



## **U.S. Department of Homeland Security**

Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight  
Washington, DC 20536-5501

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# Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
Chicago Field Office  
Morgan County Adult Detention Center  
Versailles, Missouri

November 1 - 3, 2011

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**COMPLIANCE INSPECTION  
MORGAN COUNTY ADULT DETENTION CENTER  
CHICAGO FIELD OFFICE**

**TABLE OF CONTENTS**

<b>EXECUTIVE SUMMARY .....</b>	<b>1</b>
<b>INSPECTION PROCESS</b>	
Report Organization.....	3
Inspection Team Members.....	3
<b>OPERATIONAL ENVIRONMENT</b>	
Internal Relations .....	4
Detainee Relations .....	4
<b>ICE NATIONAL DETENTION STANDARDS</b>	
Detention Standards Reviewed.....	5
Access to Legal Material .....	6
Detainee Classification System.....	7
Detainee Handbook.....	8
Environmental Health and Safety .....	9
Food Service .....	13
Funds and Personal Property .....	14
Staff-Detainee Communication .....	15
Suicide Prevention and Intervention.....	16

## EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Morgan County Adult Detention Center (MCADC) in Versailles, Missouri, from November 1 to 3, 2011. Morgan County owns and operates MCADC. Since July 2003, MCADC has accommodated male and female ICE detainees of all classification levels for periods in excess of 72 hours, under an intergovernmental service agreement (IGSA). Advance Corrections Healthcare (ACH) provides medical care. All meal preparation is performed by Morgan County employees. The facility holds no accreditations.

The Enforcement and Removal Operations (ERO), Field Office Director in Chicago, Illinois (FOD/Chicago) is responsible for ensuring facility compliance with ICE policies and the National Detention Standards (NDS). ERO personnel are not physically located at MCADC. The total number of staff (non-ICE) employed at MCADC is 48. The Morgan County Sheriff is the highest ranking official at MCADC, and is responsible for oversight of daily operations at the facility. In addition to the Sheriff, supervisory staff at MCADC includes one Chief Deputy and one Sergeant. Non-supervisory staff includes 30 Corrections Officers and 4 civilian employees. Twenty-four contracted medical staff includes a Health Services Administrator (HSA), a medical doctor, a psychiatrist, a nurse practitioner, two subcontracted dentists, three medical assistants, six licensed practical nurses, and nine registered nurses. The total inmate capacity at MCADC is 139. At the time of the inspection, the facility housed 56 ICE detainees (51 males and 5 females), ranging in age from 18 to 45 years old. The average length of stay is 22 days.

In February 2011, ERO Detention Standards Compliance Unit contractor, MGT of America, Inc., conducted an annual review of the ICE NDS at MCADC. The facility received an overall rating of "Acceptable" and was found to be in compliance with all 38 standards reviewed.

During this CI, ODO reviewed 13 NDS and found a total of 19 deficiencies in the following 8 standards: Access to Legal Material (2 deficiencies), Detainee Classification System (1), Detainee Handbook (1), Environmental Health and Safety (9), Food Service (1), Funds and Personal Property (3), Staff-Detainee Communication (1), and Suicide Prevention and Intervention (1). Overall, ODO found MCADC to be well-managed and in compliance with the areas and standards inspected with the exception of significant deficiencies in the Environmental Health and Safety and Suicide Prevention and Intervention standards.

This report includes descriptions of all deficiencies and refers to the specific, relevant NDS. The report will be provided to ERO to develop corrective actions to resolve identified deficiencies. All deficiencies were discussed with MCADC personnel on-site during the inspection, as well as during the close out briefing conducted on November 3, 2011.

ODO found a significant number of deficiencies in its review of the Environmental Health and Safety NDS. ODO observed chemicals stored and used in many areas throughout the facility. Inventory records for the chemicals were not accurate. Chemicals in the detainee housing units were stored in spray bottles that were not labeled accurately. Also, Material Safety Data Sheets were not current and available for all substances.

A detainee identified by MCADC staff as at risk for suicide was not referred for medical evaluation to determine the level of suicide risk. The MCADC staff believed the detainee was not suicidal and placed him in a cell for precautionary observation, a lower level of observation than suicide watch that allows detainees to retain personal property. The detainee attempted suicide while under precautionary observation and was taken to the hospital for overnight observation, returned to the facility under suicide watch, and transferred the next day to the Shawnee County Jail located in Shawnee, Kansas, which has additional resources and 24-hour nursing staff coverage.

Food service workers have not received pre-employment physicals. The Food Service Administrator informed ODO she was unaware of the requirement for pre-employment medical examinations.

Detainee requests are processed by MCADC staff and submitted to ERO via email in a timely manner. ERO responds to detainee requests within 72 hours of receipt by providing an email response to MCADC staff. MCADC submitted an informal grievance log to ODO for review. MCADC staff stated no formal grievances have been reported by ICE detainees in the past three years relating to medical care, mental health care, law library, telephone access, recreation, religious practices, visitation, staff-detainee communication, use of force, or officer/staff misconduct.

ODO's inspection of the Detainee Grievance Procedure standard at MCADC resulted in no deficient findings. MCADC has an established, reasonable time limit for processing, investigating, and responding to grievances. All grievances are received, distributed, and responded to within 24 hours. The grievance section of the detainee handbook provides procedures for filing a grievance and appeal, resolving a grievance, and the right to have the grievance referred to higher levels. MCADC staff contacts ICE immediately when there is an emergency grievance. All medical grievances are referred to MCADC medical staff.

# INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards (NDS) or the ICE Performance Based National Detention Standards (PBNDS), as applicable. The NDS apply to MCADC. 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 MCADC to determine compliance with 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) and the ENFORCE Alien Booking Module (EABM) and Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at MCADC.

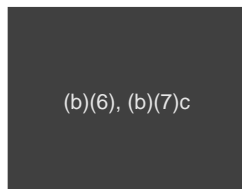
## REPORT ORGANIZATION

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 defines a deficiency as a violation of written policy that can be specifically linked to the ICE NDS, or to ICE policy or operational procedure. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator. When possible, the report includes contextual and quantitative information relevant to the cited standard.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR, Office of Detention Oversight.

## INSPECTION TEAM MEMBERS



Special Agent (Team Lead)  
Special Agent  
Contract Inspector  
Contract Inspector  
Contract Inspector

ODO, Houston  
ODO, Houston  
MGT of America, Inc.  
MGT of America, Inc.  
MGT of America, Inc.

# **OPERATIONAL ENVIRONMENT**

## **INTERNAL RELATIONS**

ODO interviewed the MCADC Chief Deputy and Sergeant, and the ERO AFOD and SDDO who oversee the facility. ICE does not have staff permanently stationed at MCADC.

ERO and MCADC staff stated that morale is good, the working relationship between them is very good, and working conditions are adequate to accomplish assigned duties.

MCADC management expressed concern that the daily rate paid by ICE per detainee has remained constant since July 2003, and ERO has not responded to a request for an increase. The AFOD and MCADC management have agreed to engage in discussions to address the issue.

## **DETAINEE RELATIONS**

ODO interviewed four male and four female detainees (14 percent of the total ICE population), randomly-selected from all classification levels, to assess detention conditions. All eight detainees complained they had to pay for barbering services, but it is not a requirement of the NDS to provide free barbering services. All detainees interviewed stated they participate in outdoor recreation, can send and receive mail, are permitted to use telephones, have access to a law library, and voiced no complaints regarding food service and medical care.

Detainees stated they were provided hygiene supplies free of charge. All detainees interviewed stated they did not receive a detainee handbook. Their detention files did not include signed acknowledgement forms or any other documentation indicating receipt of a handbook

## **ICE NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 13 NDS and found MCADC fully compliant with the following 5 standards:

- Detainee Grievance Procedure
- Medical Care
- Special Management Unit
- Telephone Access
- Use of Force and Restraints

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 eight standards:

- Access to Legal Material
- Detainee Classification System
- Detainee Handbook
- Environmental Health and Safety
- Food Service
- Funds and Personal Property
- Staff-Detainee Communication
- Suicide Prevention and Intervention

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

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

ODO reviewed the Access to Legal Material standard at MCADC to determine if detainees have access to a law library, legal materials, courts, counsel, and equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS. ODO reviewed local policies, procedures, and the detainee handbook; inspected the areas designated for law library use; and interviewed staff and detainees.

The law library is located at the entrance to the booking area. The room is in a very noisy area adjacent to the detainee processing area and the facility hold rooms. Furnishings consist of one desk and one chair (**Deficiency ALM-1**). A quiet area with adequate furnishings, equipment and supplies supports effective legal research and case preparation. This deficiency was identified during the February 2011 MGT inspection.

ODO confirmed the MCADC detainee handbook does not contain procedures for requesting legal reference materials not maintained in the law library or procedures for notifying a designated employee that library material is missing or damaged. The rules and procedures governing access to legal materials are not posted in the law library (**Deficiency ALM-2**).

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

### **DEFICIENCY ALM-1**

In accordance with the ICE NDS, Access to Legal Material, Section (III)(A), the FOD must ensure the facility shall provide a law library in a designated room with sufficient space to facilitate detainees' legal research and writing. The law library shall be large enough to provide reasonable access to all detainees who request its use. It shall contain a sufficient number of tables and chairs in a well-lit room, reasonably isolated from noisy areas.

### **DEFICIENCY ALM-2**

In accordance with the ICE NDS, Access to Legal Material, Section (III)(Q)(5)and(6), the FOD must ensure the detainee handbook or equivalent shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

5. the procedure for requesting legal reference materials not maintained in the law library;  
and
6. the procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedures shall also be posted in the law library along with a list of the law library's holdings.



## **DETAINEE CLASSIFICATION SYSTEM (DCS)**

ODO reviewed the Detainee Classification System standard at MCADC to determine if there is a requirement for a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO interviewed staff and reviewed detention files.

MCADC staff reported ICE completes a detainee assessment classification form prior to a detainee arriving at the facility, but does not provide sufficient documentation to aid in the detainee classification process. ODO reviewed 15 randomly-selected detention files. Five (33 percent) of these files did not contain relevant information such as current and past offenses, escapes or escape attempts, institutional disciplinary history, and violent episodes/incidents, used for classification purposes. Ten files (67 percent) contained a Form I-213 (Record of Deportable Alien) with no additional supporting documentation. Also, none of the 15 classification forms were reviewed and approved by a first line supervisor as required by the standard **(Deficiency DCS-1)**. Proper classification of detainees ensures detainees with a history of violence are not commingled with detainees of a lower classification level. Properly classified detainees will also ensure the safety of staff and visitors.

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

### **DEFICIENCY DCS-1**

In accordance with the ICE NDS, Detainee Classification, section (III)(A)(1)(3), the FOD must ensure the facility shall abide by ICE policy, rules, and guidelines as set forth in this standard and implement the attached Detainee Classification system for classifying detainees. CDFs and IGSA facilities may continue using the systems established locally, if the classification criteria are objective and all procedures meet ICE requirements. The classification system ensures:

1. All detainees are classified upon arrival, before being admitted into the general population. ICE will provide CDFs and IGSA facilities with the data they need from each detainee's file to complete the classification process. All officers assigned to classification duties shall be trained in the facility's classification process.
3. The first-line supervisor will review and approve each detainee's classification.

## **DETAINEE HANDBOOK (DH)**

ODO reviewed the Detainee Handbook standard at MCADC 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 facility policy and the handbook, and interviewed detainees and staff.

ODO confirmed the MCADC detainee handbook was last updated in February 2011. ODO verified it contains all required information. Copies of both the facility handbook and the ICE National Detainee Handbook are readily available in the booking area. Review of detainee files revealed issuance to detainees is inconsistent. Though facility policy requires that all detainees be issued handbooks at intake, only three of fifteen (20%) files reviewed contained documentation verifying issuance. During interviews, all eight detainees reported they had not received a handbook (**Deficiency DH-1**). Uniform issuance of handbooks provides detainees with critical information on facility rules, procedures, and services. ODO recommends that action be taken to ensure all detainees receive and sign receipts for handbooks.

Omissions of required material in the handbook are reported under the relevant standards as **Deficiencies ALM-3 and F&PP-3**.

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

### **DEFICIENCY DH-1**

In accordance with the ICE NDS, Detainee Handbook, Section (I), the FOD must ensure that every OIC will develop a site-specific detainee handbook to serve as an overview of, and guide to, the detention policies, rules, and procedures in effect at the facility. The handbook will also describe the services, programs, and opportunities available through various sources, including the facility, ICE, private organizations, etc. Every detainee will receive a copy of this handbook upon admission to the facility.

## ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at MCADC 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 procedures and documentation of inspections, hazardous chemical management, and fire drills. ODO identified nine deficiencies, many raising significant safety concerns.

Hazardous substances are stored in housing units, food service, laundry, and booking areas. Inventories of hazardous substances were not up-to-date or accurate (**Deficiency EH&S-1**). This deficiency was identified during the February 2011 MGT inspection. Maintaining strict inventory and control of all chemicals is critical to the safety of detainees, staff, and visitors. Area-specific files of Material Safety Data Sheets (MSDS) were not accurate and did not provide a plant diagram or legend (**Deficiency EH&S-2**). Access to accurate MSDS is crucial to ensure safe handling, storage, usage, and disposal of hazardous substances. A plant diagram and legend assure locations of stored hazardous substances are identified. The facility does not maintain a master index of hazardous substances with storage locations, up-to-date emergency phone listings, or documentation of semi-annual reviews. The Safety Officer stated that MSDS are not reviewed on any scheduled basis (**Deficiency EH&S-3**). In the event of an emergency, a master index assures responders can quickly identify the types of hazardous substances and their storage locations within the facility. An accurate listing of emergency phone numbers facilitates an emergency response when immediate treatment is required and medical service is not available. Semi-annual review ensures MSDS are current, complete, and accurate for all hazardous substances. ODO observed disinfectant “Altima 128” had been issued and stored in a spray bottle labeled “Clean Power Pink” (**Deficiency EH&S-4**). Accurate labeling is critical to ensure proper medical response in the event of accidental or intentional misuse of a hazardous substance.

ODO verified fire and safety inspections are conducted monthly and not weekly as required by the standard (**Deficiency EH&S-5**). Weekly inspections allow earlier identification and correction of potential problems before they become life-safety issues.

The facility’s fire prevention, control, and evacuation plan does not address control of possible ignition sources and control of combustible and flammable fuel load sources. The written plan does not address requirements for installation of fire protection equipment throughout the facility; inspection, testing, and maintenance of the equipment; monthly fire inspections; and floor plans, exit signs, and evacuation diagrams (**Deficiency EH&S-6**). Though not addressed in the plan, ODO notes fire protection equipment is in place and documentation of inspection and testing was available, and there are exit signs and evacuation diagrams throughout the facility.

Monthly fire drills are conducted and documented; however, they are not conducted in certain areas of the facility and do not include emergency key drills to determine if keys can be located, and access to exits is available and usable (**Deficiency EH&S-7**). Fire drills in all areas of the facility that involve practicing evacuation serve a critical life-safety purpose.

Administrative staff reported the emergency electrical generator is programmed to self-test weekly. Maintenance personnel were unavailable to confirm or provide documentation of testing or preventive maintenance. The only available documentation of testing and preventive maintenance by an outside vendor was dated April 2011, when biweekly testing is required (**Deficiency EH&S-8**). Emergency generators serve a vital life-safety function in the event of a power outage.

Due to space constraints at MCADC, barbering is conducted in a small room in the booking area also used for other activities. Detainees complete a Request for Hair Cut form and haircuts are provided on a first come-first served basis by a local barber. The barber transports all tools and chemicals for haircuts. Barbering supplies are not maintained by MCADC and were not available for the inspection. The designated barbershop has adequate lighting and the required non-absorbent floor; however, hot water was not readily available and hair care regulations were not posted (**Deficiency EH&S-9**). This deficiency was identified during the February 2011 MGT inspection. Postings promote adherence to the standard and ensure that all detainees are aware of sanitation requirements.

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

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

In accordance with ICE NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure 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 separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.).

### **DEFICIENCY EH&S-2**

In accordance with ICE NDS, Environmental Health and Safety, section (III)(B), the FOD must ensure every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety Data Sheets (MSDSs). The MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to the MSDSs for the substances with which they are working while in the work area.

Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary.

The MSDS file in each area should include a list of all areas where hazardous substances are stored, along with a plant diagram and legend. Staff will provide a copy of this information and all MSDSs contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor or designate.

### **DEFICIENCY EH&S-3**

In accordance with ICE NDS, Environmental Health and Safety, section (III)(C), the FOD must ensure the maintenance supervisor or designee will compile a master index of all hazardous

substances in the facility, including locations, along with a master file of MSDS. He/she must maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of semi-annual review will be maintained in the MSDS file. The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

#### **DEFICIENCY EH&S-4**

In accordance with ICE NDS, Environmental Health and Safety, section (III)(J)(2), the FOD must ensure the OIC will individually assign the following responsibilities associated with the labeling procedure: Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material.

#### **DEFICIENCY EH&S-5**

In accordance with ICE NDS, Environmental Health and Safety, section (III)(L)(2), the FOD must ensure a qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office.

#### **DEFICIENCY EH&S-6**

In accordance with ICE NDS, Environmental Health and Safety, section (III)(L)(3)(a)through(h), the FOD must ensure every institution will develop a fire prevention, control, and evacuation plan to include, among other things, the following:

- a. Control of ignition sources;
- b. Control of combustible and flammable fuel load sources;
- c. Provisions for occupant protection from fire and smoke;
- d. Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc.;
- e. Monthly fire inspections;
- f. Installing fire protection equipment throughout the facility, in accordance with NFPA 10, Standard for Portable Fire Extinguishers;
- g. Accessible, current floor plans (buildings and rooms); prominently posted evacuation maps/plans; exit signs and directional arrows for traffic flow; with a copy of each revision filed with the local fire department;
- h. Conspicuously posted exit diagram conspicuously posted for and in each area.

#### **DEFICIENCY EH&S-7**

In accordance with ICE NDS, Environmental Health and Safety, section (III)(L)(4)(a)(b)and(c), 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 during non-working hours will be timed 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. Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.

#### **DEFICIENCY EH&S-8**

In accordance with 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-9**

In accordance with ICE NDS, Environmental Health and Safety, section (III)(P)(1)(4), the FOD must ensure sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs, and clippers. Towels must not be reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to:

1. The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.
2. Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees.

## **FOOD SERVICE (FS)**

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

ODO verified all menus were certified by a registered dietitian, and inspections and temperature logs supported compliance with the standard.

Food service workers have not received pre-employment physicals (**Deficiency FS-1**). The Food Service Administrator informed ODO she was unaware of the requirement for pre-employment medical examinations. Medical clearance is critical to prevent transmission of communicable illness by way of food items. ODO recommends current food service personnel undergo physical examination, and the facility institute procedures to ensure future hires receive medical clearance.

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

### **DEFICIENCY FS-1**

In accordance with 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.

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

ODO reviewed the Funds and Personal Property standard at MCADC to determine if controls are in place to inventory, issue receipts for, store, and safeguard detainees' personal property, in accordance with the ICE NDS. ODO interviewed staff, reviewed policies and procedures, and observed the processing of detainees.

All personal property is inventoried and maintained in a secured cage in the facility basement. Identification information for each detainee is attached to each bag. MCADC staff stated the secured property room is accessible to any officer, rather than just to designated supervisors (**Deficiency F&PP-1**). MCADC staff stated detainees are not permitted to have cash in their possession since all funds are deposited into individual detainee accounts. Funds in a detainee's possession upon initial admission, or funds sent to a detainee in the form of a personal check via the mail, are deposited into an account for the detainee to use for purchasing phone cards and/or commissary use. MCADC has a cash box safe for temporarily holding cash and valuables, located in the intake processing area. MCADC staff stated the cash box is only accessible to designated supervisors and a facility accounting person. MCADC has no procedure for inventory and audit of detainee funds, valuables, and property (**Deficiency F&PP-2**).

MCADC's detainee handbook does not provide ICE detainees notice regarding the procedures to claim property upon release, transfer, or removal. The handbook also lacks procedures for filing a claim for lost or damaged property (**Deficiency F&PP-3**). Ensuring ICE detainees have clear and comprehensive ICE and facility detainee handbooks is an essential element in ensuring detainees are made well aware of rules, policies, and procedures. ODO recommends amending the detainee handbook to include this information.

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

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

In accordance with the ICE NDS, Funds and Personal Property, section (III)(A)(4), the FOD must ensure each facility shall have a secured locker for holding large valuables, accessible to designated supervisor(s) only.

### **DEFICIENCY F&PP-2**

In accordance with the ICE NDS, Funds and Personal Property, section (III)(F), the FOD must ensure each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property.

### **DEFICIENCY F&PP-3**

In accordance with the ICE NDS, Funds and Personal Property, section (III)(J)(4), the FOD must ensure the detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

4. The procedure for claiming property upon release, transfer, or removal;
5. The procedures for filing a claim for lost or damaged property.



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

ODO reviewed the Staff-Detainee Communication standard at MCADC 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 reviewed logbooks and interviewed staff.

ICE does not have staff permanently stationed at MCADC. An ICE IEA visits MCADC once a week and an alternate IEA is available, if needed. A Deportation Officer visits the facility once a month. ODO reviewed a logbook maintained by ERO which verifies visits with detainees and the receipt and address of detainee requests.

ICE management officials do not conduct required unannounced visits with detainees or to facility housing units, food service areas, the recreation area, special management units, or the infirmary (**Deficiency SDC-1**). Regular unannounced visits allow ICE management to observe the general environment at the facility and have informal conversations with facility staff and detainees.

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

### **DEFICIENCY SDC-1**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(1)(2), the FOD must ensure ICE detainees should have the opportunity to have informal access to, and interaction with, key facility staff members on a regular basis. In addition to informal contact with facility staff, detainees often require regular access to key ICE staff. Often detainees in ICE custody are unaware of or do not comprehend the immigration removal process, and staff should explain the general process to detainees without providing specific legal advice on their individual cases.

1. Policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility's living and activity areas to encourage informal communication between staff and detainees and informally observing [sic] living and working conditions.
2. The purpose for these scheduled weekly visits is to address detainees' personal concerns and to monitor living conditions. Facility or District detention and deportation staff in the jurisdiction where these facilities are located shall conduct these scheduled visits. The visiting officer should be familiar with the ICE detention standards and report all violations to the Field Director.

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

ODO reviewed the Suicide Prevention and Intervention standard at MCADC 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 ten staff training records, facility policy, and the suicide prevention training curriculum, inspected the cell used for suicide watch, reviewed the medical record of one detainee placed on suicide watch, and interviewed an RN and jail administrative staff.

Detainees are screened for suicide risk during the intake process. All staff receives initial and ongoing suicide prevention training, which includes the 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.

One detainee has been placed on suicide watch in the past year. A detainee identified by MCADC staff as at risk for suicide was not referred for medical evaluation to determine the level of suicide risk. MCADC staff interviewed the detainee without referring him to medical staff for proper evaluation as required by the standard and local policy (**Deficiency SP&I-1**). The MCADC staff believed the detainee was not suicidal and placed him in a cell for precautionary observation, a lower level of observation than suicide watch that allows detainees to retain personal property. The detainee attempted suicide while under precautionary observation and was taken to the hospital for overnight observation. Subsequently, the detainee was returned to MCADC under suicide watch before being transferred the next day to the Shawnee County Jail (SCJ) located in Shawnee, Kansas. SCJ has additional resources and 24 hour nursing staff coverage.

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

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

In accordance with ICE NDS, Suicide Prevention and Intervention, section (III)(B), the FOD must ensure detainees identified, [sic] as “at risk” for suicide will be promptly referred to medical staff for evaluation.