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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 St Paul Field Office

Marshall County Jail
Marshalltown, Iowa

June 25-27, 2019

**COMPLIANCE INSPECTION
of the
Marshall County Jail
Marshalltown, IA**

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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 Marshall County Jail (MCJ) in Marshalltown, Iowa, from June 25 to 27, 2019.¹ The facility opened in July 2000 and is owned by Marshall County and operated by Marshall County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCJ in July 2000 under the oversight of ERO's Field Office Director (FOD) in St. Paul, Minnesota (ERO St. Paul). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned Deportation Officers and a Detention Services Manager to the facility. An MCJ warden handles daily facility operations and is supported by █ personnel that include █ shift supervisors and █ correctional officers and support staff. Consolidated Management Company provides food services and Marshall County provides medical care. The facility is not accredited by any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	As Needed
Average ICE Detainee Population ³	50
Male Detainee Population (as of 06/24/2019)	36
Female Detainee Population (as of 11/13/2018)	2

During its last inspection, in FY 2015, ODO found 27 deficiencies in the following areas: Access to Legal Material (2); Admission and Release (3); Detainee Grievance Procedure (4); Environmental Health and Safety (1); Food Service (9); Funds and Personal Property (3); and Staff-Detainee Communication (5).

¹ Male and female detainees with low, medium and high security classification levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List as of June 3, 2019.

³ *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.⁴

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	1
Admission and Release	3
Detainee Classification System	6
Detainee Grievance Procedures	1
Food Service	6
Funds and Personal Property	3
Recreation	2
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	0
Visitation	0
Sub-Total	22
Part 2 – Security and Control	
Environmental Health and Safety	5
Special Management Unit (Administrative Segregation)	4
Special Management Unit (Disciplinary Segregation)	3
Use of Force	2
Sub-Total	14
Part 3 – Health Services	
Medical Care	3
Suicide Prevention and Intervention	0
Sub-Total	3
Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016) Standard Inspected	Deficiencies
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	39

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

DETAINEE RELATIONS

ODO interviewed 15 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.

Medical Care: One detainee complained he has testicular growth and has not received proper medical care to treat the pain.

- Action Taken: ODO reviewed the detainee's medical records and spoke with medical staff. ODO learned the detainee submitted a medical request on March 8, 2019 and was evaluated by the physician on March 14, 2019. The detainee was diagnosed with a benign cyst and was provided self-care information for his medical condition. On April 1, 2019, the detainee reported testicular bleeding and was evaluated by the registered nurse (RN). The RN found the region had scabbed over, with no signs of infection, and prescribed the detainee pain relievers and a warm compress.

Medical Care: One detainee complained he was denied medication prescribed at his previous facility.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the medical staff. ODO learned the detainee submitted a medical request for penile discharge on May 11, 2019 and was evaluated by the physician on May 16, 2019. The detainee was prescribed two doses of medication to treat his discharge.

Medical Care: One detainee complained the facility has not properly treated his medical condition.

- Action Taken: ODO reviewed the detainee's medical records and spoke with medical staff. ODO learned the detainee submitted a medical request for a toothache on April 22, 2019 and was evaluated by the RN on April 23, 2019. The detainee was diagnosed with a gum abscess and was prescribed an antibiotic for treatment. On April 30, 2019, the detainee submitted a medical request for continued gum swelling and pain. The detainee was evaluated by the physician on May 2, 2019 and was prescribed a different antibiotic along with education material regarding his medical condition. On May 14, 2019, the detainee submitted another medical request stating his condition had not changed. The detainee was evaluated by the physician on May 16, 2019 and was referred to a local dentist. On May 30, 2019, the dentist diagnosed the detainee with mild periodontal disease and advised the detainee to brush and floss daily.

Medical Care: One detainee complained she suffers from abdominal pain, despite undergoing two surgeries to address the issue.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the medical staff. ODO learned the detainee suffers from Gastroesophageal Reflux Disease (GERD) and has undergone two surgeries to remove her gallbladder and repair an abdominal hernia. Additionally, the physician prescribed the detainee Prilosec as needed.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIALS (ALM)

ODO reviewed the facility's detainee handbook and found the handbook does not provide detainees with the rules and procedures governing access to legal materials (**Deficiency ALM-1⁶**).

ADMISSION AND RELEASE (A&R)

ODO interviewed facility staff and learned detainees are routinely strip searched upon admission without reasonable suspicion (**Deficiency A&R-1⁷**).

ODO reviewed the facility's orientation procedures and found the procedures were not approved by the local ERO field office (**Deficiency A&R-2⁸**).

ODO reviewed the facility's release procedures and found the procedures did not include fingerprinting detainees prior to their release. Additionally, ODO found the release procedures were not approved by the local ERO field office (**Deficiency A&R-3⁹**).

⁶ "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

1. that a law library is available for detainee use;
2. the scheduled hours of access to the law library;
3. the procedure for requesting access to the law library;
4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
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." *See* ICE NDS 2000, Access to Legal Material, Standard, Section (III)(Q).

⁷ "Immigration detainees shall not be strip searched upon admission to a facility unless there is a reasonable suspicion that an individual may be concealing a weapon or other contraband. Determinations on whether to perform a strip search will be made on an individualized basis regarding each detainee, by the admitting officer, with supervisory approval, in accordance with the procedures set forth in this standard." *See* Change Notice Admission and Release-National Detention Standard Strip Search Policy, dated October 15, 2007.

⁸ "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

⁹ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approve the IGSA release procedures." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO interviewed classification staff and learned, while the facility uses an objective classification system, ERO does not provide the facility with the necessary information to accurately classify detainees (**Deficiency DCS-1¹⁰**).

ODO reviewed 25 detainee detention files and found for all the files, detainee classifications had not been reviewed and approved by a first-line supervisor (**Deficiency DCS-2¹¹**).

ODO reviewed 25 detainee detention files and found for two files, a detainee, with a noncriminal and nonviolent record, was classified as medium-high and housed with high-level detainees (**Deficiency DCS-3¹²**).

ODO observed no physical barrier between the low and medium low detainee housing unit and the medium-high and high detainee housing unit (**Deficiency DCS-4¹³**).

ODO reviewed 25 classification staff training records and found two classification officers had not received training in the facility's classification process (**Deficiency DCS-5¹⁴**).

ODO reviewed the facility's detainee handbook and found the classification section did not include an explanation of the classification levels, with applicable conditions and restrictions (**Deficiency DCS-6¹⁵**).

¹⁰ "INS offices shall provide non-INS facilities with the necessary information for the facility to classify INS detainees. Because INS selectively release material from the detainee's record to persons who are not INS employees (e.g., CDF or IGSA facility personnel), non-INS officers must rely on the judgment of the INS staff who select material from the files for facility use." *See* ICE NDS 2000, Standard, Detainee Classification System, Section (III)(D). **This is a repeat deficiency.**

¹¹ "The classification system ensures:

3. The first-line supervisor will review and approve each detainee's classification."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(3).

¹² "The classification system shall assign detainees to the least restrictive housing unit consistent with facility safety and security. By grouping detainees with comparable records together and isolating those at one classification level from all others, the system reduces non-criminal and nonviolent detainees' exposure to physical and physiological danger." *See* ICE NDS 2000, Standard, Detainee Classification System, Section (III)(F).

¹³ "This system identifies and isolates the detainees whose histories indicate the characteristics of the hardened criminal, the category most likely to intimidate, threaten, or prey on the vulnerable. When it becomes necessary to house detainees of different classification levels the following guidelines shall be followed:

1. Level three detainees will not be housed with level one detainees.
2. Levels one and two may be mixed, and high-level twos and level threes may be mixed, when a facility is at or above full capacity.
3. Under no circumstance will a level two detainee with a history of assaultive or combative behavior be placed in a level one housing unit.
4. In facilities that have single cell living arrangements, detainees that pose an immediate and serious threat of violence to staff or other detainees shall be housed there."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(I).

¹⁴ "All officers assigned to classification duties shall be trained in the facility's classification process." *See* ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

¹⁵ "The detainee handbook's section on classification will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each.

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(I)(2)

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the facility's detainee handbook and found the grievance section does not provide detainees notice of the policy prohibiting staff from harassing, disciplining, punishing, or otherwise retaliating against any detainee for filing a grievance, nor the opportunity to file a complaint about officer misconduct directly with the Department of Justice (**Deficiency DGP-1¹⁶**).

FOOD SERVICE (FS)

ODO found knives in the kitchen did not have steel shanks, through which a metal cable could be mounted (**Deficiency FS-1¹⁷**).

ODO found the common fare menu was based on a five-day cycle, rather than the required 14-day cycle (**Deficiency FS-2¹⁸**).

ODO found food service equipment, including a large mixer, grill, fryer, dishwasher, storage and transport carts, was unsanitary (**Deficiency FS-3¹⁹**).

ODO found trash cans throughout the kitchen did not have lids (**Deficiency FS-4²⁰**).

ODO found food debris and dust on the walls and floor around the food service equipment (**Deficiency FS-5²¹**).

¹⁶ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following:

5. The policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance; and

6. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to:

Department of Justice

P.O. Box 27606

Washington, DC 20038-7606."

See ICE NDS 2000, Detainee Grievance Procedures, Standard, Section (III)(G)(5) and (6).

¹⁷ "To be authorized for use in the food service department, a knife must have a steel shank through which a metal cable can be mounted. The facility's tool control officer is responsible for mounting the cable to the knife through the steel shank." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(2).

¹⁸ "Common fare is intended to accommodate detainees whose religious dietary needs cannot be met by the main line. The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays. The menus must be certified as exceeding minimum daily nutritional requirements." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(2).

¹⁹ "All food service employees are responsible for maintaining a high level of sanitation in the food service department. Food service staff shall teach detainee workers personal cleanliness and hygiene; sanitary methods of preparing, storing, and serving food; and the sanitary operation, care, and maintenance of equipment, including automatic dishwashers and pot-and-pan washers." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(1). **This is a repeat Deficiency.**

²⁰ "All facilities shall meet the following environmental standards:

j. Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect- and rodentproof."

See ICE NDS, Standard 2000, Food Service, Section (III)(H)(5)(j). **This is a repeat Deficiency.**

²¹ "Equipment shall be installed for ease of cleaning, including the removal of soil, food materials, and other debris

ODO found the facility had not developed written procedures for conducting weekly inspections of the food service areas. Additionally, ODO found the food service facilities are not inspected annually by an independent and external source (**Deficiency FS-6²²**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO found the facility had not developed written procedures for the inventory and audit of detainee funds, valuables, nor personal property (**Deficiency F&PP-1²³**).

ODO found the facility had not developed written procedures for returning funds, valuables, nor personal property to a detainee being transferred or released (**Deficiency F&PP-2²⁴**).

ODO found the facility had not developed a policy for the loss of or damage to properly receipted detainee property (**Deficiency FPP-3²⁵**).

RECREATION (R)

ODO found the facility had not assigned an individual responsible for the development and oversight of the recreation program (**Deficiency R-1²⁶**).

ODO found the facility's designated exercise areas did not contain fixed or movable exercise equipment (**Deficiency R-2²⁷**).

that collects between pieces of equipment or between the equipment and walls or floor. Although older facilities may not have the advantage of the latest designs and equipment, they can meet sanitation standards through careful planning, training, and supervising." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(6).

²² "The facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas. All components of the food service department, (ranges, ovens, refrigerators, mixers, dishwashers, garbage disposals, etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily, recording the results.

FSA or CS of food service shall inspect food service areas weekly.

An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

²³ "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables and personal property." See ICE NDS 2000, Standard, Funds and Personal Property, Section, (III)(F).

²⁴ "Each facility shall have a written procedure for returning funds, valuables, and personal property to a detainee being transferred or released." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(G).

²⁵ "All CDF's and IGSA facilities will have and follow a policy for loss of or damage to properly receipted detainee property," See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(I).

²⁶ "All facilities shall have an individual responsible for the development and oversight of the recreation program." See ICE NDS 2000, Standard, Recreation, Section (III)(F).

²⁷ "Exercise areas will offer a variety of fixed and movable equipment. Weight training, if offered, will be limited to fixed equipment; free weights are prohibited." See ICE NDS 2000, Standard, Recreation, Section (III)(G)(1).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO found the facility did not accurately maintain the master index of all hazardous chemicals (**Deficiency EH&S-1²⁸**).

Corrective Action: Prior to the completion of the inspection, the maintenance director initiated corrective action by updating the master index and providing a copy to the local fire department (**C-1**).

ODO found an unlabeled plastic bag, containing purple clothing dye, in the laundry area (**Deficiency EH&S-2²⁹**).

ODO reviewed the facility's monthly safety inspections and found the fire safety equipment was not inspected (**Deficiency EH&S-3³⁰**).

ODO found the facility had not developed a fire prevention, control, and evacuation plan (**Deficiency EH&S-4³¹**).

²⁸ "The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department.

The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

²⁹ "The OIC will individually assign the following responsibilities associated with the labeling procedure:

1. Identifying the hazardous nature of the materials adopted for use;
2. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;
3. Teaching staff, the meaning of the classification code and the MSDS, including the safe handling procedures for each material; and impressing on staff the need to ensure containers are properly labeled; and
4. Placing correct labels on all small containers when only the larger shipping container bears the manufacturer-affixed label."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J).

³⁰ "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." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

³¹ "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 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. [REDACTED] 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."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(3).

ODO reviewed fire drill documentation and found the drills were not completed [REDACTED] (Deficiency EH&S-5³²).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO reviewed the detention file of the one detainee placed in the SMU on AS, during the year preceding the inspection, and found the facility did not complete an AS order for the detainee (Deficiency SMU AS-1³³). Additionally, ODO found the detainee did not receive a supervisory review during the 30 days he was on AS (Deficiency SMU AS-2³⁴).

ODO found the facility had not developed procedures for the supervisory review, within 72 hours, of a detainee's placement in the SMU on AS (Deficiency SMU AS-3³⁵).

ODO reviewed the SMU AS housing log and found shift supervisors did not conduct daily visits with each detainee (Deficiency SMU AS-4³⁶).

SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION (SMU DS)

ODO reviewed the detention file of the one detainee placed in the SMU on DS, during the year preceding the inspection, and found the facility did not complete a DS order for the detainee (Deficiency SMU DS-1³⁷). Additionally, ODO found the detainee did not receive a supervisory review during the 11 days he was on DS (Deficiency SMU DS-2³⁸).

³² "[REDACTED] fire drills will be conducted and documented separately in each department." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

³³ "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit-Administrative Segregation, Section (III)(B).

³⁴ "A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. A copy of the decision and justification for each review shall be given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee shall be given an opportunity to appeal a review decision to a higher authority within the facility." See ICE NDS 2000, Standard, Special Management Unit-Administrative Segregation, Section (III)(C).

³⁵ "All facilities shall implement written procedures for the regular review of all administrative detention cases, consistent with the procedures specified below. A supervisory officer shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification." See ICE NDS 2000, Standard, Special Management Unit-Administrative Segregation, Section (III)(C).

³⁶ "In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee [REDACTED]. See ICE NDS 2000, Standard, Special Management Unit-Administrative Segregation, Section (III)(D)(12).

³⁷ "A written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize safety, security, or the orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit-Disciplinary Segregation, Section (III)(B).

³⁸ "The Supervisory Detention Enforcement Officer shall review the status of a detainee in disciplinary segregation every seven days to determine whether the detainee: a. abides by all rules and regulations; and, b. is provided showers,

ODO reviewed the SMU DS housing log and found shift supervisors did not conduct [REDACTED] visits with each detainee (**Deficiency SMU DS-3³⁹**).

USE OF FORCE (UOF)

ODO found the protective equipment used in UOF incidents did not include [REDACTED] [REDACTED] (**Deficiency UOF-1⁴⁰**).

ODO reviewed the documentation for the one UOF incident that occurred, during the year preceding the inspection, and found the facility did not conduct an after-action review. Additionally, ODO found the facility had not developed procedures to govern UOF incidents (**Deficiency UOF-2⁴¹**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical staff training records and found for all the records, the medical staff had not been trained on the proper distribution of medication (**Deficiency MC-1⁴²**).

ODO reviewed [REDACTED] credential files for all medical staff and found [REDACTED] files contained licenses that were not primary source verified. (**Deficiency MC-2⁴³**).

meals, recreation, and other basic living standards, in accordance with section III.D.” See ICE NDS 2000, Standard, Special Management Unit-Disciplinary Segregation, Section (III)(C)(1)(a)(b).

³⁹ “A medical professional shall visit every detainee in disciplinary segregation at least [REDACTED]. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee [REDACTED].” See ICE NDS 2000, Standard, Special Management Unit-Disciplinary Segregation, Section (III)(D)(16).

⁴⁰ [REDACTED]

⁴¹ “Written procedures shall govern the use-of force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee’s actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures.” See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

⁴² “Distribution of medication will be according to the specific instructions and procedures established by the health care provider.” See ICE NDS 2000, Standard, Medical Care, Section (III)(I).

⁴³ “The health care staff will have a valid professional licensure and or certification.” See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 17 standards under NDS 2000 and one standard under PBNDS 2011 (Revised 2016) and found the facility compliant with five standards. ODO found 39 deficiencies in the remaining 12 standards. ODO notes the facility did not improve their compliance with NDS 2000 and increased its' overall number of deficiencies from 27 in FY 2015 to 39 in FY 2019.

ODO noted six deficiencies in the *Detainee Classification System* standard. Of concern, ODO found all detainees are housed in a single unit that is separated in half by two red lines on the floor. One side is designated for low and medium-low detainees and the other side is designated for medium-high and high detainees. The absence of a physical barrier increases the likelihood of noncriminal and nonviolent detainees becoming exposed to physical and physiological harm.

Additionally, ODO noted six deficiencies in the *Food Service* standard. Of concern, weekly and annual inspections of the food service facilities are not conducted. The lack of inspections impacts food service cleanliness and the maintenance and operability of the equipment.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2015 (NDS 2000)	FY 2019 (NDS 2000) and (PBNDS 2011 (Revised 2016))
Standards Reviewed	15	18
Deficient Standards	7	12
Overall Number of Deficiencies	27	39
Deficient Priority Components	0	0
Repeat Deficiencies	N/A	3
Corrective Actions	0	1