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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
Chicago Field Office
Kenosha County Detention Center
Kenosha, Wisconsin

December 13 - 15, 2011

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**COMPLIANCE INSPECTION
KENOSHA COUNTY DETENTION CENTER
CHICAGO 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 Kenosha County Detention Center (KCDC) in Kenosha, Wisconsin, on December 13-15, 2011. KCDC was built in 1998, and is owned by Kenosha County and operated by the Kenosha County Sheriff's Department. ICE Enforcement and Removal Operations (ERO) Chicago Field Office (FOD/Chicago) began housing detainees at KCDC in August 2002. KCDC houses male and female detainees of all classification levels for periods in excess of 72 hours, via an Intergovernmental Service Agreement (IGSA) between ICE and Kenosha County. Medical care is provided by the Kenosha Visiting Nurse Association. Food service is provided by Kenosha County. The facility holds no accreditations.

The total number of staff (non-ICE) employed at KCDC is (b)(7)e. The total bed capacity is 604 with approximately 200 beds available for ICE detainees. At the time of the inspection, KCDC housed 200 detainees (189 male and 11 female). The average length of stay is 34 days for male detainees and 22 days for female detainees.

FOD/Chicago is responsible for ensuring facility compliance with ICE policies and the National Detention Standards (NDS). An Assistant Field Office Director (AFOD) has oversight responsibility at KCDC. ICE has no permanently assigned staff at KCDC. Immigration Enforcement Agents (IEA) and Deportation Officers (DO) visit the facility on a weekly basis. An ICE Detention Service Manager (DSM) conducts oversight visits one week per month. The Kenosha County Sheriff is the highest ranking official at KCDC and is responsible for oversight of daily operations. In addition to the Sheriff, supervisory staff at KCDC includes one Chief Deputy and a Captain of Detentions.

In November 2010, ODO conducted a Quality Assurance Review of the ICE NDS at KCDC. ODO reviewed a total of 24 NDS, of which 9 were in full compliance. ODO noted 42 deficiencies among the remaining 15 standards, as follows: Detainee Grievance Procedures (4), Detainee Handbook (3), Detention Files (3), Disciplinary Policy (2), Environmental Health and Safety (5), Food Service (3), Funds and Personal Property (3), Hunger Strikes (1), Medical Care (3), Staff-Detainee Communication (4), Suicide Prevention and Intervention (2), Terminal Illness, Advance Directives, and Death (4), Tool Control (2), Use of Force (2) and Visitation (1).

In April 2011, ERO Detention Standards Compliance Unit contractor, MGT of America, Inc., conducted an annual review of the ICE NDS at KCDC. The facility received an overall rating of "Acceptable" and was found to be in compliance with 35 of 36 standards reviewed. The Environmental Health and Safety NDS was the lone deficient standard.

During this CI, ODO reviewed 12 ICE NDS and a total of 8 deficiencies were found in the following 5 standards: Detainee Classification System (1), Medical Care (1), Staff-Detainee Communication (1), Telephone Access (2) and Use of Force (3). ODO did not find any deficiencies in its review of the Environmental Health and Safety NDS and found that area to be well-managed.

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 KCDC personnel on-site during the inspection. Significant deficiencies were discussed with KCDC personnel during the closeout briefing conducted on December 15, 2011.

Overall, ODO found KCDC to be well-managed and in compliance with the areas and standards inspected. Although only eight deficiencies were identified, the majority of those require close attention and corrective action. In particular, the significant lack of response to detainee requests and the misapplication of use of force in one instance are areas in need of immediate resolution. Other identified deficiencies are administrative in nature and should be corrected to ensure for the rights and well-being of all ICE detainees at the facility. Detainee grievances, segregation units and food services are well-managed areas that are critically important to ICE overall.

Although ERO does not have officers permanently assigned on-site at KCDC, ODO confirmed ERO officers conduct regular scheduled and unannounced visits to the housing units weekly. Officers document these visits on the ICE Facility Liaison Visit Checklist to verify proper oversight by the local ERO office.

Detainees have the opportunity to submit requests to facility and ICE staff. Detainee requests are processed by KCDC facility staff and then forwarded to a KCDC supervisor who logs, scans, and sends each request via email to an ICE point of contact at the ERO FOD/Chicago. ODO noted during a review of detainee request logs from January 1, 2011 through December 9, 2011, of 1,738 requests forwarded to ERO, 200 requests received no response and 45 were not responded to within 72 hours as required by the NDS.

During the inspection, ODO found several deficiencies in its review of the Use of Force NDS. In particular, a January 2011 instance of use of force was determined to be immediate in nature. ODO reviewed the records and documentation relating to the occurrence and concluded that a calculated approach, as per the NDS, was more appropriate and applicable.

The ODO review of the Medical Care NDS was found to be well-managed with only one deficiency encountered. The deficiency noted that KCDC employs an Inmate Medical Request Form for detainees to submit a written request for medical services. Detainees submit forms to correctional staff who sign (with date and time noted) and deliver the forms to medical services. This procedure allows the correctional staff to view the detainee's specific medical complaint; a violation of patient privacy.

Staffing of the medical care unit was adequate. ODO's review of custody and medical staff training records, including physicians, revealed all were certified in first aid and cardiopulmonary resuscitation (CPR). The medical clinic is of adequate size and is sufficiently equipped to serve the detainee population. The facility does not have a pharmacy.

Intake screening at KCPTF is provided by trained correctional officers. The intake screening form accompanies ICE detainees transferred from the KCPTF and is reviewed by KCDC nurses. Detainees with medical needs undergo immediate nursing evaluation upon arrival at KCDC;

detainees whose intake screenings are negative receive physical examinations (PE) conducted by RNs within 14 days of arrival.

ODO's inspection of the Detainee Grievance Procedure standard at KCDC resulted in no deficient findings. Detainees have the opportunity to file grievances and appeal the decisions of grievances. A review of 18 detainee grievances filed during the last six months confirmed all have been adequately adjudicated. Fourteen of the 18 grievances were not signed or dated by the person receiving and handling the grievance, as required by KCDC policy. ODO did verify that replies were issued within two to three days of the date of the grievance, as documented by detainees. Of the total number of grievances reviewed, only one was appealed and the appeal was addressed within the required 14-day timeframe. Review of grievance responses verify all were appropriate and provided the detainee with adequate information regarding the outcome of the grievance.

Food service at KCDC was reviewed to determine if detainees are provided with a nutritious and balanced diet in a sanitary manner. Inspection of the food service area demonstrated that knives and utensils were properly controlled, sanitation was maintained, and food temperature requirements were met. Religious and medical diets were provided and documentation was available verifying all food service personnel receive medical screening.

KCDC makes use of a mobile law library program. Three portable computer stations are provided to detainees and are made available in separate rooms. Facility personnel manage and oversee access to the computers by way of written requests from detainees. Detainees have access to daily recreation and can send and receive mail. ODO verified detainees are provided handbooks, in English or Spanish, upon admission. Detainees confirm receipt of the handbook by signing a facility form that is placed in their respective detention files.

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 KCDC. 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 KCDC 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 KCDC.

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 ongoing process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. Specific deficiencies and areas of concern are identified in bold with sequential numbers in this report. OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, or to ICE policy or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS or 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, Office of Detention Oversight.

INSPECTION TEAM MEMBERS



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

ODO, Houston
ODO, Chicago
Creative Corrections LLC.
Creative Corrections LLC.
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OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the KCDC Captain of Detentions and the ERO AFOD who is responsible for oversight of the facility. ICE does not have staff permanently located at KCDC. ERO and KCDC staff stated that their working relationship is very good. Morale at KCDC was described as fair to good. According to the AFOD, ICE Health Services Corp (IHSC) personnel is working with KCDC medical staff to identify care improvement options for possible implementation at the facility.

According to the AFOD, detainee removal flights are conducted twice each week. The tardy transportation and delivery of ICE detainees to those flights by KCDC personnel has been a sporadic recurring problem identified by ERO. The AFOD stated that the level of morale for ICE personnel is satisfactory. Workload pressures, including a large detainee docket, are issues of concern by personnel. FOD staff commented that the vehicle fleet is aging and replacement vehicles are needed. They also expressed a need for additional computers.

DETAINEE RELATIONS

ODO randomly-selected and interviewed 21 male detainees of all classification levels to assess the overall living and detention conditions at KCDC. Several complained of the high cost of collect phone calls to family members. Facility staff indicated that calling cards will be available in the near future through the commissary. It is anticipated that phone rates will be less expensive when the cards become available.

Detainees expressed concern and complained about response times to medical requests and overall medical care. Several detainees stated they have limited access to the law library and must submit a request for use of a computer that is delivered to the housing unit on certain days. ODO verified KCDC has a mobile law library program. Three portable computer stations are provided to detainees and are made available in separate rooms. Facility personnel manage and oversee access to the computers by way of written requests from detainees.

No complaints were expressed about the food service or recreational opportunities.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 12 NDS and found KCDC fully compliant with the following 7 standards:

- Access to Legal Material
- Detainee Grievance Procedures
- Detainee Handbook
- Detainee Transfers
- Environmental Health and Safety
- Food Service
- Special Management Unit (Administrative and Disciplinary Segregation)

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 five standards:

- Detainee Classification System
- Medical Care
- Staff-Detainee Communication
- Telephone Access
- Use of Force

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

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System NDS at KCDC to determine if there is a requirement for a formal classification process for managing and separating detainees based on verifiable and documented data. ODO interviewed staff and reviewed local policy, detainee records, and housing unit assignments.

Detainees are classified by ICE officials by way of the detainee classification system primary assessment form. ODO verified detainees are classified upon arrival at the Kenosha County Pre-Trial Facility and are housed at KCDC according to their classification level. A review of 20 detainee detention files found that 3 of the files did not contain primary assessment forms (**Deficiency DCS-1**). Primary assessment forms provide scoring of detainee criminal histories and other special management factors. ODO verified that male and female detainees are separated at all times and level one classified individuals are never housed with level three detainees.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with ICE NDS, Detainee Classification System, section (III)(B), the FOD must ensure the officer assigned to intake/processing will review the detainee's A-file, work-folder and/or information provided by ICE, to identify and classify each new arrival according to the Detention Classification System (DCS). Pending receipt and processing of critical information, the officer will segregate the detainee from the general population. The officer will place all original paperwork relating to the detainee's assessment and classification in his/her A-file (right side), with a copy placed in the detention file.

MEDICAL CARE (MC)

ODO reviewed the Medical Care NDS at KCDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner. ODO toured the medical clinic, reviewed policies and procedures, and examined 25 ICE detainee medical records. ODO also observed medication rounds, Special Housing Unit (SHU) rounds, and initial health appraisals, and interviewed nursing staff and ICE detainees. KCDC is not accredited by any external organization.

Nursing services at KCDC are provided by contractor Kenosha Visiting Nurse Association (KVNA). Nursing staff consists of four full-time and two part-time registered nurses (RN) and two licensed practical nurses (LPN). Nurses are on-site 16 hours a day, 7 days a week. Emergency care, when nursing staff are not on-site, is provided by on-call nurses from the Kenosha County Pre-Trial Facility (KCPTF), the contract physician, or by local Emergency Medical Services. Physician services are provided by Advanced Correctional Care (ACC), and a physician is on-site four hours a week. Mental health services are provided by a clinical psychologist. ODO verified staff is appropriately credentialed by education and experience and professional credentials are primary source verified. Dental care is available in the local community or at the KCPTF. A mobile radiology service is used for chest and other routine x-rays.

The medical clinic is of adequate size and is sufficiently equipped to serve the detainee population. The facility does not have a pharmacy. Medications are stored in locked medication carts located in the locked Health Services Unit.

Overall, ODO found compliance with the standard. Intake screening at KCPTF is provided by trained correctional officers. The intake screening form accompanies ICE detainees transferred from the KCPTF and is reviewed by KCDC nurses. Detainees with medical needs undergo immediate nursing evaluation upon arrival at KCDC; detainees whose intake screenings are negative receive physical examinations (PE) conducted by RNs within 14 days of arrival. ODO verified the PEs covered all National Commission on Correctional Health Care (NCCCHC) and NDS required elements, were reviewed and signed by a physician, and appropriate follow-up occurred.

TB testing is completed by PPD skin test or chest x-ray on all detainees upon arrival at the KCPTF or KCDC. ODO noted that detainees who have a PPD result equal to or greater than 10 millimeters and a chest x-ray that is negative for active TB infection are given a Kenosha County Health Department letter advising them to seek treatment for Latent Tuberculosis Infection (LTBI) after release from KCDC. ODO was informed they are not offered prophylactic therapy (INH) at the KCDC due to the short length of stay. Though initiation of treatment is generally considered desirable, it is not required by the NDS and Wisconsin state law.

KCDC employs an Inmate Medical Request Form for detainees to submit a written request for medical services. ICE detainees are not charged medical co-payments at KCDC. Detainees

submit forms to correctional staff who sign (with date and time noted) and deliver the forms to medical services. This procedure allows the correctional staff to view the detainee's specific medical complaint, which is a violation of patient privacy (**Deficiency MC-1**). ODO recommends that detainee medical requests be placed in secured boxes in the housing units and that medical staff retrieve these requests. This deficiency was noted in ODO's November 2010 inspection of the KCDC. ODO verified medical staff triages Medical Requests in a timely manner, and if determined necessary, detainees are scheduled for a sick call appointment within 48 hours. ODO notes many requests are responded to with written suggested actions to alleviate the symptoms described on the form, and not through face-to-face evaluation. This is not an accepted correctional health care practice and is cited as an area of concern (**Area of Concern MC-1**). When a detainee describes a medical symptom, an evaluation by medical staff to determine the cause and appropriate treatment should occur.

ODO's review of custody staff training records revealed all were certified in first aid and cardiopulmonary resuscitation (CPR). Medical staff, including physicians, had documentation of first aid and CPR training.

ODO was informed all detainee grievances related to health care are reviewed by the supervising registered nurse and the ICE Detention Services Manager on a monthly basis. ODO interviewed 21 ICE detainees, five of whom complained about medical services. Review of the medical records of those who complained about medical services revealed medical staff adequately responded to health requests in all five cases. ODO notes some of the complaints centered on the inability to receive immediate over-the-counter medications for relief of common headaches and other ailments. A KCDC mandate dated November 28, 2011, instructed staff that any time an ICE detainee files a health request for a headache, they will be seen by staff.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE NDS, Medical Care, section (III)(M), the FOD must ensure all medical providers shall protect the privacy of detainee's 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.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication (SDC) standard at KCDC 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 NDS. ODO reviewed logbooks, and interviewed staff and detainees.

ICE has no permanently assigned staff at KCDC. A review of the KCDC visitation logbook and interviews with facility staff indicate ERO management and staff conduct regular announced and unannounced visits to monitor living conditions, address detainee concerns, and complete the Facility Liaison Visit Checklist. ODO confirmed that regular announced visits by ICE staff occur each Wednesday and time is allotted during the visits to allow for detainee questions and concerns. ODO found visits by ICE management staff occur five to six times per year, as per interviews conducted with KCDC management personnel.

ODO reviewed the ICE detainee request submission process. Requests are collected by facility staff and submitted to a KCDC supervisory officer. The officer logs, scans, and forwards each request via email to an ICE point of contact at the FOD/Chicago office. The supervisory officer receives responses from ERO via email and subsequently logs, prints, and delivers the responses to the respective detainees. A review of the detainee request log from January 1 to December 9, 2011, reflects 1,738 requests forwarded to ERO. All requests were forwarded to ERO within 72 hours of receipt by KCDC. Two-hundred (11.5%) requests received no response from ERO and forty-five (2.6%) were not responded to within 72 hours of the date forwarded to ICE, as required by the NDS (**Deficiency SDC-1**). The detainee request process is a critical function of the overall ICE staff-detainee relationship. Detainees must be afforded the opportunity to convey their questions and concerns to ERO staff, and should have assurance that responses will be communicated in a timely manner. ODO has repeatedly found that a well-run request process typically contributes greatly to a positive environment between staff and detainees.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(1)(b), the FOD must ensure the detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request. If it is apparent that the request is serious in nature, procedures shall be in place for an expedited review and response to the detainee's request.

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at KCDC to determine if detainees are provided with reasonable and equitable access to telephones during established facility waking hours. To ensure sufficient access, the facility shall provide at least one telephone for detainee use for every 25 detainees held in accordance with the ICE NDS. ODO reviewed local policies and procedures and the detainee handbook, interviewed staff, inspected the areas where telephones are located, and tested the functionality of several randomly-selected telephones.

An adequate number of telephones are present in the housing units for ICE detainees. In cases in which detainees need to speak to an attorney, designated phones are located in an isolated area, outside of the housing units, to ensure for privacy.

The detainee handbook states that the housing unit telephones have a 15 minute time limit, instead of the NDS-required 20 minute minimum time limit (**Deficiency TA-1**). ODO reviewed the KCDC Standard Operating Procedure (SOP) regarding Telephone Access for ICE detainees. The SOP informs facility staff that detainees are permitted to use the phones for a time period no shorter than 20 minutes, and the detainee shall be allowed to continue the call if desired, at the first available opportunity. ODO confirmed that the phones are currently configured to disconnect after 15 minutes. ODO advised facility staff that use of the telephones by detainees must be in accordance with the NDS and the KCDC policy. KCDC staff stated they would implement the changes to the call length.

The detainee handbook does not state that phone calls are subject to monitoring by the facility (**Deficiency TA-2**). ODO did observe that a notice of monitoring was placed on each telephone. ODO advised facility staff that the notices on the phones should be replaced as they begin to wear, or are removed by detainees, to remain in compliance with the NDS.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

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

DEFICIENCY TA-2

In accordance with ICE NDS, Telephone Access, section (III)(K), the FOD must ensure the facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating:

1. that detainee calls are subject to monitoring; and
2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.

A detainee's call to a court, a legal representative, or for the purposes of obtaining legal representation will not be aurally monitored absent a court order. The OIC retains the discretion to have other calls monitored for security purposes.

USE OF FORCE (UOF)

ODO reviewed the Use of Force NDS at KCDC to determine if necessary use of force is used only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff, and others, preventing serious property damage, and ensuring the security and orderly operation of the facility. ODO interviewed staff and reviewed local policy, training records, and use of force documentation.

The use of force policy covers all components of the NDS. ODO verified that all detention officers receive annual training in the use of force, to include confrontation avoidance and the use of Oleoresin Capsicum (OC spray).

ODO was informed that while there were no calculated use of force incidents, there were four immediate use of force incidents since the November 2010 ODO Quality Assurance Review. An immediate use of force situation is created when a detainee's behavior 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. Calculated uses of force occur when there is no immediate threat to the detainee or others; the officer(s) take the time to assess the possibility of resolving the situation without resorting to force. A calculated use of force affords staff the opportunity to strategize, resolving situations in the least confrontational manner.

ODO reviewed the four immediate use of force incidents and found one of the occurrences should have been considered a calculated use of force. In January 2011, a detainee was locked in his secure cell in the Special Management Unit for disciplinary reasons. While there, the detainee moved his mattress to the floor and refused orders by a corrections officer to return it to the bed frame. Subsequently, the detainee refused to be handcuffed to allow for safe entry by staff into the cell to remove the mattress (**Deficiency UOF-1**).

The detainee asked to see a lieutenant and was told that there was no lieutenant on duty. The officer deployed a one second burst of OC spray to the detainee's facial area. Prior to the arrival of back-up officers the officer deployed a second burst of OC spray to the detainee's facial area. The OC was deployed without requesting that a supervisor report to the scene to assess the need for force and to ensure that all necessary and appropriate action was taken to avoid confrontation. Additionally, medical personnel were not consulted to determine if the detainee had a medical condition that may be exacerbated by OC spray (**Deficiency UOF-2**).

The detainee subsequently complied with officers, was handcuffed and removed from his cell. He resisted the control efforts of officers and a KCDC-trained (b)(7)e was applied behind the left ear to gain compliance. The detainee refused a shower for decontamination and was placed in a restraint chair to be showered. Medical staff checked the straps on the restraint chair; however, a medical examination to determine the presence or absence of any injuries was not conducted following the incident (**Deficiency UOF-3**).

An after-action review was conducted and documentation on the incident was forwarded to ICE in accordance with the standard and facility policy. ODO found the internal after-action review is conducted solely by the shift sergeant. To ensure use of force incidents are adequately and objectively assessed, ODO recommends adding at least one additional layer of review by a person of higher rank.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with ICE NDS, Use of Force, section (III)(A)(2), the FOD must ensure that if a detainee is in an isolated location (e.g., a locked cell, a range) where there is no immediate threat to the detainee or others, the officer(s) shall take the time to assess the possibility of resolving the situation without resorting to force. The calculated use of force is feasible in most cases. Calculated use of force is appropriate when the detainee is in a cell or other area with a securable door or grill, even if the detainee is verbalizing threats or brandishing a weapon, provided staff sees no immediate danger of the detainee causing harm. The calculated use of force affords staff time to strategize, resolving situations in the least confrontational manner.

DEFICIENCY UOF-2

In accordance with ICE NDS, Use of Force, section (III)(A)(3), the FOD must ensure before authorizing the calculated use of force, the ranking detention official, a designated health professional, and others as appropriate assess the situation. Taking into account the detainee's history and the circumstances of the immediate situation, they will determine the appropriateness of using force.

DEFICIENCY UOF-3

In accordance with ICE NDS, Use of Force, section (III)(G)(2), the FOD must ensure after any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented.