?

Thanks

(b)(6); (b)(7)(C)  
Assistant Field Office Director  
Boston Field Office  
202-774- (b)(6); (b)(7)(C) Cell

---

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Friday, June 26, 2020 2:11 PM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** RE: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

(b)(5) I'll reach out to for approval.

Thanks for the help.

(b)(6); (b)(7)(C)  
(A)Assistant Field Office Director  
Immigration And Customs Enforcement  
Enforcement and Removal Operations  
1000 District Avenue, Burlington, MA 01803

(b)(6);  
(b)(7)(C)

Cell 617-799- Office 781-359- (b)(6);  
(b)(7)(C)

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**From:** (b)(6); (b)(7)(C) @ice.dhs.gov>

**Sent:** Friday, June 26, 2020 2:09 PM

**To:** (b)(6); (b)(7)(C) @ice.dhs.gov>

**Subject:** RE: (b)(6); (b)(7)(C)

I am looking for the memo. Cant find it. I would suggest reaching out to (b)(5) for approval. (b)(5)  
(b)(5) I will continue to look for it.

Thanks

(b)(6); (b)(7)(C)

Assistant Field Office Director  
Boston Field Office  
202-774- (b)(6);  
(b)(7)(C) Cell

**From:** (b)(6); (b)(7)(C) @ice.dhs.gov>

**Sent:** Friday, June 26, 2020 2:01 PM

**To:** (b)(6); (b)(7)(C) @ice.dhs.gov>

**Subject:** RE: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Thanks. (b)(5)

(b)(5); (b)(6); (b)(7)(C) I'll shoot an email to (b)(5) for concurrence and CC you, unless you don't believe this falls under that guidance.

**From:** (b)(6); (b)(7)(C) @ice.dhs.gov>

**Sent:** Friday, June 26, 2020 1:58 PM

**To:** (b)(6); (b)(7)(C) @ice.dhs.gov>

**Subject:** RE: (b)(6); (b)(7)(C)

Absolutely! Please place on OREC/ATD.

Can I have his alien number as well.

Thanks

(b)(6); (b)(7)(C)

Assistant Field Office Director  
Boston Field Office  
202-774-(b)(6); (b)(7)(C) Cell

---

**From:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Sent:** Friday, June 26, 2020 1:56 PM  
**To:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Subject:** FW: (b)(6); (b)(7)(C)

Good afternoon,

This CAP pick up today appears to be a non-crim EWI NTA case. We have no available beds in Franklin County's quarantine unit until Sunday. There's 4 moving from Cumberland County, ME to York, PA on Monday, but York is full. We can keep trying through the DOCC but our options are very limited. His only pending charge is for a restraining order violation. (b)(5)

(b)(5)

(b)(6); (b)(7)(C)

(A)Assistant Field Office Director  
Immigration And Customs Enforcement  
Enforcement and Removal Operations  
1000 District Avenue, Burlington, MA 01803  
Cell 617-799-(b)(6); (b)(7)(C) Office 781-359-(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Sent:** Friday, June 26, 2020 1:26 PM  
**To:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Subject:** (b)(6); (b)(7)(C)

Hi (b)(6); (b)(7)(C)

CAP arrest at Middlesex – 48-year old Brazilian male, WA/NTA, Low

My only option is Cumberland and transfer. I can submit to the DOCC but (b)(6); (b)(7)(C) indicated York may be out of space.

Thank you,

(b)(6); (b)(7)(C)

Supervisory Detention and Deportation Officer  
DHS/ICE/ERO  
Boston Field Office  
1000 District Avenue | Burlington, MA 01803 | ☎: 781-760-(b)(6); (b)(7)(C)

✉ (b)(6), (b)(7)(C) @ice.dhs.gov

**From:** (b)(6); (b)(7)(C)  
**Sent:** 19 Jun 2020 16:49:00 +0000  
**To:** (b)(6); (b)(7)(C)  
**Subject:** FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

(b)(6); (b)(7)(C) Memo (email) below.

(b)(6); (b)(7)(C)  
Assistant Field Office Director  
Boston Field Office  
781-359 (b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Saturday, April 4, 2020 5:48 PM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>

**Subject:** FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately  
As soon as some acknowledged receipt the new version came out  
Please review and implement this one

(b)(6); (b)(7)(C)  
Field Office Director (Acting)  
DHS - ICE ERO  
Boston Field Office  
(214) 406 (b)(6); (b)(7)(C)  
Sent with BlackBerry Work  
([www.blackberry.com](http://www.blackberry.com))

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Date:** Saturday, Apr 04, 2020, 17:17  
**To:** #ERO FODS <EROFODS@ice.dhs.gov>, #ERO DFODS <ERODFODS@ice.dhs.gov>  
**Cc:** (b)(6); (b)(7)(C)@ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>,  
(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>,  
(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, Loiacono, Adam V  
(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)@ice.dhs.gov>

**Subject:** Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately  
**UPDATE:** Please see the updated guidance below. The previous version of this guidance is rescinded.  
**This message is sent from** (b)(6); (b)(7)(C) **(a)Assistant Director, Field Operations**  
**To:** Field Office Directors and Deputy Field Office Directors  
**Subject:** COVID-19 Detained Docket Review  
**Background:**

U.S. Immigration and Customs Enforcement (ICE) has taken a number of significant and proactive measures in response to the Coronavirus Disease 2019 (COVID-19) pandemic, in order to mitigate the spread of COVID-19 to aliens detained in its custody, its workforce, and stakeholders at its detention facilities. As more becomes known about the virus, ERO will continue to update its practices and guidance in this regard. General ICE COVID-19 guidance is available [here](#) and will be updated and supplemented on an ongoing basis.

On March 18, 2020, you were directed to review the cases of aliens detained in your area of responsibility who were over the age of 70 or pregnant to determine whether continued detention was appropriate. The Centers for Disease Control and Prevention (CDC) has developed a [list](#) of categories of individuals identified as potentially being at higher-risk for serious illness from COVID-19. Expanding on that list, ERO has identified the following categories of cases that should be reviewed to re-assess custody:

- Pregnant detainees or those having delivered in the last two weeks
- Detainees over 60 years old
- Detainees of any age having chronic illnesses which would make them immune-compromised, including but not limited to:
  - Blood Disorders
  - Chronic Kidney Disease
  - Compromised immune system (e.g., ongoing treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications)
  - Endocrine disorders
  - Metabolic disorders
  - Heart disease
  - Lung disease
  - Neurological and neurologic and neurodevelopment conditions

As part of your ongoing application of the CDC's Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (available [here](#)), please identify all cases within your AOR that meet any of the criteria above and validate that list with assistance from IHSC or your Field Medical Coordinator to ensure the conditions listed are still present and do result in the detainee potentially having a higher risk for serious illness from COVID-19. After identifying a case as meeting any of the above criteria, you should review the case to determine whether continued detention remains appropriate in light of the COVID-19 pandemic.

The presence of one of the factors listed above should be considered a significant discretionary factor weighing in favor of release. To be clear, however, it may not always be determinative. Field offices must remain cognizant of the requirements of mandatory detention. Section 236(c) of the Immigration and Nationality Act (INA) mandates the detention of certain categories of criminal and terrorist aliens during the pendency of removal proceedings. Such aliens may not be released in the exercise of discretion during the pendency of removal proceedings even if potentially higher-risk for serious illness from COVID-19. INA § 236(c); 8 C.F.R.



§ 236.1(c)(1)(i). Such aliens may only be released following a final order issued by an immigration judge, the Board of Immigration Appeals, or a federal court granting the alien relief, dismissing proceedings, or terminating proceedings. Similarly, pursuant to section 241(a)(2), certain criminal and terrorist aliens subject to a final order of removal may not be released during the 90-day removal period even if potentially higher-risk for serious illness from COVID-19. INA § 241(a)(2). For alien's subject to discretionary detention under section 236(a), please remember that release is prohibited, even if the alien is potentially higher-risk for serious illness from COVID-19, if such release would pose a danger to property or persons. 8 C.F.R. § 236.1(c)(8).

When reviewing cases of alien's subject to discretionary detention under 236(a), the following must be completed:

- **Cases involving any arrests or convictions for any crimes that involve risk to the public regardless of the date of arrest or conviction must be reviewed and approved by a Deputy Field Office Director (DFOD) or higher before a determination is made to release.**
  - Examples of crimes that involve a risk to the public include any crime that: involves any form of violence, driving while intoxicated, threatening behaviors, terroristic threats, stalking, domestic violence, harm to a child, or any form of assault or battery. This list is not intended to be comprehensive. If there is any doubt whether a crime involves risk to the public, consult with your Office of the Principal Legal Advisor (OPLA) field location and your respective Deputy Assistant Director for Domestic Operations before a custody redetermination is completed.
- You may consider the age of an arrest or conviction as a mitigating or an aggravating factor, but the age of an arrest or a conviction does not automatically outweigh public safety concerns.

With regard to arriving aliens and certain other aliens eligible for consideration of parole from custody, under current circumstances and absent significant adverse factors, the fact that an alien is potentially higher-risk for serious illness from COVID-19, may form the basis for a determination that “continued detention is not in the public interest,” justify release under 8 C.F.R. § 212.5(b)(5).

For other aliens for whom there is discretion to release, field offices remain responsible for articulating individualized custody determinations, taking into consideration the totality of the circumstances presented in the case. The fact that an alien is potentially higher-risk for serious illness from COVID-19 should be considered a factor weighing in favor of release. You may also consider alternatives to detention consistent with ICE ATD policies, if ATD is determined to sufficiently mitigate the risk of flight.

Any releases attributed to reviews of COVID-19 susceptibility shall be documented in the ENFORCE Alien Removal Module (EARM) under Special Class - COVID-19 Chronic Care Release. As previously communicated, these individuals should be placed on ATD if possible.

Please contact your local OPLA field location should you have any questions or concerns regarding your authority to release in any individual case.

**For any questions on this guidance, please contact your respective Deputy Assistant Director for Domestic Operations.**

**Limitation on the Applicability of this Guidance.** This message is intended to provide internal guidance to the operational components of U.S. Immigration and Customs Enforcement. It does not, is not intended to, shall not be construed to, and may not be relied upon to create any rights, substantive or procedural, enforceable at law by any person in any matter, civil or criminal.

**From:** (b)(6); (b)(7)(C)  
**Sent:** 30 Nov 2020 15:27:29 +0000  
**To:** (b)(6); (b)(7)(C)  
**Subject:** RE: Cumberland County Jail

Just for your awareness, below is guidance taken from the PRR referring to screening at less than 72-hours facilities and asymptomatic detainees with a documented positive COVID-19 test.

**From:** ERO Assistant Directors (b)(7)(E)@ice.dhs.gov>  
**Sent:** Thursday, September 10, 2020 12:24 PM  
**Subject:** Updated COVID-19 Screening and Cohorting Practices [IHSC]



To: Field Office Directors, Deputy Field Office Directors and ICE Health Service Corps

***Please forward this message to Assistant Field Office Directors.***

Effective September 4, 2020, Version 4.0 of the ERO PRR, located [here](#) on ICE's public-facing website, has been updated to facilitate testing detainees for COVID-19 during the intake screening process, using the LabCorp SARS-CoV-2 nucleic amplification assay test (NAA).

Please work with your facility's medical team to determine the specimen collection method that is best for your site and strategize with your custody staff to determine housing options to cohort new arrivals.

### **Screening**

1. Obtain the COVID-19 test specimen within 12 hours of detainee arrival to the facility. The collection timeframe may extend to 24 hours if facility collection logistics require additional time.
2. (NEW) Detainees who arrive at a facility to stage for movement to another detention facility (IHSC or non-IHSC-staffed facility) and are held at the site for less than 72 hours, do not require this COVID-19 testing process. They receive testing at intake at the receiving facility, and cohorted for an appropriated period as outlined below. Detainees staged for removal are tested prior to deportation if required by the receiving country.
3. (NEW) Asymptomatic detainees with a documented positive COVID-19 test who have been appropriately cleared with either a symptom-based or time-based strategy at another detention facility, or prior to detention, do not require testing or cohorting upon intake. Please see the

attached IHSC COVID-19 guidance *Release from Isolation Precautions Checklist* for respective time frames.

1. (NEW) CDC no longer recommends test-based clearance from medical isolation except in the case of a severely immunocompromised detainee.
4. (NEW) Symptomatic detainees with a documented positive COVID-19 test result (from any type of test) in the past 90 days, and who have been cleared for infectiousness using a symptom or time-based process, do not require COVID-19 testing and cohorting upon intake. Detainees who do not meet these criteria require COVID-19 testing and cohorting for an appropriate period as described below.

---

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Monday, November 30, 2020 10:15 AM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** RE: Cumberland County Jail

(b)(5); (b)(6); (b)(7)(C) has taken responsibility for sending the PRR guidelines and updates to all the facilities.

(b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C) (A)Assistant Field Office Director, Custody Management  
Boston Field Office  
Enforcement and Removal Operations  
U.S. Immigration And Customs Enforcement  
Cell 617-799- Office 781-359- (b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Monday, November 30, 2020 10:01 AM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** Cumberland County Jail

Good morning (b)(6); (b)(7)(C)

(b)(5)

(b)(6); (b)(7)(C) MSN, RN, CCHP  
LCDR, U.S. Public Health Service  
Field Medical Coordinator, Boston AOR  
ICE Health Service Corps (IHSC)  
Boston Field Office  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement  
**Cell:** 202.740- Fax: 866.837.3188

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~~distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

**From:** (b)(6); (b)(7)(C)  
**Sent:** 30 Sep 2020 12:43:10 -0400  
**To:** (b)(6); (b)(7)(C)  
**Cc:**  
**Subject:** Re: ICE OPR Oversight Inspection: Cumberland County Jail, Portland, ME

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Hi (b)(6); (b)(7)(C)

Couple of follow up questions:

(b)(5)

Thanks,

(b)(6); (b)(7)(C)

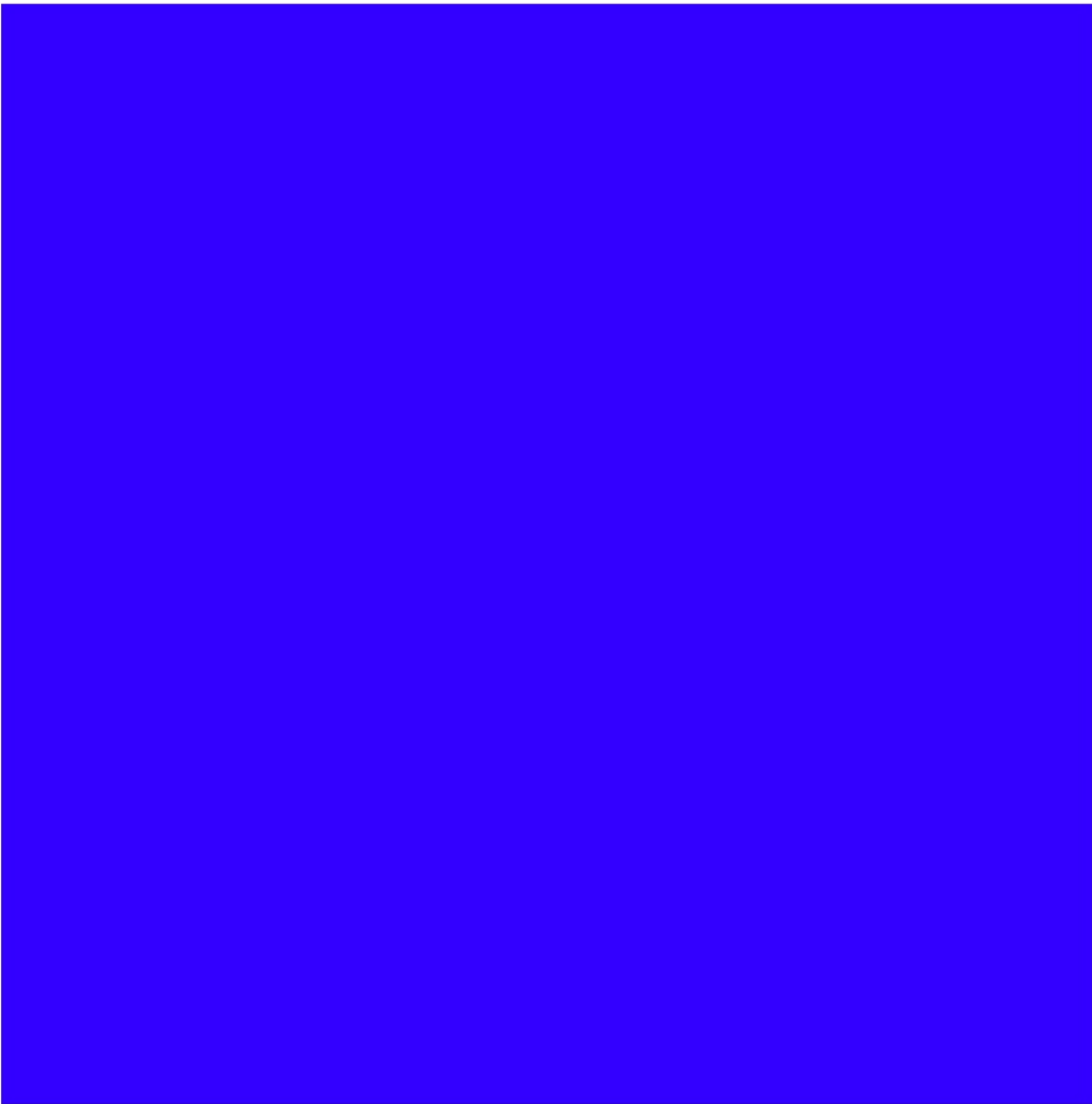
On Wed, Sep 30, 2020 at 12:16 PM (b)(6); (b)(7)(C) <[@ice.dhs.gov](mailto:(b)(6); (b)(7)(C)@ice.dhs.gov)> wrote:

Good afternoon,

Recently there has been Congressional pressure for the Office of Detention Oversight to conduct annual inspections of all facilities, regardless of over/under 72hr status or actual ICE detainee population. Prior to this year, ODO had only been doing inspections every other year at the rest of our facilities. With the ability to remotely conduct these inspections I believe this will be the new way of doing these annually at all of our facilities.

In response to your questions:

(b)(6); (b)(7)(C)



Thanks,

(b)(6);  
(b)(7)(C)

(b)(6); (b)(7)(C)

**From:** (b)(6); (b)(7)(C)  
**Sent:** 13 Nov 2020 19:07:40 -0500  
**To:** (b)(6); (b)(7)(C)  
**Cc:** (b)(6); (b)(7)(C)  
**Subject:** Re: Immigration Covid

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(b)(6); (b)(7)(C)  
[redacted] et al:

As a follow-up from our phone conversation a few minutes ago, I erred in my previous email that we had already taken the Inmates into Medical, that was not correct (I'm trying to do this from home), they were still in the Intake Sallyport in the Transport Vehicle. I have spoken with Sheriff Joyce and briefed him on the situation and we are refusing to accept the Inmates, the Jail OIC has spoken with the Bristol County Deputies to explain to them that we are not accepting these Inmates and Major [redacted] has called and spoken with the Bristol County Transport Administrator to advise him of the situation.

I have also attached the email that came in this afternoon advising us of the Transport.

(b)(6); (b)(7)(C)  
[redacted] I'm open to discussing how we might avoid this in the future, if you have time next week?

Thanks,

(b)(6); (b)(7)(C)  
[redacted]

Good afternoon,

Three ICE arrests will be on your way rough ETA 1630hrs.

(b)(6); (b)(7)(C)  
[redacted]

DOB (b)(6); (b)(7)(C)  
[redacted]

COC: El Salvador

Classification: High.



Subject claims in good health and has no COVID signs.

Criminal charges: Robbery. MS13.

(b)(6), (b)(7)(C)

DOB: (b)(6), (b)(7)(C)

COC: Portugal

Classification: High

Subject claims in good health and has no COVID signs.

Criminal charges; Agg assault, battery, homicide, traffic.

(b)(6), (b)(7)(C)

DOB: (b)(6), (b)(7)(C)

COC: EL Salvador

Classification: High.

Subject claims in good health and has no COVID signs. Subject was tested positive on 10/22/2020, was quarantined for 14 days and then was cleared medically. Subject is also cleared by ICE Health Service Corp.

Criminal charges; Weapon offenses, crimes against person, disorderly, illegal re-entry, assault.

Thank you,

(b)(6), (b)(7)(C)

(A)SDDO/Intake/Processing/Bonds/Property

Boston Field Office

Enforcement and Removal Operations

Immigration & Customs Enforcement

781-853 [REDACTED]

**Donald E. Goulet**

Captain-Corrections

Cumberland County Sheriff's Office

50 County Way

Portland, Maine 04102

Direct: 207-245 [REDACTED]

On Fri, Nov 13, 2020 at 6:21 PM [REDACTED]@ice.dhs.gov> wrote:

Good evening Captain,

Thank you for the prompt notice. I have copied other ICE supervisors and managers on this email. They may have follow up questions for you or your medical staff as well at some point.

[REDACTED]

[REDACTED]

Supervisory Detention & Deportation Officer

Boston Field Office, Portland, ME Sub-office

**Enforcement and Removal Operations**  
**U.S. Immigration and Customs Enforcement**

(Office) 207-780 [REDACTED] (Cell) 207-252 [REDACTED]

176 Gannett Drive

South Portland, ME 04106

---

**From:** (b)(6); (b)(7)(C) @cumberlandcounty.org>  
**Sent:** Friday, November 13, 2020 6:15 PM  
**To:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Subject:** Fwd: Immigration Covid

**CAUTION:** This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact [ICE SOC SPAM](#) with questions or concerns.

(b)(6);  
(b)(7)(C)

Below are the names of the Deputies from Bristol County and the three Inmate names, if you need more Bio on the inmates (DOB's, etc.), let me know and I'll work on getting those.

As I mentioned, ALL three have been moved to Medical Isolation, in addition to the Abbott Rapid ID test done on all three, we have also done a PCR test that will go to the State lab for verification, but those can take up to 5-days to hear back on.

What I have for current information, other than Inmates and Deputies, no one else (staff or Inmates) have been deemed "close contact". (b)(5)

(b)(5)

I'll keep you posted as I have more information.

Thanks,

(b)(6);  
(b)(7)(C)

(b)(6); (b)(7)(C)

Captain-Corrections  
Cumberland County Sheriff's Office  
50 County Way

Portland, Maine 04102

Direct: 207-245 (b)(6); (b)(7)(C)

**The two Bristol County Deputies are:**

(b)(6); (b)(7)(C)

**The three prisoners are:**

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) (This is the individual that tested positive)

(b)(6); (b)(7)(C)



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**From:** (b)(6), (b)(7)(C)  
**Sent:** 23 Nov 2020 18:08:46 +0000  
**To:** (b)(6), (b)(7)(C)  
**Cc:**  
**Subject:** RE: Local Operation  
**Attachments:** FW: Movement of ICE Inmates

(b)(6);  
(b)(7)(C)

Good afternoon (b)(6), (b)(7)(C)

Please see attached email from (A)AFOD (b)(6), (b)(7)(C) indicating restrictions for subjects entering Cumberland Jail. The email indicates that subjects transferring from one facility to Cumberland will need to follow certain guidelines before Cumberland will accept the subject. The email also indicates that this does not affect at-large arrest. However, please keep in mind this is still a fluid situation. I

(b)(6), (b)(7)(C), (b)(5)

(b)(6);  
(b)(7)(C)

I know (A)AFOD (b)(6), (b)(7)(C) and (A)SDDO (b)(6), (b)(7)(C) are continually working of finding alternative options.

Hope this helps.

(b)(6), (b)(7)(C)  
Assistant Field Office Director/Enforcement  
Boston Field Office  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement  
202-774-(b)(6), (b)(7)(C)

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**From:** (b)(6), (b)(7)(C)@ice.dhs.gov>  
**Sent:** Monday, November 23, 2020 12:53 PM  
**To:** (b)(6), (b)(7)(C)@ice.dhs.gov>; (b)(6), (b)(7)(C)  
(b)(6), (b)(7)(C)@ice.dhs.gov>; (b)(6), (b)(7)(C)@ice.dhs.gov>  
**Cc:** (b)(6), (b)(7)(C)@ice.dhs.gov>; (b)(6), (b)(7)(C)@ice.dhs.gov>  
**Subject:** RE: Local Operation

All

(b)(5); (b)(7)(E)

Thanks

(b)(6);  
(b)(7)(C)

---

**From:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Sent:** Friday, November 13, 2020 2:51 PM  
**To:** (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Cc:** (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>  
**Subject:** Local Operation

Good afternoon,

(b)(7)(E)

A large rectangular area of the document is completely redacted with a solid black fill, obscuring all text and graphics within its boundaries.

Please let me know if you have any questions.

(b)(6); (b)(7)(C)  
Assistant Field Office Director/Enforcement  
Boston Field Office  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement  
202-774-(b)(6);  
(b)(7)(C)

**From:** (b)(6); (b)(7)(C)  
**Sent:** 19 Nov 2020 12:14:54 +0000  
**To:** (b)(6); (b)(7)(C)  
**Subject:** FW: Movement of ICE Inmates  
**Attachments:** Inmate Transfers.pdf

For your awareness. I'll be working with my staff today to come up with possible solutions, but as of now Cumberland County will not accept cases coming out of another facility. This essentially shuts down CAP intakes for us as they were the only reliable spot. (b)(5)

(b)(5)

(b)(6); (b)(7)(C)  
(A)AFOD, Custody Management  
Boston Field Office

Sent with BlackBerry Work  
([www.blackberry.com](http://www.blackberry.com))

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Date:** Wednesday, Nov 18, 2020, 18:47  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C)@ice.dhs.gov>  
**Cc:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** FW: Movement of ICE Inmates

All,

Please see below, and attached. Effective immediately per Sheriff Joyce.

(b)(6); (b)(7)(C)  
Supervisory Detention & Deportation Officer  
Boston Field Office, Portland, ME Sub-office  
**Enforcement and Removal Operations**  
**U.S. Immigration and Customs Enforcement**  
(Office) 207-780-(b)(6); (b)(7)(C) (Cell) 207-252-(b)(6); (b)(7)(C)  
176 Gannett Drive  
South Portland, ME 04106

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

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**From:** Kevin Joyce (b)(6); (b)(7)(C)@cumberlandcounty.org>  
**Sent:** Wednesday, November 18, 2020 3:44 PM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>



Cc: (b)(6); (b)(7)(C)@cumberlandcounty.org>

**Subject:** Movement of ICE Inmates

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Good afternoon (b)(6); (b)(7)(C)

As you know on Friday November 13, 2020, the Bristol County Sheriff's Office arrived at our facility at approximately 19:00 hours with three ICE inmates.

Our staff followed our long standing protocol of testing ALL inmates in the vehicle prior to entering the Cumberland County Jail. Consequently, one of the inmates tested positive for COVID-19. Given that some, if not all of the inmates had been transported from a holding facility and were in close contact with each other for 2 hours plus, it was safe to assume that given we had one positive COVID test and it is likely the two others who were exposed for a long period of time would have tested positive after a period of incubation. Their entrance was ultimately refused.

Our staff has been very aggressive in accommodating various law enforcement agencies, but the movement of inmates is extremely concerning and very risky to our staff and our inmate population

The short notice of transfers of any inmate, ICE inmates, Federal inmates or other County Jail inmates were pretty benign prior to COVID-19, but give the current circumstance and the increasing number of COVID cases popping up, we are forced to set a new process for accepting ICE inmates from an interfacility transfer.

Effective immediately, the process for inmate transfer will be enforced.

This does not affect any arrests coming from the "field".

It appears that an individual by the name of (b)(6); (b)(7)(C) is scheduling these transfers. I have not been able to obtain an email address for (b)(6); (b)(7)(C)

Would you please make sure that the attached document gets relayed accordingly?

Thanks,

--

(b)(6); (b)(7)(C)  
Kevin J. Joyce, MBA, CHPP, CCE  
Sheriff  
Sheriff's Office Law Enforcement  
Cumberland County  
774- (b)(6); (b)(7)(C)  
FBINA 218th Session

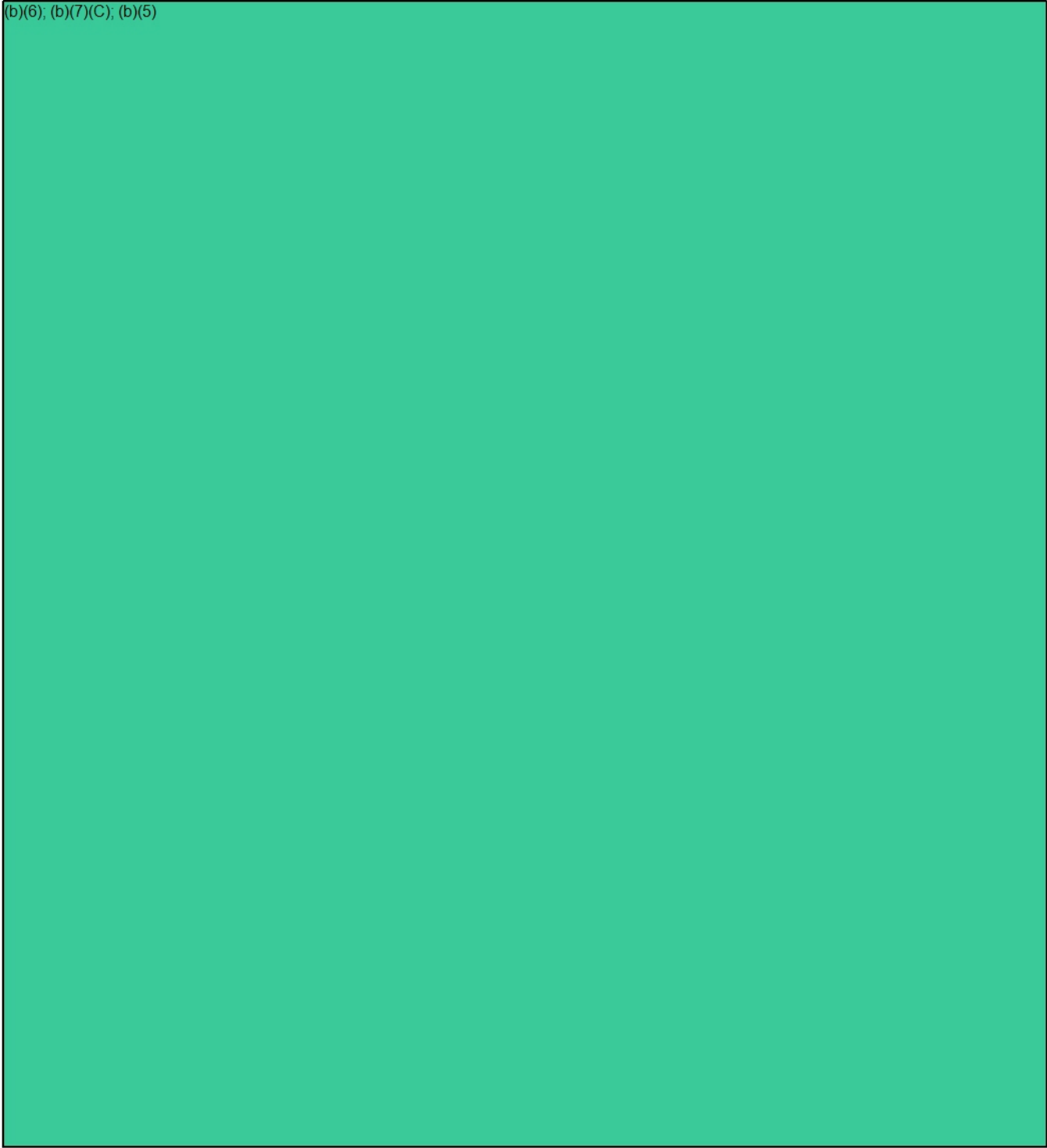


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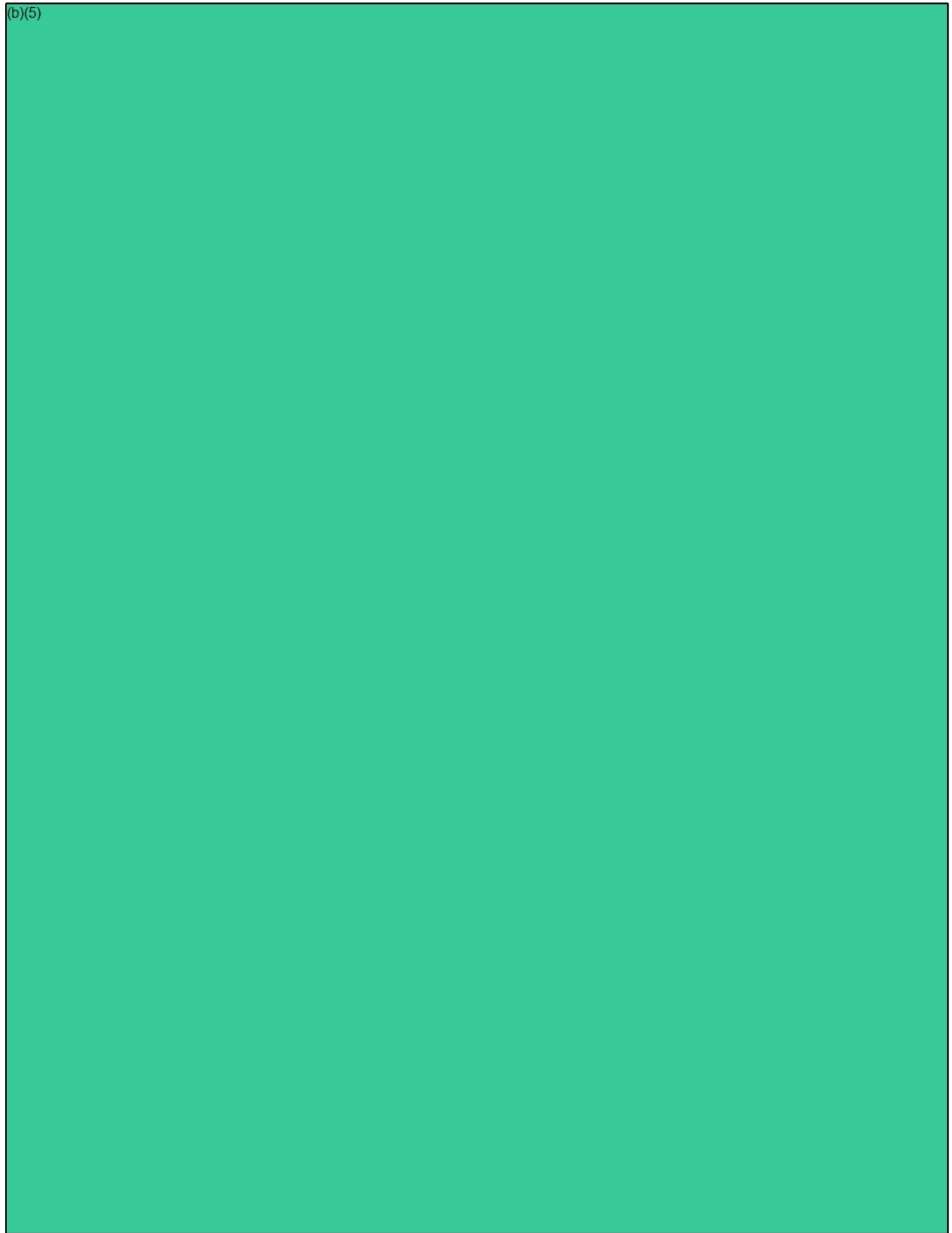
DECLARATION OF ASSISTANT FIELD OFFICE DIRECTOR

(b)(6); (b)(7)(C)

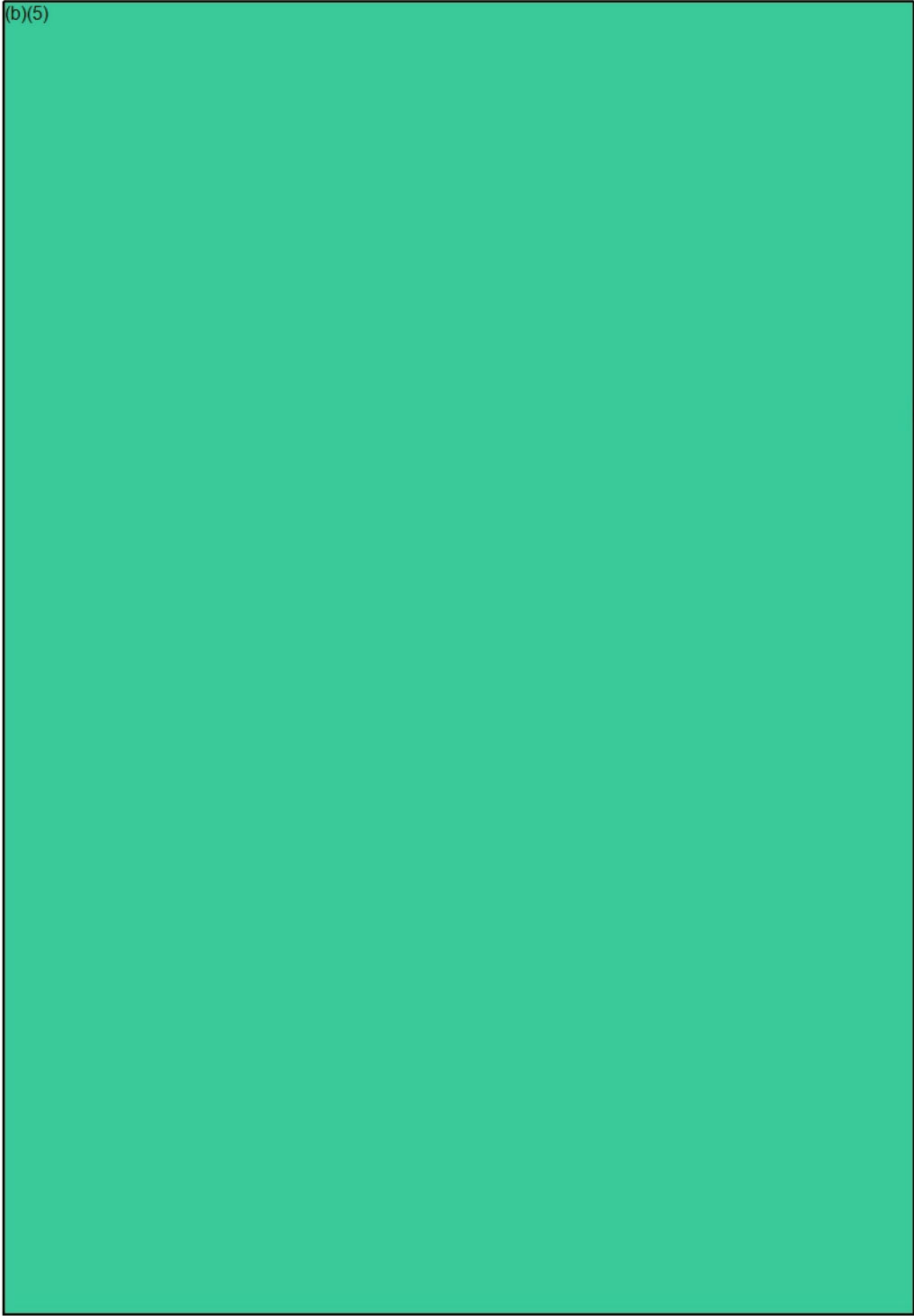
(b)(6); (b)(7)(C); (b)(5)



(b)(5)



(b)(5)



(b)(5)



(b)(5)



---

(b)(6); (b)(7)(C)

Assistant Field Office Director  
U.S. Department of Homeland Security  
United States Immigration and Customs Enforcement  
Burlington, Massachusetts

**From:** (b)(6); (b)(7)(C)  
**Sent:** 30 Jun 2020 14:50:41 +0000  
**To:** (b)(6); (b)(7)(C)  
**Subject:** RE: fug ops arrest

Can [REDACTED] help us with today's?

---

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Tuesday, June 30, 2020 10:38 AM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** FW: fug ops arrest  
**Importance:** High

I just got off the phone with Cumberland. They are not accepting any detainees (to include the 5 that were scheduled to go there today) due to the positive COVID19.

Also, Fug Ops arrested a WD HIV+. The only available space we have is Strafford, but this subject was held at Norfolk County and bailed out of Woburn D.C.

---

**From:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Sent:** Tuesday, June 30, 2020 10:20 AM  
**To:** (b)(6); (b)(7)(C)@ice.dhs.gov>  
**Subject:** fug ops arrest

[REDACTED]

Thank You,

(b)(6); (b)(7)(C)  
**Deportation Officer**  
**DHS/ICE/ERO**  
**Burlington, MA**  
**(781) 645-** [REDACTED]  
(b)(6); (b)(7)(C)@ice.dhs.gov



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