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Inspections and Detention Oversight  
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## Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
Saint Paul Field Office  
Ramsey County Adult Detention Center  
Saint Paul, Minnesota

June 12 – 14, 2012

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**COMPLIANCE INSPECTION  
RAMSEY COUNTY ADULT DETENTION CENTER  
SAINT PAUL FIELD OFFICE**

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## EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Ramsey County Adult Detention Center (RCADC) in Saint Paul, Minnesota, from June 12 - 14, 2012. The facility opened in December 2003 and began housing inmates from the State of Minnesota, the County of Ramsey, and the United States Marshals Service (USMS). In February 2004, U.S. Immigration and Customs Enforcement (ICE) began housing ICE detainees at RCADC. The 501 bed, 150,244 square foot facility is owned by Ramsey County and operated by the Ramsey County Sheriff's Office. Of the 501 beds, 442 are designated for males, and 59 are designated for females. The ICE Office of Enforcement and Removal Operations (ERO) houses detainees at RCADC under an Intergovernmental Agreement with the USMS. RCADC houses male and female ICE detainees with Level II (medium threat) and Level III (highest threat) security classifications for over 72 hours. The capacity at RCADC for ICE detainees is 100. The average daily detainee population is 50. The average length of stay for detainees is 21 days.

At the time of this CI, the facility housed 39 male ICE detainees (21 Level II; 18 Level III) and three female ICE detainees (two Level II; one Level III). ODO identified one male ICE detainee and one female ICE detainee classified at Level I in the ENFORCE Alien Detention Module (EADM). An ERO official stated the male detainee was actually classified at Level III due to refusal to comply with ERO officers during a prior removal from the U.S. ERO did not present ODO with any documentation to support the Level III classification, and ODO could not locate documentation to support the Level III classification. The female ICE detainee identified as a Level I detainee in EADM was classified by ERO as a Level II detainee without information to corroborate the Level II classification. ODO could only locate information to support a Level I classification for this female detainee. ERO was unable to provide an explanation for the classification discrepancy. Discrepancies in the detainee classification system and the lack of complete information provided by ERO could potentially result in placing non-violent ICE detainees in housing units with violent, high threat detainees. This could potentially expose them to physical or psychological danger and other unnecessary risks. ODO noted that RCADC officials assign housing to ICE detainees based on the assumption that ERO only brings Level II and Level III detainees to the facility. Unless RCADC officials independently identify information to suggest that an ICE detainee may be a security risk, the facility houses all ICE detainees in one gender-specific housing unit. ODO verified there is no contractual prohibition against housing Level I detainees at RCADC; however, RCADC management continued to dispute the classification of the two detainees identified by ODO as Level I and did not reclassify the detainees prior to completion of the inspection.

Medical care at RCADC is provided by Ramsey County and food service is provided under contract by A'viands Food Service Management. The facility holds no accreditations.

The ERO Field Office Director, Saint Paul, Minnesota (FOD Saint Paul), is responsible for ensuring facility compliance with ICE policies and the National Detention Standards (NDS). There are no ERO officers stationed at the facility, but a Supervisory Detention and Deportation Officer (SDDO) and (b)(7)e Deportation Officers (DO) from the FOD Saint Paul are responsible for



oversight of all ICE detention matters at RCADC. There is no ERO Detention Service Manager assigned to monitor facility compliance with the NDS at RCADC.

The Undersheriff of the Detention Services Division is the highest ranking official at RCADC and is responsible for oversight of daily operations. In addition to the Undersheriff, RCADC supervisory staff consists of (b)(7)e Commander, (b)(7)e Lieutenants, and (b)(7)e Sergeants. Detention staff consists of (b)(7)e Deputies and (b)(7)e Correctional Officers. Support staff consists of (b)(7)e Clerk Typists and (b)(7)e Administrative Assistant. Medical personnel employed by Ramsey County Public Health provide healthcare at the facility. The clinic is open 24 hours a day, seven days a week, and is administered by the Nurse Clinician (NC), who is a registered nurse (RN). Medical oversight is provided by a part-time contract physician who is on-site four hours a week. A part-time family nurse practitioner (FNP) is also on-site four hours a week. A dentist and a dental assistant are on-site on Tuesdays to provide dental care. Mental health services are provided by a part-time psychiatrist who is on-site five hours a week. These positions are augmented by (b)(7)e RNs, (b)(7)e certified nursing assistants, and a medical records clerk. On-call medical coverage is provided around the clock by the physician and the FNP, and the psychiatrist provides the same coverage for mental health needs. The NC stated there are no vacancies, and the turnover rate is low. Professional licenses for all medical staff are present and are primary source verified with the issuing agency for authentication purposes.

In November 2011, ERO Detention Standards Compliance Unit contractor, The Nakamoto Group, Inc., conducted an annual review of the NDS at RCADC. The facility received an overall rating of "Acceptable" and was found compliant with all 39 standards reviewed.

This is the first ODO inspection of RCADC. During this CI, ODO reviewed 19 NDS. Six standards were determined to be fully compliant. Twenty-three deficiencies were identified in the following 13 standards: Access to Legal Material (1 deficiency), Admission and Release (1), Contraband (1), Correspondence and Other Mail (1), Detainee Classification System (2), Detainee Handbook (1), Environmental Health and Safety (3), Food Service (4), Funds and Personal Property (1), Medical Care (3), Special Management Unit (Disciplinary Segregation) (1), Staff-Detainee Communication (3), and Suicide Prevention and Intervention (1).

This report details all deficiencies and refers to the specific, relevant sections of the NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve the 23 identified deficiencies. These deficiencies were discussed with RCADC personnel onsite during the inspection, as well as during the closeout briefing conducted on June 14, 2012.

ODO observed sanitation at the facility to be at a high level. Deficiencies requiring immediate attention were identified in the areas of Admission and Release, Detainee Classification System, Environmental Health and Safety, Food Service, Medical Care, and Suicide Prevention and Intervention. RCADC conducts routine strip searches each time a detainee returns from outside of the facility without requiring documentation of reasonable suspicion to justify these searches. ERO officers do not provide RCADC staff with sufficient detainee background information to accurately complete the classification process such as institutional disciplinary history and prior episodes of violence. Exit diagrams are not printed in Spanish and do not show "Areas of Safe Refuge" or locations of emergency equipment. Food service personnel do not receive a pre-



employment medical examination to prevent the spread of communicable diseases in any transmissible stage or condition. Current cardiopulmonary resuscitation certification is missing for certain personnel, and there is no periodic training on suicide prevention and intervention for detention staff. Details of all identified deficiencies are described in the corresponding standards contained in this report.

Since the beginning of 2011, there have been two documented suicide watches at RCADC. ODO reviewed the medical records of the detainees involved in these suicide watches and confirmed these suicide watches fully complied with the Suicide Prevention and Intervention NDS.

During the past year, there were no calculated use of force incidents and ten immediate use of force incidents involving ICE detainees at RCADC. An immediate use of force situation is created when the behavior of a detainee constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. In that situation, staff may respond without a supervisor's direction or presence. A calculated use of force is appropriate if a detainee is in an isolated location where there is no immediate threat to the detainee or others, and there is time to assess the possibility of resolving the situation without resorting to force. ODO reviewed documentation for the ten immediate use of force incidents and confirmed compliance with the Use of Force NDS, including the completion of post-incident medical examinations and after-action reviews. Although RCADC officers carry Tasers and are trained in the proper use and deployment of this electro-muscular disruption device, there have been no incidents involving the use of Tasers on ICE detainees. ODO did not identify any deficiencies under the Use of Force NDS.

Due to the allegations of three detainees that they were not provided with clean clothing on a regular basis, ODO added the Issuance and Exchange of Clothing, Bedding, and Towels NDS to the CI and inspected it in its entirety. According to RCADC policy, detainees are issued one institutional uniform, one pair of institutional shoes, two pairs of underwear, and two pairs of socks. Detainee uniforms must be exchanged at least twice per week. Uniform exchanges are to be documented in the pod log, to include the date and time of the clothing exchange and information on any detainee who refused or did not complete an exchange. Underwear and socks are exchanged daily. ODO reviewed the pod logs for documentation of non-exchange of laundry or refusal to exchange laundry, but found no evidence that either situation had occurred. ODO identified no deficiencies under this standard.

From January 2012 to June 2012, the facility received and processed four grievances from ICE detainees. One grievance concerned visitation, another pertained to the inability to personally choose the housing unit officer, and two were related to disposing unconsumed ramen noodles down the sinks in the housing units. All four grievances were resolved in a timely manner, and ODO identified no deficiencies under the Detainee Grievance Procedures NDS.

There were no ICE detainees in segregation at RCADC during the inspection.

## INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE Performance Based National Detention Standards (PBNDS), as applicable. The NDS apply to RCADC. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at RCADC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at RCADC.

## REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR, ODO.

## INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c

Special Agent (Team Leader)  
Special Agent  
Special Agent  
Contract Inspector  
Contract Inspector  
Contract Inspector

ODO, San Diego  
ODO, Phoenix  
ODO, Phoenix  
Creative Corrections  
Creative Corrections  
Creative Corrections



## OPERATIONAL ENVIRONMENT

### INTERNAL RELATIONS

ODO interviewed the RCADC Undersheriff of the Detention Services Division, the RCADC Administrative Lieutenant, an ERO SDDO, and an ERO DO. During the interviews, all personnel from RCADC and ERO stated that the working relationship between RCADC and ERO officers is good and morale among RCADC and ERO staff is high. The Administrative Lieutenant stated that he has consistently observed ERO officers visiting the housing units multiple times each week and communicating with ICE detainees to address their issues and concerns.

The SDDO and the DO both stated that ERO is adequately staffed to manage and handle the current detainee population at RCADC. The Administrative Lieutenant stated there are currently (b)(7)e vacant positions at RCADC. Specifically, (b)(7)e of the vacant positions is for a Sergeant and (b)(7)e vacant position is for a Correctional Officer.

### DETAINEE RELATIONS

ODO randomly interviewed two Level III male detainees, two Level II male detainees, and two Level II female detainees at RCADC for a total of six detainee interviews. The periods of detention for these six detainees ranged from four days to four months. All detainees confirmed that they were provided a full supply of personal hygiene items upon admission to the facility, and they have all maintained a full supply of these items for the duration of their stay. All detainees received detainee handbooks.

None of the six detainees interviewed knew the identity of their assigned Deportation Officer, but all stated that a Deportation Officer visits the facility every week. All of the detainees stated they were satisfied with their interactions with ERO officers.

All detainees interviewed were satisfied with the quality of the food and the food service. ODO verified that a registered dietician certifies the caloric and nutritional content of all meals. Food portions meet all dietary and nutritional requirements.

All detainees stated they are routinely strip searched by facility personnel each time they return from outside of the facility. ODO confirmed RCADC officials were conducting undocumented strip searches of detainees in accordance with facility policy. RCADC management stated they were not aware of the requirements under the Change Notice, which requires that each strip search and the reasonable suspicion justifying each strip search be documented. RCADC management stated they will consult with the Ramsey County Attorney about modifying the strip search policy and procedures to comply with the requirements of the Change Notice.

There were no detainee complaints regarding medical care, recreation, access to telephones, religious services, grievances, visitation, racial or discriminatory statements, sexual abuse, or use of force.



## **ICE NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 19 NDS and found RCADC fully compliant with the following six standards:

- Detainee Grievance Procedures
- Hold Rooms in Detention Facilities
- Issuance and Exchange of Clothing, Bedding, and Towels
- Special Management Unit (Administrative Segregation)
- Tool Control
- Use of Force

As these standards were compliant at the time of the review, a synopsis for these areas was not prepared for this report.

ODO found deficiencies in the following 13 standards:

- Access to Legal Material
- Admission and Release
- Contraband
- Correspondence and Other Mail
- Detainee Classification System
- Detainee Handbook
- Environmental Health and Safety
- Food Service
- Funds and Personal Property
- Medical Care
- Special Management Unit (Disciplinary Segregation)
- Staff-Detainee Communication
- Suicide Prevention and Intervention

Findings for each of these standards are presented in the remainder of this report.

## **ACCESS TO LEGAL MATERIAL (ALM)**

ODO reviewed the Access to Legal Material standard at RCADC to determine if detainees have access to a law library, legal materials, courts, counsel and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS. ODO interviewed staff and detainees, reviewed policies and procedures, and inspected the RCADC law library computers to determine the operability of the equipment.

The facility maintains two computers for use by ICE detainees to access legal materials and prepare legal documents. A computer is kept in each of the two housing units which house ICE detainees: one for males and one for females. The computer is mobile and may be moved to an adjacent interview room to afford privacy, if desired. The facility employs an ICE liaison who is responsible for checking the computers on a weekly basis to ensure they are in good working order. The facility handbook directs that ICE detainees may request access to the computer via a Law Library Request Form available in the housing units.

Rules associated with the use of the law library are conspicuously posted in each of the two housing units. The law library is available for use during waking hours, and there is no time limitation unless multiple detainees request use of the legal materials at the same time. At the time of the compliance inspection, RCADC officials were printing copies of legal documents for detainees upon request. RCADC management stated they ordered two new printers that will be accessible to detainees in the law library.

Since the facility is near the county courthouse law library, RCADC officials routinely use that library to obtain legal materials that are not available in the RCADC law library. Detainees can request materials in writing by specifying a particular statute, decision, or other legal document (motions, briefs, etc.), and RCADC officials will retrieve those documents from the courthouse law library.

ERO and RCADC management stated the LexisNexis update discs were installed on June 8, 2012, but disc three of the four disc set would not properly install and appeared to be corrupt. RCADC officials stated they had not yet informed ERO of the problem. ODO confirmed that the law library computers contained the contents of the three uncorrupted LexisNexis discs installed on June 8, 2012; however, the contents of these discs only provided information regarding immigration case law. The computers did not contain any of the other 28 items listed in Attachment A of the Access to Legal Materials NDS, nor was a list of the law library's holdings posted (**Deficiency ALM-1**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY ALM-1**

In accordance with the ICE NDS, Access to Legal Materials, Section (III)(C), the FOD must ensure the law library shall contain the materials listed in Attachment A. INS shall provide an initial set of these materials. The facility shall post a list of its holdings in the law library.

## ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at RCADC to determine if procedures are in place to protect the health, safety, security and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO interviewed staff and detainees, reviewed policies and procedures, and observed admission and release processes.

Upon arrival, RCADC officials interview ICE detainees for the purpose of filling out their "Authority to Detain" form. This form records basic detainee information, such as personal identifying information, arrest information, charge/hold information, and important medical data. ERO officers provide RCADC staff with an ICE Form I-203A – Order to Detain or Release. This is the only form provided to RCADC from ERO. An I-203A form is provided via a facsimile transmission in advance of the arrival of detainees to the facility. ERO includes the detainee's alien number, name, date and place of birth, country of citizenship, and FBI number. ERO may also provide information critical to classification concerns, such as gang affiliations. The I-203A is then forwarded to the Classification Officer for a housing assignment determination.

RCADC officials provide detainees with an orientation video and facility handbooks. The ICE National Detainee Handbook is provided to detainees by ERO prior to arrival at the facility. Intake officers at RCADC create a color-coded folder (purple in the case of an ICE detainee) and place a copy of the Authority to Detain form in the folder.

ICE detainees are then escorted to a changing area where they are instructed to completely remove all clothing and put on the facility uniform. This is supervised by RCADC officials. RCADC Policy and Procedure Manual Section 412.11(5)(b) states that officers will conduct a full or modified strip search and search his/her clothing during booking. This policy, combined with information obtained during detainee interviews, prompted a further review of RCADC policies and procedures pertaining to strip searches.

ODO verified that RCADC policy requires staff to conduct a strip search when a detainee arrives at the Special Management Unit (SMU). Appendix D of the RCADC Policy and Procedure Manual provides that strip searches are authorized before a detainee is admitted into a housing area or when any detainee has returned to the facility after leaving the secure perimeter. Appendix D provides that any departure from normal strip search procedures shall be documented. The Policy and Procedure Manual does not require documentation of reasonable suspicion for a strip search. This conflicts with the Change Notice: Admission and Release-National Detention Standard Strip Search Policy, dated October 15, 2007 (**Deficiency AR-1**). The Change Notice requires a secondary level of review, which helps to prevent unwarranted strip searches.

RCADC management informed ODO that they were not aware of the requirements under the Change Notice, which requires that each strip search and the reasonable suspicion justifying each strip search be documented. RCADC management stated they will consult with the Ramsey County Attorney about modifying their strip search policy and procedures to comply with the requirements of the Change Notice.



## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY AR-1**

In accordance with the Change Notice: Admission and Release - National Detention Standard Strip Search Policy, dated October 15, 2007, the FOD must ensure facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitored showering, and other required exposure of the private parts of a detainee's body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-rays, and metal detectors.

If information developed during admission processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G-1025, Record of Search.

## **CONTRABAND (C)**

ODO reviewed the Contraband standard at RCADC to determine if procedures are in place to protect detainees and staff, enhance security and identify, detect, control and properly dispose of contraband, in accordance with the ICE NDS. ODO interviewed staff, reviewed policies, and inspected contraband storage lockers.

Measures for controlling contraband through searches are addressed by facility policy. Seized contraband is secured in storage lockers in the Sergeant's office prior to destruction. The storage lockers were empty during the inspection. The Sergeant stated contraband is destroyed once a determination is made that it is not needed for evidence; however, written procedures are not in place to guide this process, and destruction of contraband is not documented (**Deficiency C-1**). ODO recommends RCADC management develop written procedures governing the destruction of contraband, including procedures that address documentation, to achieve compliance with the NDS.

### **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

#### **DEFICIENCY C-1**

In accordance with ICE NDS, Contraband, section (III)(C), the FOD must ensure the OIC shall establish a procedure for the destruction of contraband items.

## **CORRESPONDENCE AND OTHER MAIL (C&OM)**

ODO reviewed the Correspondence and Other Mail standard at RCADC to determine if the facility provides detainees the opportunity to send and receive correspondence, in a timely manner, subject to limitations required for the safe and orderly operation of the facility, in accordance with the ICE NDS. ODO interviewed staff and reviewed policies and the local detainee handbook.

There are no restrictions on the amount of mail detainees can send or receive. Procedures are in place addressing special correspondence, including proper labeling to prevent opening by unauthorized individuals and to ensure the confidentiality of contents. The facility handbook describes mail procedures, and indigent detainees may request free, stamped envelopes. Paper and writing instruments are available. However, RCADC policy governing correspondence and mail does not address the handling of packages (**Deficiency C&OM-1**). Facility management stated that detainee packages are turned over to ERO. Written policies and procedures ensure consistent handling and documentation of correspondence and mail.

### **STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS**

#### **DEFICIENCY C&OM-1**

In accordance with the ICE NDS, Correspondence and Other Mail, section (III)(D), the FOD must ensure each facility shall implement policies and procedures concerning detainee packages.



## DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System standard at RCADC to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO toured the booking and classification areas, observed the classification process, reviewed electronic classification records, examined documents provided by ERO to RCADC for classification purposes, and interviewed staff.

When practical, ERO provides an ICE Form I-203A, Order to Detain or Release, to RCADC via a facsimile transmission notifying them that ERO intends to detain an undocumented individual at the facility. If prior notification is not practical, the ERO officer transporting the undocumented individual will hand deliver an I-203A form to RCADC staff upon arrival. The I-203A includes the name, alien number, latest criminal charge/conviction, age, sex, date of birth, nationality, date detained, and FBI number.

RCADC management uses a classification database to record and assess detainee classification information consistent with the ICE Detainee Classification System assessment forms. RCADC officials check identifying information against their database to determine if a prior record of detention at RCADC exists for each detainee booked into the facility. RCADC officials assign housing to detainees based on information contained in the I-203A form provided by ERO, information obtained during initial screening interviews, observations during booking, and historical information in the RCADC database. A first-line supervisor reviews and approves the housing assignment of each detainee, and all classification information is maintained electronically for ease of retrieval and printing.

RCADC officials assign housing to ICE detainees based on the past practice of ERO to send only Level II and Level III detainees to the facility; however, there is no contractual agreement between RCADC and ERO to house only Level II and Level III detainees at RCADC. All ICE detainees are issued a purple identification bracelet. Male detainees are housed in a designated housing unit on the third floor of the facility. Female detainees are housed in a housing unit on the fifth floor. Although ICE detainees are exclusively housed in these designated housing units, State and County inmates of similar classification levels are co-located in these housing units.

ODO confirmed that ERO officers do not provide any additional information to RCADC for classification purposes other than the I-203A form. ERO officers stated they do not provide the I-213 form or any of the documents listed in the NDS, because of concerns related to divulging personally identifiable information (PII). However, the I-203A form also contains PII. In addition, RCADC and ERO officials explained that the ERO officer completing the I-203A form may note other information relevant to detention, such as, but not limited to, medical issues and gang affiliation. RCADC officers stated there have been instances where ERO did not include full and complete information on the I-203A form for classification purposes, such as institutional disciplinary history and prior episodes of violence (**Deficiency DCS-1**).

During this CI, ODO verified that two non-criminal Level I detainees were housed at RCADC (one male; one female). ODO confirmed that the Level I male detainee was housed with Level III detainees (**Deficiency DCS-2**); however, the female Level I detainee was housed with two

female detainees classified in the ENFORCE Alien Detention Module (EADM) as Level II detainees, which is permissible under the ICE NDS. ICE could not obtain classification information for the female State and County inmates located in the same housing unit. Discrepancies in the detainee classification system and the lack of complete information provided by ERO could result in the placement of non-violent detainees in housing units with detainees and inmates with violent criminal histories, potentially exposing them to danger.

The classification of the two detainees identified by ODO as Level I remained in dispute and was not changed prior to the conclusion of the ODO inspection.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DCS-1**

In accordance with the ICE NDS, Detainee Classification System, section (III)(D), the FOD must ensure staff shall use the most reliable, objective information from the detainee's A-file or work-folder during the classification process. "Objective" information refers to facts, e.g., current offense, past offenses, escapes, institutional disciplinary history, violent episodes/incidents, etc. Opinion, even informed opinion (based on profiling, familiarity, personal experience, etc.) is different from fact, and therefore irrelevant for detainee classification.

INS offices shall provide non-INS facilities with the necessary information for the facility to classify INS detainees. Because INS selectively releases material from the detainee's record to persons who are not INS employees (e.g., CDF or IGSA facility personnel), non-INS officers must rely on the judgment of the INS staff who select material from the files for facility use.

### **Examples of Acceptable Forms and Information**

1. I-221 – Order to Show Cause (OSC/WA) and Notice of Hearing, with bond conditions (charging documents for aliens in deportation proceedings);
2. I-862 – Notice to Appear (charging document for aliens in removal proceedings);
3. I-110 and I-122 – Notice to Applicant for Admission, Detained for Hearing before Immigration Judge (charging documents for aliens in exclusion proceedings);
4. Form I-213 – Record of Deportable Alien;
5. All conviction documents relating to charges on Form I-221, I-862, I-110/122, or I-213 above;
6. Criminal History (Rap Sheet) – NCIC/CII/TII, etc.; and
7. Any other official record or observation that is verifiable and can be justified under review by official means.

Unacceptable sources of information include:

1. A written or oral account from an interested party, whether the detainee himself/herself, an NGO, an officer, other personnel involved in law enforcement/detention, or some other person, unless and until it has been officially confirmed;
2. Unconfirmed and unverified information provided by the new arrival; and
3. The unverified opinion of officers and other personnel;
4. Physical characteristics of the detainee, such as tattoos, descriptive clothing, recent needle puncture marks, and digital amputations. These physical characteristics may be used to investigate further but may not be used in the completion of the DCS form unless verified.

#### **DEFICIENCY DCS-2**

In accordance with the ICE NDS, Detainee Classification System, section (III)(E)(1)(a), the FOD must ensure all facilities shall ensure that detainees are housed according to their classification level.

All classification levels are decided by the general makeup of the total population of the facility. Under no circumstances will issues of facility management or other factors external to the detainee classification system influence a detainee's classification level. All classification levels are decided by the general makeup of the total population of the facility.

New arrivals are generally classified by convictions when assessing the criminal record reports. Use of convictions for classification will be limited, as suggested by the following guidelines.

#### **1. Level 1 Classification**

- a. May not be housed with Level 3 Detainees.



## **DETAINEE HANDBOOK (DH)**

ODO reviewed the Detainee Handbook standard at RCADC to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in accordance with the ICE NDS. ODO reviewed the facility handbook and interviewed staff.

Detainees at RCADC are provided with the ICE National Detainee Handbook and a facility handbook. The ICE National Detainee Handbook is issued to detainees at the ERO Field Office in Bloomington, Minnesota. The facility provides a copy of the facility handbook upon request. Otherwise, a copy of the facility handbook is available to all inmates and detainees in each housing unit at RCADC.

A committee consisting of (b)(7)(e) program officers and (b)(7)(e) Lieutenants reviews and updates the facility handbook annually. After revisions and updates have been made to the facility handbook, the Administrative Lieutenant approves the final revised version before it is printed. The Administrative Lieutenant stated that the facility handbook was last revised on January 12, 2012.

The facility handbook is written in English; however, it is not translated into Spanish (**Deficiency DH-1**). The Administrative Lieutenant stated that the facility is in the process of translating the facility handbook into Spanish and Hmong within the next few months to achieve compliance with the NDS.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DH-1**

In accordance with the ICE NDS, Detainee Handbook, section (III)(E), the FOD must ensure the handbook will be written in English and translated into Spanish and, if appropriate, into the next most-prevalent language(s) among the facility's detainees.

## **ENVIRONMENTAL HEALTH AND SAFETY (EH&S)**

ODO reviewed the Environmental Health and Safety standard at RCADC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, and fire drills.

ODO observed the sanitation of RCADC to be at a high level. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials. Hazardous substances are stored in a fire resistant storage cabinet in the Building Services area, which is located outside the secure perimeter of the facility. Material Safety Data Sheets and a master index of chemicals with storage locations are readily available. Documentation of semi-annual reviews are included in the index. Exit diagrams were replaced following the last ERO annual review and are posted throughout the facility; however, the instructions are only printed in English and do not show locations of emergency equipment or "Areas of Safe Refuge" (**Deficiency EH&S-1**). Identification of the emergency equipment locations expedites access and use of the equipment, and designation of areas of safe refuge provides a critical life-safety function in the event of fire or other emergencies requiring individuals to shelter in place.

Monthly fire drills are conducted on each shift, and documentation is on file. Reports for water and pest control services by an outside contractor are readily available and current. The facility's emergency power generator is tested monthly for a period of four hours, rather than biweekly for one hour, as required by the NDS. Testing of the generator by an external generator service company occurs every six months instead of quarterly (**Deficiency EH&S-2**). The Building Services staff stated they follow the testing and servicing guidelines recommended by the manufacturer. RCADC management provided documentation confirming service and testing in accordance with the manufacturer's guidelines.

Barber operations are provided by an outside contractor that visits the facility on a monthly basis. Detainees may request a haircut and are charged \$25.00 for the service. The facility does not have a policy requiring detainees to keep their hair at a certain length. RCADC does not have a room designated exclusively for barber operations. Barbering is conducted in a room between the medical clinic and the booking area that is used for medical triage (**Deficiency EH&S-3**). ODO was unable to observe barber operations, because the contract barber was not present during the inspection. Sanitation regulations were posted, but confirmation of compliance with sanitation regulations could not be determined since ODO was not able to observe actual barbering operations.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY EH&S-1**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(5), the FOD must ensure in addition to a general diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. "You are here" markers;
- c. Emergency equipment locations.

New signs and sign replacements will also identify and explain "Areas of Safe Refuge".

**DEFICIENCY EH&S-2**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary.

The biweekly test of the emergency electrical generator will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation. The emergency generator will also receive quarterly testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output.

**DEFICIENCY EH&S-3**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1), the FOD must ensure the operation [barbering] will be located in a separate room not used for any other purpose.



## FOOD SERVICE (FS)

ODO reviewed the Food Service standard at RCADC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO reviewed documentation, interviewed staff, inspected the food service area, and observed meal preparation and service.

All work associated with meal preparation is performed by contractor A'viands Food & Services Management. No ICE detainees or inmates work in the food service area, which is located outside the secure perimeter of the facility. The contractor employs (b)(7) food service staff, including the Food Service Director (FSD). The facility has a satellite feeding operation involving food preparation in the kitchen and delivery of meals to the housing units on trays. ODO verified all menus are certified by a registered dietitian, and religious and medically prescribed meals are provided and properly documented. Required temperature logs are maintained. ODO checked the temperature of food items served for the noon meal on Wednesday during the inspection and noted that the temperature exceeded the standard. Knives are kept in a locked storage drawer and are signed in and out by the food service staff. Sanitation of the kitchen area was observed to be at a high level. ODO confirmed that documentation of routine and annual inspections by the local health department is current. The most recent health department inspection occurred on November 22, 2011.

ODO observed that sack meals served during the transportation of detainees contained only one non-pork meat sandwich and no dessert item (**Deficiency FS-1**). All other food items required by the NDS were provided.

ODO confirmed that food service staff is not required to complete a pre-employment medical examination (**Deficiency FS-2**). Medical clearance serves the critical purpose of ensuring food service workers do not have a communicable disease in any transmissible stage or condition. RCADC management stated that A'viands Food & Services Management policy does not require pre-employment medical examinations.

ODO could not confirm documentation of weekly inspections of the food service area (**Deficiency FS-3**). Food service staff stated the FSD performs inspections on a weekly basis; however, the FSD was on vacation during the review and did not leave keys to the cabinet where the inspection reports are filed. Frequent inspections ensure sanitary conditions are maintained on an on-going basis.

During inspection of food storage areas, ODO observed food items stored against the walls of the storage area, including boxes and 20 to 50 pound bags of flour, rice, dried potatoes, and corn meal (**Deficiency FS-4**). For pest control purposes, food items must be stored at least two inches away from walls and at least six inches above floors.

## **STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS**

### **DEFICIENCY FS-1**

In accordance with the ICE NDS, Food Service, section (III)(G)(6)(c), the FOD must ensure each sack shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork). Commercial bread or rolls may be preferable because they include preservatives. To ensure freshness, fresh, facility-made bread may be used only if made on the day of lunch preparation. Sandwiches should be individually wrapped or bagged in a secure fashion, to prevent the food from deteriorating. Meats, cheeses, etc., should be freshly sliced the day of sandwich preparation. Leftover cooked meats shall not be used after 24 hours.

In addition, each sack shall include:

1. One piece of fresh fruit or properly packaged canned fruit (paper cup with lid), complete with a plastic spoon; and
2. One ration of a dessert item, e.g., cookies, doughnuts, fruit bars. Extremely perishable items, e.g., fruit pie, cream pie, other items made with milk, cream, or other dairy ingredients shall be excluded; and
3. Such extras as properly packaged fresh vegetables, e.g., celery sticks, carrot sticks, and commercially packaged "snack foods," e.g., peanut butter crackers, cheese crackers, individual bags of potato chips. These items enhance the overall acceptance of the lunches.

### **DEFICIENCY FS-2**

In accordance with the ICE NDS, Food Service, section (III)(H)(3)(a), the FOD must ensure all food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work.

### **DEFICIENCY FS-3**

In accordance with the ICE NDS, Food Service, section (III)(H)(13)(a), the FOD must ensure the FSA or CS of food service shall inspect food service areas weekly.

### **DEFICIENCY FS-4**

In accordance with the ICE NDS, Food Service, section (III)(J)(3)(e), the FOD must ensure the following procedures apply when receiving or storing food: Store food items at least two inches from the walls and at least six inches above the floor. Wooden pallets may be used to store canned goods and other non-absorbent containers, but not to store dairy products or fresh produce.

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO reviewed the Funds and Personal Property standard at RCADC to determine if controls are in place to inventory, receipt, store, and safeguard detainees' personal property in accordance with the ICE NDS. ODO interviewed staff, observed property room operations, and reviewed electronic databases, policies, and the local detainee handbook.

ERO officials secure detainee property and valuables at the ERO Field Office in Bloomington, Minnesota, and provide each detainee with a receipt. Detainees arrive at RCADC with only the clothing they are wearing and funds retained on their person. At intake, the detainees relinquish their funds and clothing to RCADC officers who take inventory and provide a receipt. RCADC booking officers count detainee funds and secure them in a locked drop box. The property officer on duty and a supervisor are the only personnel with access to the cash box. Detainee cash is deposited in an electronic funds receiver which creates and identifies the account with the detainee. For purchasing items at the commissary, detainees may access their funds through a kiosk similar to an ATM machine.

ODO verified that the facility handbook directs detainees regarding which items may be retained in their possession, and that upon request they will be provided an appropriately certified copy of any identity document (such as, but not limited to, passports and birth certificates) placed in their alien files, the rules for storing or mailing property not allowed in their possession, and the procedure for claiming property upon release, transfer, or removal. However, the facility handbook does not provide the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-1**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY F&PP-1**

In accordance with the ICE NDS, Funds and Personal Property, section (III)(J)(5), the FOD must ensure the detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: The procedures for filing a claim for lost or damaged property.



## MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at RCADC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO toured the clinic, observed the dispensation of medication and sick call triage in a housing unit, reviewed policies and procedures, and interviewed health care and administrative staff. ODO examined 25 detainee medical records and the credentials of all medical staff.

The clinic is spacious and contains two examination rooms, a medication room, a dental suite/dialysis room, a medical records room, three short-term observation/holding rooms, a nursing station, and the Nurse Clinician's office. Dialysis is performed three times weekly by a contract dialysis agency. The facility does not have negative air flow cells for tuberculosis (TB) isolation. If detainees require respiratory isolation awaiting TB clearance, they are sent to Regions Hospital. If a language barrier exists, bilingual staff or a translation service is used. Detainees who require urgent or higher level medical or psychiatric care are sent to Regions Hospital, which maintains two secure beds for correctional purposes.

Detainees are screened on arrival by trained correctional staff. ODO determined the content of the training is adequate. If a potential chronic care issue is identified by the correctional officer, it is flagged in the facility's electronic record keeping system, and the screening form is printed on a designated printer in the nursing station on colored paper. This system ensures medical staff is notified immediately of any medical needs requiring immediate follow-up. The testing conducted by officers includes screening for signs and symptoms of active TB. Detainees then undergo a second symptom screening by the nursing staff to verify and confirm the initial responses given to correctional staff. A chest x-ray (CXR) is performed within 24 hours of admission to confirm or rule out the presence TB. ODO reviewed 25 medical records and confirmed CXRs are performed within 24 hours of admission in all cases.

Nursing staff conducts sick call on a daily basis using standardized nursing protocols. ODO verified requests are triaged in a timely manner to determine priority for care. Follow-up appointments and referrals are completed as indicated.

ODO identified three deficiencies within section (III)(D) of the Medical Care NDS pertaining to the completion of physical examinations. This section of the standard requires completion of health appraisals and physical examinations within 14 days of a detainee's arrival at a facility. These appraisals must be performed in accordance with National Commission on Correctional Health Care (NCCHC) standards. NCCHC standard J-E-04, Initial Health Assessment, defines a physical examination (PE) as a hands-on evaluation involving the "inspection, palpation, auscultation, and percussion of a patient's body to determine the presence or absence of physical signs of disease."

At RCADC, RNs are responsible for completing the 14-day health appraisals. Review of 20 medical records of detainees who were in custody for 14 days or more showed 11 records in which a PE meeting the NCCHC definition was not completed (**Deficiency MC-1**). The RNs perform appraisals which involve questioning detainees about symptoms; however, hands-on

examinations are not performed. The NC provided ODO with an electronic mail from the Minnesota Board of Nursing, which stated that performance of a PE is outside the RN scope of practice. The St. Paul Immigration Health Services Corps (IHSC) Field Office Medical Coordinator (FOMC) stated to ODO he is researching the information provided by the Board of Nursing and is communicating with IHSC headquarters concerning this matter. As IHSC continues its research, the FOMC is working with RCADC to comply with the NDS. A new form was implemented on March 12, 2012, which ODO confirmed includes all the elements of a PE as defined by NCCHC. Though the new form addresses this deficiency in part, as noted previously, 11 detainees due for a PE prior to its implementation did not receive a PE within the required 14-day timeframe and had not received one at the time of the inspection.

In addition to addressing the elements of a PE, the NCCHC standard states that an RN who conducts a PE must complete training provided or approved by a physician, and a physician must review any PE completed by an RN. At the time of the inspection, the facility's RNs had not been trained as required (**Deficiency MC-1**). The NC stated to ODO that arrangements are being made for training to occur in the near future. ODO review of nine PEs conducted by RNs following implementation of the new form confirmed two of the PEs did not document review by the physician (**Deficiency MC-1**). Upon completion of planned training for each RN, ODO recommends that RACDC identify all detainees at the facility who have not had a PE, so one can be completed and reviewed in accordance with the requirements of the NDS and NCCHC.

Local policy requires detention staff to maintain current cardiopulmonary resuscitation (CPR) certification as required by the NDS. ODO review of (b)(7)e randomly selected training files confirmed (b)(7)e officers had no documentation of CPR certification. (b)(7)e officer's certification expired in 2008, and the other officer's certification expired in 2009 (**Deficiency MC-2**). The Training Manager, who is new to the position, did not have an explanation for why the correctional officers had not received the required CPR training.

Detainees access health care services by completing a sick call request form printed in triplicate. Per local policy, the sick call request forms are received by medical staff in one of two methods. Detainees may submit the forms directly to nursing staff when medication is distributed, which occurs twice daily (morning and evening), or they may submit them to the housing unit officer for forwarding to medical staff (**Deficiency MC-3**). It is important that sick call request forms be submitted directly to medical staff to ensure patient confidentiality.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY MC-1**

In accordance with ICE NDS, Medical Care, section (III)(D), the FOD must ensure 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. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.

Health appraisals will be performed according to NCCHC and JCAHO standards.

In accordance with NCCHC, Standards for Health Services in Jails, 2008, J-E-04, Initial Health Assessment, all inmates must receive an initial health assessment as soon as possible, but no later than 14 calendar days after admission to the facility. Initial health assessments include, at a minimum: a physical examination (as indicated the patient's gender, age, and risk factors) performed by a physician, physician assistant, nurse practitioner, RN or other practitioner as permitted by law;

- a. The responsible physician documents his or her review of physician assistant, nurse practitioner, RN or other practitioner health assessments when significant findings are present.
- b. The hands-on portion of the health assessment may be performed by an RN only when the nurse completes appropriate training that is approved or provided by the responsible physician. (All findings are reviewed by a physician when the RN completes the physical.)

**DEFICIENCY MC-2**

In accordance with ICE NDS, Medical Care, section (III)(H)(2), the FOD must ensure 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).

**DEFICIENCY MC-3**

In accordance with ICE NDS, Medical Care, section (III)(M), the FOD must ensure all medical providers shall protect the privacy of detainees' medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well being of detainees.



## **SPECIAL MANAGEMENT UNIT (SMU) Disciplinary Segregation (DS)**

ODO reviewed the Special Management Unit (Disciplinary Segregation) standard at RCADC to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary and administrative reasons, in accordance with the ICE NDS. ODO toured the SMU, interviewed staff, and reviewed policies, logbooks, and documentation.

Written procedures are in place to temporarily segregate detainees for disciplinary and administrative reasons. RCADC operates one Special Management Unit (SMU). During the inspection, there were no ICE detainees housed in the SMU. ODO verified no ICE detainees have been placed in the SMU since March 2012 and observed the SMU to be well-ventilated, temperature appropriate, adequately lit, and maintained in a sanitary condition. Each cell in the SMU is equipped with a bed containing a mattress.

ODO reviewed the records of all 11 detainees who were placed in the SMU for disciplinary segregation between July 2011 and March 2012 and confirmed that two of the 11 cases did not have written segregation orders (**Deficiency SMU-DS-1**). ODO verified that these two cases had all other required documentation.

## **STANDARD/POLICY REQUIREMENTS DEFICIENT FINDINGS**

### **DEFICIENCY SMU-1**

In accordance with the ICE NDS, Special Management Unit (Disciplinary Segregation), section (III)(B), 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 detainee within 24 hours, unless delivery would jeopardize safety, security, or the orderly operation of the facility.

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed the Staff-Detainee Communication standard at RCADC to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE NDS. ODO interviewed staff and detainees, toured and observed housing units, and reviewed policies, request logs, ERO visitation records, and detention files.

ODO interviewed an ERO DO who stated that ERO officers only conduct unscheduled visits Wednesday through Friday and scheduled visits are not conducted at all. ODO verified that written visitation schedules are not posted in the detainee housing areas. The visitation notification sheet posted in the housing areas only states that ICE officers will visit every week and does not provide a specific day of the week or time frame (**Deficiency SDC-1**).

ODO reviewed the ICE detainee request log maintained by ERO and noted that ERO is responding to detainee requests as soon as possible and practicable, but ODO confirmed that completed detainee requests are not placed in the detainee's detention file (**Deficiency SDC-2**).

ODO reviewed the Facility Liaison Visit Checklists and noted that ERO officers conducting the required weekly facility liaison visits are not completing the tasks required by the Change Notice, National Detention Standards, Staff/Detainee Communication, Model Protocol, dated June 15, 2007. One of the required tasks from this Change Notice directs the ERO officer conducting the weekly facility liaison visits to review the reason for placement of a detainee in segregation and the projected length of stay for each detainee in segregation. A DO assigned to conduct the weekly facility liaison visits at RCADC stated to ODO that he was not aware of these tasks required under the Change Notice (**Deficiency SDC-3**). The DO stated he only checked and observed the confinement and living conditions of the segregated detainees when he conducted his visits at RCADC.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SDC-1**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(2)(b), the FOD must ensure in CDFs and IGSA's: The ICE Field Office Director shall devise a written schedule and procedure for weekly detainee visits by District ICE deportation staff. The ICE officer will also visit the facility's Special Management Units (SMU) to interview any ICE detainees housed there, monitor housing conditions, review detainees' classification and basis for placement in the SMU, and review all records in this regard. Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access. The ICE Field Office Director shall have specific procedures for documenting the visit. IGSA's with larger populations should be visited more often if necessary.

**DEFICIENCY SDC-2**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure all completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years

**DEFICIENCY SDC-3**

In accordance with the Change Notice, National Detention Standards, Staff/Detainee Communication, Model Protocol, dated June 15, 2007, Section D, Special Management Units (SMU), the FOD must ensure assigned ERO officers shall:

1. Review the reason for placement in the SMU and the projected length of stay.
  - Determine whether the Institutional Disciplinary Panel or equivalent properly placed the detainee into segregation.
  - Determine that a detainee's time in SMU is in accordance with the ICE Disciplinary Standard.
  - Determine that ICE was notified regarding any ICE detainee placed into segregation for 30 days or more and the Field Office Director has reviewed the detainee's status.
2. Verify that the placement of a detainee into Administrative Segregation is warranted and that no reasonable alternatives are available.
3. Verify that weekly status reviews are conducted in accordance with the requirement of the **Administrative and Disciplinary Segregation** Detention Standard by supervisory staff and the results of those reviews are documented.



## **SUICIDE PREVENTION AND INTERVENTION (SP&I)**

ODO reviewed the Suicide Prevention and Intervention standard at RCADC to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with the ICE NDS. ODO reviewed policies, suicide prevention training curriculum, and (b)(7)e staff training records, inspected the suicide watch cells, reviewed records of two suicide watches, and interviewed medical staff and the training manager.

The facility utilizes two cells in housing unit A for placing female detainees on suicide watch and three cells in housing unit D for placing male detainees on suicide watch. All cells meet NDS requirements for suicide resistance. There have been two documented suicide watches since the beginning of 2011. Medical records of detainees placed on suicide watch were reviewed, and ODO confirmed compliance with the NDS.

ODO verified detainees are screened for suicide potential during the intake process. Review of (b)(7) staff training records confirmed all received initial suicide prevention training addressing identification of suicide risk factors, recognizing the signs of suicidal thinking and behavior, referral procedures, suicide prevention techniques, and responding to an in-progress suicide attempt; however, none of the training records contained documentation of periodic suicide prevention and intervention training (**Deficiency SP&I-1**). According to the Training Manager, on-going suicide prevention training is required by local policy, but has not been provided. The Training Manager stated suicide prevention training will be added to the training schedule in the near future. On-going suicide prevention training is critical to ensuring RCADC personnel have the information and skills necessary to prevent a suicide.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SP&I-1**

In accordance with ICE NDS, Suicide Prevention and Intervention, section (III)(A), the FOD must ensure all staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee.