



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

---

Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Chicago Field Office

Morgan County Adult Detention Center  
Versailles, Missouri

August 17-20, 2020

**COMPLIANCE INSPECTION**  
**of the**  
**MORGAN COUNTY ADULT DETENTION CENTER**  
Versailles, Missouri

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS NATIONAL DETENTION STANDARDS 2019</b>	
<b>MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SAFETY .....</b>	<b>8</b>
Environmental Health and Safety .....	8
<b>SECURITY .....</b>	<b>8</b>
Admission and Release .....	8
Custody Classification System .....	8
Funds and Personal Property .....	8
Use of Force and Restraints .....	9
Special Management Units .....	10
<b>CARE .....</b>	<b>11</b>
Personal Hygiene .....	11
<b>CONCLUSION .....</b>	<b>11</b>

---

## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Morgan County Adult Detention Center (MCADC) in Versailles, Missouri, from August 17 to 20, 2020.<sup>1</sup> The facility opened in 2000 and is owned and operated by the Morgan County Sheriff Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCADC in 2003 under the oversight of ERO's Field Office Director in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility. An MCADC captain handles daily facility operations and is supported by █ personnel. Summit Food Service provides food services, Advance Correctional Health Care provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was certified by the U.S. Department of Homeland Security Prison Rape Elimination Act in June 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	80
Average ICE Detainee Population <sup>3</sup>	62
Male Detainee Population (as of 8/10/2020)	34
Female Detainee Population (as of 8/10/2020)	2

During its last inspection, in Fiscal Year (FY) 2019, ODO found 22 deficiencies in the following areas: Access to Legal Material (2); Admission and Release (3); Environmental Health and Safety (1); Food Service (1); Funds and Personal Property (2); Recreation (1); Staff-Detainee Communication (4); Special Management Units (4); and Use of Force (4).

---

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of August 10, 2020.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

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

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

---

<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	3
Custody Classification System	1
Funds and Personal Property	7
Use of Force and Restraints	1
Special Management Units	8
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>20</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>22</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Staff-Detainee Communication:* Several detainees stated only one of the two telephones work in [REDACTED] and [REDACTED].

- Action Taken: ODO reviewed the facility telephone maintenance files, daily telephone activity logs, and interviewed facility staff. The facility submitted a service call request on June 25, 2020, which the telephone in [REDACTED] was replaced and the dial pad was replaced on the telephone in [REDACTED]. On July 29, 2020, the facility submitted a service call request, which the telephone handset was replaced. The facility advised ODO the facility staff will continue to conduct daily checks to ensure the telephones are working properly.

*Medical Care:* One detainee stated he submitted multiple medical requests due to having ongoing back pains and the doctor has refused to provide treatment.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility medical staff. On November 21, 2019, medical staff evaluated the detainee during his admission to the facility and a physical exam was completed on November 25, 2019. The detainee did not report any back pain. On November 26, 2019, the detainee submitted a sick call request, which a physician evaluated the detainee on November 27, 2019. The detainee was able to perform movements without pain and the physician did not observe deformities. The physician educated the detainee on stretching techniques. On July 2, 2020, the detainee submitted a sick request, which a physician evaluated the detainee on July 4, 2020, where the detainee displayed no pain and having a steadiness. The physician educated the detainee on how to use the shower to ease muscle pain and encouraged compliance with the treatment plan. Facility staff advised the medical staff the detainee has been observed doing pushups, jumping jacks, and pull-ups during his recreation times. On July 7, 2020, medical staff evaluated the detainee due to complaints of back pain related to his kidneys. Medical staff conducted a urinalysis, which were within normal limits. On August 12, 2020, a physician evaluated the detainee due to complaints of back pain; however, the evaluation was terminated due to the detainee's argumentative behavior. The detainee was advised to continue with the prescribed treatment plan.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

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

ODO found the health services administrator (HSA), or a designee, is not conducting a daily visual sanitation inspection of the medical facility (**Deficiency EH&S-1<sup>6</sup>**).

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's orientation video and found the video did not include information on how to use the telephone system to make telephone calls (**Deficiency A&R-1<sup>7</sup>**).

ODO found two out of four detainee release files did not contain the Order to Release Form (Form I-203) and one release file did not contain an ERO official's signature (**Deficiency A&R-2<sup>8</sup>**).

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 15 detainee files and found the facility did not review the classification for accuracy and completeness in 15 out of 15 detainee files (**Deficiency CCS-1<sup>9</sup>**).

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

ODO reviewed 15 detainee files and found one out of 15 files did not document the detainee's forwarding address and one file did not have a receipt for personal property (**Deficiency F&PP-1<sup>10</sup>**).

ODO reviewed the facility's F&PP policy and procedures and found the facility does not have written procedures for the inventory and audit of detainee funds, valuables, and personal property (**Deficiency F&PP-2<sup>11</sup>**).

---

<sup>6</sup> "The medical facility will be kept clean and in working order. The HSA or equivalent, or designee, will make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, equipment, and furnishings." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II) (I) (2).

<sup>7</sup> "The facility orientation shall also include the following information: ... 2. How to use the telephone system to make telephone calls." See ICE NDS 2019, Standard, Admission and Release, Section (II)(H)(2).

<sup>8</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility." See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

<sup>9</sup> "A supervisor will review the intake/processing officer's classification file for each detainee for accuracy and completeness. Among other things, the reviewing officer shall ensure each detainee has been assigned to the appropriate housing unit." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

<sup>10</sup> "All detention facilities shall have policies and procedures to account for and safeguard detainee property at time of admission... 1. Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property. 2. Each detainee shall be given a receipt for all property held until release." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(1)(2).

<sup>11</sup> "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).



ODO reviewed the facility's documentation of quarterly inventories of detainee baggage and other non-valuable property and found the facility's inventory did not indicate the time the inventory was conducted nor the name of the officer(s) conducting the inventory (**Deficiency F&PP-3<sup>12</sup>**).

ODO reviewed the facility's F&PP procedures and found the facility does not have a written policy and procedures for detainee property reported missing or damaged (**Deficiency F&PP-4<sup>13</sup>**).

The facility's detainee handbook did not notify detainees they could request and receive a copy of the procedures for storing or mailing property allowed in their possession, claiming property upon release, transfer, or removal nor did it include the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-5<sup>14</sup>**).

## **USE OF FORCE AND RESTRAINTS (UOF&R)**

ODO reviewed four UOF files and found four out of four immediate UOF incident files did not contain copies of audio/video recordings (**Deficiency UOF&R-1<sup>15</sup>**).

## **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed SMU records for five detainees the facility placed in SMU in the year preceding the inspection. ODO found one out of five administrative segregation orders did not include the date and time of admission or release or the name of the releasing officer (**Deficiency SMU-1<sup>16</sup>**).

ODO reviewed SMU records for five detainees the facility placed in SMU in the year proceeding the inspection. ODO found two out of the five disciplinary segregation orders did not include the date and time of admission or release or the name of the releasing officer (**Deficiency SMU-2<sup>17</sup>**).

---

<sup>12</sup> "The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

<sup>13</sup> "Each facility shall have a written policy and procedure for detainee property reported missing or damaged." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F).

<sup>14</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

3. The rules for storing or mailing property not allowed in their possession
4. The procedures for claiming property upon release, transfer, or removal; and
5. The procedures for filing a claim for lost or damaged property." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(3), (4) and (5).

<sup>15</sup> "Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(3).

<sup>16</sup> "When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2)(c).

<sup>17</sup> "When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order." *See* ICE NDS 2019, Standard 2.9, Special Management Units, Section (II)(B)(2)(c)

ODO reviewed the facility's SMU policy and found the policy does not require a supervisory review within 72-hours and a review every 10-days after the first 30-days (**Deficiency SMU-3<sup>18</sup>**).

ODO reviewed the facility's SMU policy and found the maximum sanction in disciplinary segregation is █-days for a single incident (**Deficiency SMU-4<sup>19</sup>**).

ODO requested a permanent log of all activities, which the facility administrator stated the facility does not maintain a permanent log of all activities concerning SMU detainees (**Deficiency-SMU-5<sup>20</sup>**).

ODO reviewed SMU records for seven detainees the facility placed in SMU in the year preceding the inspection. ODO found three out of seven SMU housing unit records did not contain the name or signature of the officer that completed the form (**Deficiency SMU-6<sup>21</sup>**).

ODO reviewed SMU records for seven detainees the facility placed in SMU in the year preceding the inspection. ODO found three out of seven SMU housing unit records did not contain the signatures of medical staff when they visited the detainees (**Deficiency SMU-7<sup>22</sup>**).

ODO requested documentation of █ of SMU detainees and found the facility does not observe detainees in SMU on a █ (**Deficiency SMU-8<sup>23</sup>**).

---

<sup>18</sup> “All facilities shall implement written procedures for the regular placement review of all detainees held in administrative segregation, consistent with the procedures specified below. a. A supervisor shall conduct a review within 72 hours of the detainee’s placement in administrative segregation to determine whether segregation is still warranted... b. A supervisor shall conduct an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter, at a minimum.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(3)(a)(b).

<sup>19</sup> “The maximum sanction is 30 days in disciplinary segregation per incident, except in extraordinary circumstances.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(1).

<sup>20</sup> “A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.).” See ICE NDS 2019, Standard 2.9, Special Management Units, Section (II)(D)(1).

<sup>21</sup> “The officer that conducts the activity shall print his or her name and sign the record.” See ICE NDS 2019, Standard 2.9, Special Management Units, Section (II)(D)(2)(a)(3).

<sup>22</sup> The facility medical staff shall sign each individual’s record when the medical staff member visits a detainee in the SMU.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(b).

<sup>23</sup> “SMU staff shall observe and log observations at least every █.” See ICE NDS 2019, Standard 2.9, Special Management Units, Section (II)(K).

## **CARE**

### **PERSONAL HYIGENE (PH)**

ODO reviewed the facility’s handbook, detainee hygiene policy, and photographs of hygiene items provided to detainees and found the facility does not provide skin lotion with the hygiene kits (**Deficiency PH-1<sup>24</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 19 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found 22 deficiencies in the remaining seven standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (NDS 2000)</b>	<b>FY 2020 (NDS 2019)</b>
Standards Reviewed	17	19
Deficient Standards	9	7
Overall Number of Deficiencies	22	22
Repeat Deficiencies	6	0
Corrective Actions	0	0

---

<sup>24</sup> “Each detainee shall receive, at a minimum, the following items: ... 6. One container of skin lotion.” See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F)(6).