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Office of Professional Responsibility

Inspections and Detention Oversight Division

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**Office of Detention Oversight
National Detention Standards**

Enforcement and Removal Operations

ERO Chicago Field Office

Morgan County Adult

Detention Center

Versailles, Missouri

April 17 –19, 2018

**COMPLIANCE INSPECTION
for the
Morgan County Adult Detention Center
Versailles, Missouri**

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(b) (6), (b) (7)(C)	Contractor	Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance and oversight inspection of the Morgan County Adult Detention Center (MCADC) in Versailles, Missouri, from April 17-19, 2018.¹ MCADC opened in 2003 and is owned and operated by the County of Morgan. The Office of Enforcement and Removal Operations (ERO) began housing detainees at MCADC in July 2003 pursuant to an Inter-Governmental Agreement (IGA), between ICE and the Morgan County Sheriff's Office (MCSO).

No ERO staff are assigned to the facility. The Morgan County Sheriff is the highest-ranking official at MCADC. The Sheriff is assisted by a chief deputy and a lieutenant. The chief deputy oversees the county's patrol division. The lieutenant is responsible for oversight of daily detention operations. The facility operates under the National Detention Standard (NDS) 2000 and is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNS) 2011 Sexual Abuse and Assault Prevention and Intervention Standard.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	153
Average Daily ICE Detainee Population ³	█
Male Detainee Population (as of 4/17/2018)	█
Female Detainee Population (as of 4/17/2018)	█

In February 2014, ODO conducted an inspection of the MCADC reviewing a total of 16 standards and found the facility compliant with three of those standards. ODO found 37 deficiencies in the remaining thirteen standards, broken down as follows: Access to Legal Materials (1), Admission and Release (1), Detainee Classification System (1), Environmental Health and Safety (7), Food Service (4), Medical Care (4), Special Management Unit-Administrative Segregation (4), Special Management Unit-Disciplinary Segregation (2), Staff-Detainee Communication (3), Suicide Prevention and Intervention (1), Telephone Access (2), Use of Force (1), Visitation (6).

¹ This facility holds male detainees for periods greater than 72 hours.

² Data Source: ERO Facility Questionnaire as of April 4, 2018.

³ *Ibid.*

FY 2018 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	1
Admission and Release	2
Detainee Classification System	1
Detainee Grievance Procedures	2
Detainee Handbook	0
Food Service	1
Funds and Personal Property	2
Staff-Detainee Communication	3
Telephone Access	2
Sub-Total	14
Part 2 – Security and Control	
Environmental Health and Safety	4
Special Management Unit (Administrative Segregation)	4
Special Management Unit (Disciplinary Segregation)	6
Use of Force	4
Sub-Total	18
Part 3 – Health Services	
Medical Care	13
Suicide Prevention and Intervention	0
Sub-Total	13
PBNDS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention (SAAPI)	N/A
Sub-Total	0
Total Deficiencies	45

⁴ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten and where detainees are housed for over 72-hours to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection; these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to (i) assist ERO in developing and initiating corrective action plans and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

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

DETAINEE RELATIONS

ODO interviewed (23) twenty-three detainees, all of whom were males, to assess the conditions of confinement at MCADC. Interview participation was voluntary, and none of the detainees expressed allegations of abuse, discrimination, or mistreatment. Most of the detainees reported being satisfied with facility services except for the below concerns.

SAAPI: One detainee stated an inmate in his housing unit was sexually harassing him. The detainee indicated he reported the harassment to facility staff.

- Action Taken: ODO reviewed documentation related to the facility's investigation of the allegations and interviewed facility staff. ODO determined the facility appropriately separated the detainee and inmate. According to staff, despite evidence of harassment, the prosecutor declined to proceed with charges. ODO found the local ICE field office was notified of the incident but did not report the incident to the Joint Intake Center or the Office of Inspector General as required per the May 07, 2008 memorandum "Employee Obligation to Report Corruption and Misconduct to the ICE Office of Professional Responsibility (OPR)." ODO brought this oversight to the attention of the local ICE field office.

Environmental Health and Safety: Multiple detainees in housing pods A and E complained of inoperable showers.

- Action Taken: ODO discussed the issue with facility leadership and determined one shower in both housing pods A and E were inoperable. Prior to ODO's departure from the facility, maintenance tickets were initiated although the facility did not know when the repairs were going to be completed.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

The facility policy affords the same law library privileges to detainees in general population and special management units. The library consists of a single table and chairs, with a single computer. However, when ODO attempted to access the Lexis Nexis software, it was inaccessible (**Deficiency ALM-1⁶**).

ADMISSION AND RELEASE (A&R)

ODO confirmed the facility's orientation and release procedures were approved by ERO; however, ODO found there is no orientation video at MCADC (**Deficiency A&R-1⁷**). ODO's review of 25 randomly-selected detention files found one file did not have a signed Order to Detain (Form I-203), instead the Form I-203 maintained in this file was for a different detainee (**Deficiency A&R-2⁸**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

Detainees are classified by ERO prior to arrival at MCADC, using the Risk Classification Assessment (RCA). ERO provides the facility with classification documents including a signed Form I-203 or I-213), and the RCA. ODO's review of 25 randomly selected detention files found one instance where supervisory review was not documented on the ICE Primary Assessment Form for approval of an override of the custody scale (**Deficiency DCS-1⁹**). Specifically, the form automatically assigned a security level of Medium/Low to the detainee. After further criminal history review by ERO, a pending charge involving a sexual offense against a child was discovered, thus the ERO classification agent recommended an override to High Security. Although ODO believes the classification override was valid, the Primary Assessment Form did not detail supervisory approval.

DETAINEE GRIEVANCE PROCEDURES (DGP)

The facility maintains a 48-hour time limit for filing formal and informal grievances which is contrary to the five days required by the standard (**Deficiency DGP-1¹⁰**). The handbook contains information on how to file a grievance, notifies detainees facility staff will not harass, discipline, punish or otherwise retaliate against any detainee filing a grievance, and details how to file a complaint about officer misconduct with the DHS Office of Inspector General. However, the

⁶ "Field Office Directors shall verify that the detention facilities in their Areas of Responsibility (AQR) that intend to replace hard-copy material with the Lexis Nexis CD-ROM have operating computers that are capable of printing, with a photocopier and all necessary supplies." See Change Notice – Access to Legal Reference Materials and Lexis Nexis CD-ROMs.

⁷ "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable and the associated sanctions (see the "Disciplinary Policy" Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

⁸ "An Order to Detain or Release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁹ "The first-line supervisor will review and approve each detainee's classification." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(3).

¹⁰ "The OIC will establish procedures for detainees to orally present the issue of concern informally to any staff member at any time within five days of the event that is precipitating the grievance." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A).

detainee handbook does not contain the procedures for contacting ICE/ERO to appeal a decision (**Deficiency DGP-2¹¹**).

FOOD SERVICE (FS)

The food service program at MCADC is managed by an outside contractor--Summit Food Service Company which is headquartered in Roseville, MN. Food service staff consists of one food service director (FSD), four full-time cooks, and one part-time cook. There are no county inmates or detainees assigned to work in food service. ODO's review of documentation and interviews with staff found one new food service employee received medical clearance to work in food service; however, the other five staff did not receive pre-employment medical examinations (**Deficiency FS-1¹²**).

FUNDS AND PERSONAL PROPERTY (F&PP)

There are no valuable property envelopes or secured locker(s) or cabinet(s) for holding large valuables. Instead all detainee property is placed into metal storage containers and are accessible to any staff member working in the booking area (**Deficiency F&PP-1¹³**). ODO inspected the housing units and found MCADC does not provide any storage (securable or otherwise) for detainee property (**Deficiency F&PP-2¹⁴**). Detainee personal items were seen on the floor, under the bunk beds, or at the foot of each bed.

STAFF-DETAINEE COMMUNICATION (SDC)

Written schedules have been developed by the facility; however, informational postings were missing from the living areas in two of [REDACTED] housing pods (**Deficiency SDC-1¹⁵**). Therefore, ODO could not verify detainee requests were responded to and given to the detainees in the required time-frame per the standard (**Deficiency SDC-3¹⁶**). ODO also found DHS OIG Hotline posters were not consistently posted in all housing pods and common areas of the facility (**Deficiency SDC-4¹⁷**).

¹¹ "The grievance section of the detainee handbook will provide notice of the following: The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(4).

¹² "Members of the food service staff shall prepare meals for bus or air service. While detainees' volunteers assigned to the food service shall not be involved in preparing meals for transportation, they may prepare sack meals for on-site consumption." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(b). **This is a repeat deficiency.**

¹³ "Any unauthorized personal property is contraband, and will be surrendered to staff for securing and inventorying. (See the "Control and Disposition of Contraband" standard.) Each facility, without a commissary, will have the following: Each facility, without a commissary will have the following: ...2. Valuable-property envelopes, accessible to designated supervisor(s) only; ...4. A secured locker for holding large valuables, accessible to designated supervisor(s) only." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(A).

¹⁴ "The Each housing area will designate an area for storing detainees' personal property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(4).

¹⁵ "Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(2)(b). **This is a repeat deficiency.**

¹⁶ "The detainee requests shall be forwarded to the ICE office of jurisdiction within 72-hours from receiving the request." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(1).

¹⁷ "Each Field Office Director shall ensure that the attached document regarding OIG Hotline is conspicuously posted in all units housing ICE detainees." See ERO Change Notice, National Detention Standards Staff-Detainee Communication Standard, dated June 15, 2017.

TELEPHONE ACCESS (TA)

The handbook notifies detainees of telephone monitoring; however, each telephone does not have a posting alerting detainees calls may be monitored (**Deficiency TA-1¹⁸**). Detainee legal calls are limited and subjected to a 15-minute automatic cut-off instead of the 20-minute minimum required by the standard (**Deficiency TA-2¹⁹**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO's inspection found MCADC maintains an inventory of hazardous substances throughout the facility; however, no inventory is maintained of hazardous substances used in the laundry area (**Deficiency EH&S-1²⁰**). A [REDACTED] and Material Safety Data Sheets (MSDS) for all hazardous substances used in the facility is maintained in [REDACTED], [REDACTED] and [REDACTED]; however, there is no documentation showing [REDACTED] reviews are conducted (**Deficiency EH&S-2²¹**). ODO's inspection of all areas of the facility found that exit diagrams were posted in English; however, they are not posted in Spanish (**Deficiency EH&S-3²²**). ODO interviewed administrative staff and the corporal in charge of fire and safety, and found fire drills are not conducted in accordance with the standard (**Deficiency EH&S-4²³**). ODO's review found

¹⁸ "The facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating: 1. that detainee calls are subject to monitoring." See ICE 2000 NDS, Standard, Telephone Access, Section (III)(K)(1).

¹⁹ "The facility shall not restrict the number of calls a detainee places to his/her legal representatives, nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call if desired, at the first available opportunity." See ICE NDS 2000, Standard, Telephone Access, Section (III)(F).

²⁰ "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained [REDACTED] or equivalent). That is, the account keeping will not be [REDACTED], (dates, quantities, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A). **This is a repeat deficiency.**

²¹ "The FOD must ensure the Maintenance Supervisor or designate will compile a [REDACTED] substances in the facility, including locations along with a master file of MSDSs. He/she will maintain this information [REDACTED] (or equivalent), with a copy to the local fire department. Documentation of the [REDACTED] review will be maintained in the MSDS master file." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C). **This is a repeat deficiency.**

²² "The FOD must ensure, in addition to a general diagram, the following information must be provided on existing signs. a. English and Spanish instructions." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(a).

²³ "The FOD must ensure, monthly fire drills will be conducted and documented separately in each department.

- a. Fire drills in housing units, medical clinics, and other areas occupied or staffed [REDACTED] will be [REDACTED] so that employees on each shift participate in an annual drill.
- b. Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or in individual cases when evacuation of patients is logistically not feasible. Staff-simulated drills will take place instead in the areas where detainees are not evacuated.
- c. [REDACTED] will be included in each fire drill, and [REDACTED] National Fire Protection Association (NFPA) recommends a limit of [REDACTED]. See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(a)(b)(c). **This is a repeat deficiency.**

that there was no documentation of fire drills available, drills were not conducted separately in all areas, and staff interviews confirmed that detainees are not evacuated and drills are simulated.

SPECIAL MANAGEMENT UNITS-ADMINISTRATIVE SEGREGATION (SMU-AS)

ODO was unable to determine if AS orders were completed as there were no detainees on AS and staff were unable to provide names of detainees assigned on AS during the year preceding the inspection. ODO confirmed the facility maintains a policy for issuing AS orders; however, ODO found through interviews staff were unaware of the requirement (**Deficiency SMU AS-1²⁴**). The facility had no documentation to support regular reviews of detainees in AS. Therefore, ODO was unable to verify reviews were conducted in accordance with the standard (**Deficiency SMU AS-2²⁵**). MCADC has an outdoor recreation deck for use by all inmates and detainees; however, detainees on AS are not afforded the opportunity for outdoor recreation (**Deficiency SMU AS-3²⁶**). ODO's review of documentation found the facility does not maintain a permanent log notating acceptance of meals, showers, and recreation for each detainee in segregation (**Deficiency SMU AS-4²⁷**).

SPECIAL MANAGEMENT UNITS-DISCIPLINARY SEGREGATION (SMU-DS)

During the inspection ODO observed a detainee on DS housed in a [REDACTED] cell with one detainee and one inmate, both of whom were on general population status (**Deficiency SMU DS-1²⁸**). The facility has a directive titled Morgan County Adult Detention Disciplinary Action, which states a detainee can be placed in DS for an incident report for certain infractions, such as verbal assaults toward staff, taking multiple food trays, physical assault toward other detainees or staff, destroying county property, and disassembling a razor. However, the facility does not provide the due process of a disciplinary hearing by the Institution Disciplinary Committee Panel (IDCP) (**Deficiency SMU DS-2²⁹**). Facility policy requires the chair of the IDCP to complete a Disciplinary Segregation Order following a hearing prior to placement in DS; however, ODO reviewed the file of a detainee housed on DS during the inspection and found there was no hearing or DS Order (**Deficiency SMU DS-3³⁰**). ODO's review of documentation found there were no

²⁴ "The FOD must ensure, a written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable." See ICE NDS 2000, Standard, Special Management Unit-Administrative Segregation, Section, (III)(B). **This is a repeat deficiency.**

²⁵ "The FOD must ensure, all facilities shall implement written procedures for the regular review of all administrative detention cases, consistent with the procedures specified below." See ICE NDS 2000, Standard, Special Management Unit-Administrative Segregation, Section, (III)(C). **This is a repeat deficiency.**

²⁶ "The FOD must ensure, recreation shall be provided to detainees in administrative segregation in accordance with the "Recreation" standard." Section (III)(A)(1) of the recreation standard says: "Every effort shall be made to place a detainee in a facility that provides outdoor recreation. If a facility does not have an outdoor area, a large recreation room with exercise equipment and access to sunlight will be provided." See ICE NDS 2000, Standard, Special Management Unit-Administrative Segregation, Section (III)(D)(8).

²⁷ "The FOD must ensure, a permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit-Administrative Segregation, Section (III)(E)(1). **This is a repeat deficiency.**

²⁸ "The FOD must ensure, to provide detainees in the general population a safe and orderly living environment, facility authorities shall discipline anyone whose behavior does not comply with facility rules and regulations. This may involve temporary confinement apart from the general population, in the Special Management Unit (SMU)." See ICE NDS 2000, Standard, Special Management Unit-Disciplinary Segregation, Section (III)(A).

²⁹ "The FOD must ensure, a detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Committee, after a hearing in which the detainee has been found to have committed a prohibited act." See ICE NDS 2000, Standard, Special Management Unit-Disciplinary Segregation, Section (III)(A).

³⁰ "The FOD must ensure, a written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation. A copy of the order shall be given to the

regular reviews completed for detainees on DS and the jail administrator informed ODO a review would only be conducted for a detainee who was on DS for a serious offense, not a minor one (**Deficiency SMU DS-4**³¹). MCADC has an outdoor recreation deck that is used by general population detainees during the day. Due to limited staffing the deck is not open in the evening hours when DS detainees would typically use it. Therefore, detainees in DS are not provided outdoor recreation. (**Deficiency SMU DS-5**³²). ODO's review of documentation found the facility does not maintain a permanent log notating acceptance of meals, showers, and recreation for each detainee in segregation (**Deficiency SMU DS-6**³³).

USE OF FORCE (UOF)

ODO's review of [REDACTED] staff training files found incomplete or missing documentation of training and certification to carry [REDACTED] (**Deficiency UOF-1**³⁴). ODO determined there were no calculated and five immediate use of force incidents involving detainees during the year preceding the inspection. In one case, there was no physical force; rather, the officer presented the [REDACTED] and the detainee complied with orders without further force necessary. One incident involved the deployment of [REDACTED] by a staff member who has no documented training for its use. ODO reviewed the documentation for each use of force incident and found the use of force check list was incomplete and did not always provide sufficient detail of the incident; additionally, witness statements and A-numbers were missing, supervisory review was not always documented, and the required forms were not maintained in the detainees' detention files (**Deficiency UOF-2**³⁵). A review of the medical files confirmed medical assessments were completed; however, after action reviews (AAR) were not completed in any of the five use of force incidents to assess the reasonableness of the force used (**Deficiency UOF-3**³⁶). Although the shift sergeant reported to ODO there is a camera available to the team in the event of a calculated use of force incident, the staff was not able to produce a video camera, so ODO was unable to verify

detainee within 24 hours, unless delivery would jeopardize safety, security, or the orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit-Disciplinary Segregation, Section (III)(B).

³¹ "The FOD must ensure, all facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the procedures specified below." See ICE NDS 2000, Standard, Special Management Unit-Disciplinary Segregation, Section (III)(C). **This is a repeat deficiency.**

³² "The FOD must ensure, recreation shall be provided to detainees in disciplinary segregation in accordance with the "Recreation" standard. The standard provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee's recreation privileges may be withheld temporarily after a severely disruptive incident." Section (III)(A)(1) of the recreation standard says: "Every effort shall be made to place a detainee in a facility that provides outdoor recreation. If a facility does not have an outdoor area, a large recreation room with exercise equipment and access to sunlight will be provided." See ICE NDS 2000, Standard, Special Management Unit-Disciplinary Segregation, Section (III)(D)(13).

³³ "The FOD must ensure, a permanent log will be maintained in the SMU. The log will not (sic) all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit-Disciplinary Segregation, Section (III)(E)(1). **This is a repeat deficiency.**

³⁴ "The FOD must ensure ... Specialized training shall be required for certain non-lethal equipment e.g., OC spray/electronic devices." See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

³⁵ "The FOD will ensure, staff shall prepare detailed documentation of all incidents involving the use of force, chemical agents, or non-lethal weapons. Staff shall likewise document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file." See ICE NDS 2000, Standard, Use of Force, Section (III)(J).

³⁶ "The FOD will ensure, written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

the facility's ability to audio-visually record a calculated force incident as required by the standard (**Deficiency UOF-4**³⁷).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO's review of documentation and interviews with staff found detention officers are responsible for the provision of extensive nursing care during evenings and weekends, utilizing nursing protocols and obtaining verbal orders from the on-call physician. Consequently, based on the absence of nursing availability between the approximate hours of 8:00 p.m. to 7:00 a.m., ODO determined licensed medical staffing is inadequate to meet the basic needs of the detainee population (**Deficiency MC-1**³⁸) and that over 50 percent of staff who provide healthcare services within the jail are neither licensed nor certified (**Deficiency MC-2**³⁹). Of seven detainees diagnosed with mental health disorders, including two with post-traumatic stress disorder (PTSD) and two with histories of prior suicide attempts, ODO's review of documentation found only one of the PTSD cases had been evaluated by the psychologist (**Deficiency MC-3**⁴⁰). Psychotropic medications were initiated by the clinical director (CD) via telephone order to an LPN, in the absence of a provider assessment, and in four of the seven mental health cases, a chronic care appointment was never made and follow-up was never conducted following initiation of the medication (**Deficiency MC-4**⁴¹).

The medical department consists of one room used for both administrative and clinical purposes. Medical records are stored in a file cabinet which contains a locking mechanism; however, according to the Admin LPN, it remained unlocked as the key was missing. ODO notes staff located the key to the file cabinet prior to the end of the inspection. However, she also stated that all officers have access to the medical records, should they need to reference information for the CD when nurses are not on site (**Deficiency MC-5**⁴²). A single examination table within the clinic can be visually enclosed with a curtain, but conversations can easily be heard by others in the clinic area, and ODO observed the presence of officers during examinations, violating patient privacy and confidentiality (**Deficiency MC-6**⁴³). ODO's review of 25 medical records found consent forms for general treatment were missing in three files, and seven forms were not dated

³⁷ "The FOD will ensure, INS requires that all incidents of use of force be documented and forwarded to INS for review. The videotaping of all calculated used of force is required. The videotape and accompanying documentation shall be included in the investigation package for the "After-Action Review" (see Section III.J., below). Additionally, the Officer in Charge (OIC) shall make all videotapes available to the District Director." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(A)(2)(b).

³⁸ "All facilities will employ, at a minimum, a medical staff large enough to perform basic exams and treatment for all detainees." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(A).

³⁹ "The health care staff will have a valid professional licensure and or certification." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(C).

⁴⁰ "The OIC will also arrange for specialized health care, mental health care, and hospitalization within the local community." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(A).

⁴¹ "Each facility will have a mechanism that allows detainees the opportunity to request health care services provided by a physician or other qualified medical officer in a clinical setting." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(F).

⁴² "Medical records will be kept separate from detainee records and stored in a securely locked area within the medical unit." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(B).

⁴³ "Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(B).

(**Deficiency MC-7⁴⁴**). In five cases of medication orders for depression or PTSD, specific consent forms for the administration of psychotropic medications were not signed by the detainee and filed in the medical record (**Deficiency MC-8⁴⁵**). ODO's record review found one initial physical assessments was not completed within 14 days of arrival (**Deficiency MC-9⁴⁶**). Fourteen-day dental assessments are also being conducted by the RN at the time of the initial health assessment (**Deficiency MC-10⁴⁷**).

ODO's review of training records found that all medical staff were current in cardiopulmonary resuscitation (CPR) certification; however, according to the training manager, detention officers have not received CPR training over the past "few years," due to the departure of the only available CPR instructor (**Deficiency MC-11⁴⁸**). Medications are administered by nursing staff when on duty and by trained detention officers when nurses are not available. Initials are recorded on medication administration records (MAR) to document administration or refusals of prescribed doses; however, ODO found two MARs lacked full names of the officer on the back of the MAR which is necessary to ensure accountability, and four other MARs included no indication if the medications were given, refused, or not received by the detainee for other reasons (**Deficiency MC-12⁴⁹**). These medications included antidepressants and antibiotics, both requiring full compliance for effective treatment results. Most missing documentation related to weekend encounters, suggesting either the detainees were not receiving their medications or an officer was not properly recording them. ODO's record review found no med/psych alerts for significant medical and mental health conditions, including asthma, depression with history of suicidal tendencies, and cardiac conditions (**Deficiency MC-13⁵⁰**).

⁴⁴ "The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Standard, Medical Care, Section (III)(L).

⁴⁵ "The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Standard, Medical Care, Section (III)(L). **Note:** ODO considers the administration of psychotropic medication as a treatment intervention which carries some risk and believes obtaining signed and dated consent forms from detainees is appropriate in all such instances.

⁴⁶ "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

⁴⁷ "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

⁴⁸ "Detention staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following: the administration of first aid and cardiopulmonary resuscitation (CPR)." See ICE NDS 2000, Standard, Medical Care, Section (III)(H)(2). **This is a repeat deficiency.**

⁴⁹ "Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees." See ICE NDS 2000, Standard, Medical Care, Section (III)(I). **This is a repeat deficiency.**

⁵⁰ "When the medical staff determines that a detainee's medical or psychiatric condition requires either clearance by the medical staff prior to release or transfer or requires medical escort during deportation or transfer, the OIC will be so notified in writing." See ICE NDS 2000, Standard, Medical Care, Section (III)(C). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 16 standards under the NDS 2000 and found the facility compliant with three (3) standards. ODO found 46 deficiencies in the remaining 13 standards. Unfortunately, this is an increase over the significant number of deficiencies ODO found in FY 2014. As evidenced by the 14 deficiencies ODO cited in Medical Care alone, ODO is very concerned about the adequacy and availability of medical care in this facility. Additionally, the lack of formal training for detention staff is troubling, as is the lack of an adequate number of detention officers to provide safekeeping and supervision of the detained population as required under the Intergovernmental Service Agreement. These latter two issues were acknowledged by facility leadership during interviews with ODO inspectors.

ODO recommends ERO and the ICE Health Services Corps engage with the local field office to ensure the facility remedies these critical issues as expeditiously as possible. In the interim, ODO recommends ERO refrain from placing detainees with significant, chronic medical conditions and/or mental health issues at this location.

Compliance Inspection Results	FY 2014 (NDS 2000)	FY 2018 (NDS 2000)
Standards Reviewed	16	16
Deficient Standards	13	13
Overall Number of Deficiencies	37	45
Corrective Action	0	0