



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

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

April 1-3, 2014

**COMPLIANCE INSPECTION
KENOSHA COUNTY DETENTION CENTER
CHICAGO FIELD OFFICE**

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INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replaced the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Special Agent (Team Lead)	ODO
	Special Agent	ODO
	Management and Program Analyst	ODO
	Inspections and Compliance Specialist	ODO
	Special Assistant	ODO
	Contractor	Creative Corrections

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

Contractor
Contractor

Creative Corrections
Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Kenosha County Detention Center (KCDC) in Kenosha, Wisconsin, from April 1 to 3, 2014. KCDC, which opened in 1998, is owned and operated by the Kenosha County Sheriff's Department. ERO began housing detainees at KCDC in August 2002 under an intergovernmental service agreement between the County of Kenosha and the U.S. Marshals Service. Male and female detainees of all security classification levels (Levels I-III) are detained at the facility for periods in excess of 72 hours. The inspection evaluated KCDC's compliance with the 2000 NDS.

The ERO Field Office Director (FOD), in Chicago, Illinois, is responsible for ensuring facility compliance with the NDS and ICE policies. There are no ICE employees physically located at KCDC. An ERO Detention Service Manager (DSM) is assigned to KCDC.

Capacity and Population Statistics	Quantity
Total Bed Capacity	604
Detainee Bed Capacity	210
Average Daily ICE Detainee Population	161
Average Length of Stay (Days)	39
Male Detainee Population Count (04/01/2014)	135
Female Detainee Population Count (04/01/2014)	4

The Kenosha County Sheriff is the highest-ranking official at KCDC and is responsible for oversight of daily facility operations. The Sheriff supervises a staff of (b)(7)e. The County of Kenosha provides food service. Advanced Correctional Healthcare (ACH) and the Kenosha Visiting Nurses Association (KVNA) provide medical services. KCDC holds no accreditations.

In December 2011, ODO conducted an inspection of KCDC under the NDS. Among the 12 standards reviewed by ODO, seven were in full compliance. ODO found a total of eight deficiencies in the remaining five standards.

During this inspection, ODO reviewed 19 NDS, 16 of which were found fully compliant. Three deficiencies were identified in the following standards: Detainee Grievance Procedures (1), Food Service (1), and Medical Care (1). ODO made one recommendation regarding facility policy and procedures.

This report details all deficiencies and refers to specific, relevant sections of the 2000 NDS. ODO will provide ERO a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed these deficiencies with KCDC and ICE personnel during the on-site inspection and at a subsequent closeout briefing conducted on April 3, 2014.

Detainees arriving at KCDC are initially classified by ERO at the Chicago Field Office using the Risk Classification Assessment tool. KCDC honors ERO's classification determinations, unless additional information is obtained during a background check. Detainees receive medical and mental health screenings, uniforms, personal hygiene items, and both the ICE National Detainee Handbook and facility handbook upon arrival to KCDC. Videos on orientation, mental health and "Know Your Rights" are available to detainees.

The law library at KCDC is a multi-purpose room with a computer containing a current version of LexisNexis, a printer and a telephone for calls to attorneys. The law library is accessible seven days a week from 9 a.m. to 9:30 p.m. A laptop computer with LexisNexis is provided to detainees housed in special management units upon request.

Policies and procedures are in place to ensure detainees have the opportunity to send and receive correspondence. There is no limit to the amount of mail a detainee may send or receive. The facility handbook addresses the mailing procedures. Both the handbook and notices in the housing units describe correspondence procedures.

KCDC policy and the facility handbook address informal, formal and emergency grievances, the availability of assistance in filing a grievance, procedures for appeal, and the opportunity to file officer misconduct complaints. Detainees are able to file grievances by submitting forms to officers or by placing them in a locked box. KCDC management maintains an electronic grievance log. Seventy-eight formal grievances were filed in the 12 months preceding the inspection and they were all addressed in a timely manner. ODO reviewed a sampling of 30 detainee grievances and found all 30 involved a variety of issues.¹ Ten of the grievances alleged staff misconduct or harassment and ODO found that these grievances were not forwarded to ICE. No concerning trends were noticed among the 30 grievances.

The facility provides each detainee with a copy of the ICE National Detainee Handbook and the facility handbook in English or Spanish, as appropriate. The facility handbook contains information regarding facility rules, sanctions, the disciplinary system, mail, visiting procedures, the grievance system, services, programs, and medical care, in accordance with the ICE NDS. Each detainee signs and dates a receipt for the handbook.

KCDC staff is encouraged to informally resolve minor infractions. Graduated severity scales for prohibited acts and disciplinary consequences are in place. Prohibited acts are classified as Levels I through IV, with IV being the most serious. Detainee rights under the disciplinary system, to include appeal rights, are addressed in the facility handbook.

ODO observed a high level of sanitation at KCDC. Detainees clean within their assigned housing units according to a schedule posted in each unit. Cleaning supplies are stored in a locked closet accessible only to staff, and cleaning solutions are dispensed using an automated system.

The food service operation is managed by the County of Kenosha. Staffing consists of a food service administrator (FSA), a cook supervisor (b)(7) cooks and a crew of inmate workers. No detainees work in food service. All staff and inmate workers receive pre-employment medical clearances. Menus are approved by a registered dietician based on a complete nutritional analysis. ODO inspected the kitchen and found it clean and orderly. The FSA and other KCDC supervisors inspect the food service area on a daily and weekly basis. An official inventory of stores on-hand is not conducted annually with a food service staff member and a member of the financial management staff.

¹ The grievance topics were as follows: allegations of staff misconduct or harassment (10), medical care (9), food service (5), mail (2), property (1), law library (1), Commissary (1), complaints about county inmates (1).

Property is inventoried during intake at Kenosha County Jail (KCJ). Detainees are provided receipts for their items, which are placed in sealed brown bags and transported with them to KCDC. Upon arrival at KCDC, the sealed property bags are stored in a locked room in the admissions area, which is accessible only to admissions staff and supervisors.

ODO confirmed there were no detainee hunger strikes during the 12 months preceding this inspection. KCDC policy on hunger strikes addresses the management of hunger strikes in accordance with the NDS.

The Director of Correctional Health² is a registered nurse (RN) employed by KVNA. The Director of Correctional Health serves as the administrative health authority for KCDC and KCJ. The medical director, a physician with ACH, provides clinical oversight. Mental health services are provided by a contract psychologist and a licensed social worker, and dental services are provided by a contract dentist. RNs conduct sick call within 24 to 48 hours, and follow physician-approved protocols. Medical staff uses telephonic interpretation services to communicate with detainees with limited English proficiency. ODO confirmed staff credentials are current and primary source verified.

Initial medical and mental health screenings are performed by trained officers at KCJ before transfer to KCDC. According to the Director of Correctional Health, KCDC only accepts detainees with no identified medical or mental health conditions and detainees with stable, managed chronic conditions. Detainees at KCDC receive hands-on physical examinations conducted by RNs and the physician. Examination results are reviewed by the physician within 14 days of admission. KCDC does not perform dental screenings on detainees within 14 days of admission.

A KCDC staff member is designated as a Prison Rape Elimination Act (PREA) coordinator. All facility staff, including volunteers and contractors, is trained in PREA. The training includes a National Institute of Corrections video on sexual abuse and assault. During a tour of the facility, ODO observed PREA and Department of Homeland Security Office of Inspector General (OIG) Hotline information posted in all detainee housing units and in the intake area. ODO confirmed the facility handbook provides general information on filing misconduct complaints and includes an address for the OIG and OIG Hotline number. According to facility staff and a review of records in the Joint Integrity Case Management System, no sexual abuse or assault complaints were filed by detainees at KCDC during the 12 months preceding this inspection.

The H-West Housing Unit at KCDC is a designated Special Management Unit (SMU) for male detainees assigned to administrative and disciplinary segregation. The SMU has 22 single-occupancy cells, each with one bed bolted to the floor, a sink and toilet combination, and a desk with attached stool bolted to the floor and wall. ODO found the cells clean, adequately ventilated, temperature controlled, well-lit, and maintained in a sanitary condition. Indoor and outdoor recreation areas are attached to the SMU. There were two males housed in administrative segregation at the time of the inspection.

² The Director of Correctional Health is equivalent to the Health Services Administrator.

The G-West Housing Unit at KCDC has four cells designated for females in administrative and disciplinary segregation. Each cell contains one bed bolted to the floor, a sink and toilet combination, and a desk with attached stool bolted to the floor and wall. ODO found the cells clean, adequately ventilated, temperature controlled, well lit, and maintained in a sanitary condition. An outdoor recreation yard is attached to the SMU. Females in segregation use indoor and outdoor recreation areas available to the general population, but on an alternate schedule. There were no females housed in the segregation unit at the time of the inspection.

A review of facility procedures and discussions with supervisory staff confirmed administrative segregation at the facility is a non-punitive form of separation from the general population when the presence of the detainee in general population poses a threat to self, other detainees, staff, property, or the security and orderly operation of the facility.

ERO staff visits all housing units on a weekly basis. Schedules for weekly ERO visits are clearly posted in English and Spanish in each housing unit. The FOD has written policies and procedures in place to ensure and document that ICE supervisory and non-supervisory personnel conduct frequent unannounced and unscheduled visits. Visits are documented on Facility Liaison Visit Checklists and in housing unit logbooks.

Screening for suicide potential occurs during intake. No detainees were placed on suicide watch or attempted suicide during the 12 months preceding this inspection. Per policy, detainees determined at-risk for suicide are immediately referred to health care staff for further evaluation. Inspection of the cell used for suicide watch confirmed it is free of objects or structures that could facilitate a suicide attempt. Procedures for monitoring detainees on suicide watch address all requirements of the NDS.

Detainees have reasonable and equitable access to telephones at KCDC. The telephone availability ratio is approximately five detainees per telephone. Detainees are given emergency messages and allowed to return emergency telephone calls without delay.

KCDC policy provides procedures for detainees to establish an advance directive for health care in accordance with applicable law. The policy also addresses organ donation, terminal illness, death notification procedures, and the release of remains, in accordance with the standard.

There is a comprehensive use-of-force policy at KCDC that addresses all requirements of the NDS. KCDC reported three use-of-force incidents in 2013 and two in 2014, all of which involved immediate force. Surveillance video from fixed security cameras was available for four of the five incidents. The incident not recorded occurred in the dining room where there are no cameras. This unrecorded incident was the only occasion when OC spray was deployed. ODO reviewed the four video recordings and written documentation in all five cases. Detailed incident reports from all staff involved, medical examinations, and after action reviews were completed. In the case where OC spray was deployed, decontamination procedures were followed for all impacted detainees. Decontamination included showers and provision of fresh clothing. The review of both the video and written reports substantiated compliance with the NDS and facility policy. Documentation reflects appropriate ERO notification in all five cases.

OPERATIONAL ENVIRONMENT

DETAINEE RELATIONS

ODO interviewed 13 randomly-selected detainees (ten males and three females). Detainees were informed their participation was voluntary.³ None of the detainees expressed concerns regarding detention services, such as access to the law library and legal materials, issuance and replenishment of hygiene items, recreation, religious services, visitation, the detainee handbook, or the grievance system.

One male detainee complained about having blurred vision while trying to read. ODO reviewed the detainee's medical file and found that on February 28, 2014, the facility gave the detainee over the counter reading glasses. After having received the glasses, the detainee complained his vision remained blurred. On April 3, 2014, ERO approved a request to send the detainee to an outside eye specialist.

Two female detainees complained about not being able to access the ICE detainee hotline number. ODO investigated the issue and found the ICE detainee hotline could be called via the speed dial numbers instead of using the full number listed on the ICE poster. ODO recommended making a second copy of the telephone directions and placing them directly on the phones in addition to the instructions previously posted on the wall in the housing unit. Facility management posted instructions at each phone, and this eliminated confusion. On the final day of the inspection, ODO confirmed both detainees could access the hotline number via speed dial using the directions posted on the phones.

³ One female detainee declined to be interviewed by ODO.

ICE 2000 NATIONAL DETENTION STANDARDS

ODO reviewed a total of 19 NDS and found KCDC fully compliant with the following 16 standards:

1. Access to Legal Material
2. Admission and Release
3. Correspondence and Other Mail
4. Detainee Classification System
5. Detainee Handbook
6. Disciplinary System
7. Environmental Health and Safety
8. Funds and Personal Property
9. Hunger Strikes
10. Special Management Unit – Administrative Segregation
11. Special Management Unit – Disciplinary Segregation
12. Staff-Detainee Communication
13. Suicide Prevention and Intervention
14. Telephone Access
15. Terminal Illness, Advanced Directives, and Death
16. Use of Force

As the standards above were compliant at the time of the inspection, a synopsis for these standards is not included in this report.

ODO found three deficiencies in the following three standards:

17. Detainee Grievance Procedures
18. Food Service
19. Medical Care

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

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedure standard at KCDC to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE NDS.

KCDC's policies and detainee handbook both address informal and formal grievance processes, emergency grievances, the availability of assistance in filing a grievance, procedures for appeal, and the opportunity to file a complaint about officer misconduct. Detainees have the opportunity to file a grievance by submitting a grievance form to the housing unit officers or by placing the grievance form in a locked box near the facility dining room. Detainees can appeal a grievance to the grievance committee, which consists of the facility administrator, one facility sergeant and one facility corporal. If the detainee is dissatisfied with the outcome, he/she can appeal the grievance directly with ICE. This information is specified in the detainee handbook.

The facility maintains an electronic grievance log. Grievance forms and responses are kept in the detention file. ODO reviewed the grievance log for the past year and found a total of 78 grievances filed. ODO reviewed 30 of the 78 grievances and found they involved a variety of issues and were all addressed by facility staff. The grievance topics for the 30 included: allegations of staff misconduct or harassment (10), medical care (9), food service (5), mail (2), property (1), law library (1), Commissary (1), complaints about county inmates (1). No concerning trends were noticed among the 30 grievances.

ODO carefully reviewed the ten grievances alleging staff misconduct and harassment and found KCDC staff responded to all in a timely manner. However, staff failed to forward copies to ICE for investigation (**Deficiency DGP-1**). KCDC staff stated the reason was that they did not consider the grievances to be staff misconduct.

There were two separate occasions in which several detainees and county inmates filed grievances about the food. The first incident occurred on December 26, 2013 where one housing unit complained of the food tasting and smelling bad. ODO followed up on this issue and confirmed that the food service staff tasted the food trays on this day and there was no issue with the food and that no other housing unit complained. The second incident occurred on February 27, 2014, and detainees complained about the pasta salad being frozen. ODO looked into the issue and found that the pasta salad was put into a blast chiller which caused the food to freeze. It was an isolated incident and error on the part of the food service staff.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with ICE NDS, Detainee Grievance Procedures, section (III)(F), the FOD must ensure, "CDFs and IGSA facilities must forward detainee grievances alleging officer misconduct to ICE. ICE will investigate every allegation of officer misconduct."

FOOD SERVICE (FS)

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

The KCDC food service operation is managed by employees of Kenosha County. Staffing consists of an FSA, a cook supervisor, and (b)(7) cooks. The staff is supported by a crew of county inmate workers. No detainees work in food service. All staff and inmate workers receive pre-employment medical clearances. ODO observed food service personnel wearing clean uniforms, hair nets, and gloves, with frequent hand washing and changing of gloves.

Menus are approved by a registered dietician based on a complete nutritional analysis. Procedures are in place for approval of religious diets; however, no detainees were receiving religious diets at the time of the inspection. Seven detainees were receiving medically ordered diabetic meals at the time of the inspection; seven other detainees were on no-meat special diets.

The facility has three dining rooms, each of which can accommodate 72 detainees. KCDC uses the “blind-feeding” technique, which involves placement of food on trays by staff in the kitchen, and issuance to detainees in the adjacent dining room through a tray slot. ODO observed three officers in each dining room during the meal period, one of whom was stationed at the tray slot. Immediately after the meal period, inmate workers were observed cleaning and sanitizing the dining room.

ODO observed food service operations during the inspection. Food service staff frequently tests food temperatures using digital food thermometers. Food temperatures are recorded at the time of preparation and service, and are maintained within the range required by the NDS. ODO used a food thermometer to confirm temperatures met NDS requirements. Prepared food is immediately placed in thermal units for placement on the serving line, which maintains the appropriate temperature between preparation and service. ODO sampled the Tuesday lunch meal and found the food to be hot, of satisfactory taste, and in portions consistent with the menu.

The kitchen is clean and orderly. A cleaning schedule established by the FSA is posted that includes the required frequency of cleaning according to equipment group. The FSA inspects the food service area on a daily and weekly basis. Non-food service KCDC supervisors also inspect weekly, and the City of Kenosha Division of Environmental Health conducts a bi-annual inspection. Documentation confirmed completion of the inspections. The most recent comprehensive inspection by the City of Kenosha Division of Environmental Health was completed on March 18, 2014, with no violations cited.

ODO observed knives and sharps were secured on a shadow board in a separate room accessible only to staff. Documentation reflects use of this equipment is logged by food service staff, and the logs are checked by security staff. When in use, knives are tethered to work stations.

The food service area has ample, secured storage areas, walk-in coolers, and freezers. Inspection of logs reflected that temperature readings for the refrigerators, freezers, and dishwasher water are taken three times daily. Items in the dry storage area are well organized and labeled with the

date of receipt. A stock rotation schedule is in place, and a quarterly inventory is maintained by the FSA. However, an official inventory of stores on-hand is not conducted annually with a food service staff member and a member of the financial management staff (**Deficiency FS-1**). Completion of annual inventories with a member of the financial management staff validates the accuracy of quarterly inventories conducted by the FSA.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE NDS, Food Service, section (III)(J)(6), the FOD must ensure, “For accurate accounting of all food and supplies, a perpetual inventory record is insufficient. An official inventory of stores on hand must be taken annually with a food service staff member and a member of the financial management staff.”

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at KCDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO reviewed policies, interviewed staff, inspected 64 detainee medical records, toured all areas where medical services are provided, and observed sick call procedures.

KCDC holds no accreditations. The Director of Correctional Health is an RN employed by KVNA, who serves as the administrative health authority for KCDC and KCJ.⁴ Additional staff provided by KVNA includes (b)(7)e full-time and (b)(7)e part-time RNs, (b)(7)e full-time LPNs, and (b)(7)e full-time clerical assistants. Nurses on rotation between KCJ and KCDC provide on-site coverage at KCDC 18 hours daily. The medical director is a physician with ACH who provides services under contract. The physician is on-site once a week, and on call 24 hours a day, seven days a week. The physician sees a minimum of ten patients daily and stays onsite as long as needed. Mental health services are provided by a contract psychologist and a licensed social worker who are each on-site four to six hours a week. Dental services are provided by a contract dentist who works as needed. ODO confirmed staff credentials are current and primary source verified. The Director of Correctional Health stated KCDC only accepts detainees with no identified medical or mental health conditions, and detainees with stable, managed chronic conditions.

The clinic consists of two examination rooms, a pharmacy, a lab, an administration room and a medical records room. Medical records are secured and accessible only to medical staff. There is a separate waiting area with a restroom and a drinking fountain. KCDC does not have a negative pressure room; therefore, detainees requiring respiratory isolation are transferred to KCJ or the local hospital. Medical staff uses the Language Line and AT&T telephone interpretation services for detainees with limited English proficiency. ODO observed the access numbers for interpretation services posted in the medical intake area at KCJ and in the KCDC clinic. KCDC has contracts with Kenosha Memorial Hospital, St. Catherine's Hospital, and Aurora Hospital. Emergency response service is provided by the Kenosha Fire Department. The clinic was adequately sized and equipped to provide health care services for the detainee population at KCDC. The clinic allows for patient privacy.

Detainees undergo medical and mental health screening and sign general consent for treatment statements during processing at KCJ. Screening is performed by officers trained to perform the function, and screening forms are reviewed by an RN before transfer to KCDC. Screening for TB by way of PPD skin testing is completed by nursing staff at KCJ, with chest X-rays performed at KCDC for detainees with a current or past positive PPD result. Radiology services are provided by Mobilex USA under contract. All 64 detainee medical records reviewed by ODO documented intake screening and TB screening in accordance with the NDS. Signed consent forms were present in all cases.

Detainees receive hands-on physical examinations conducted by registered nurses and the physician at KCDC. The physician reviews all 14 days of intake, in accordance with the NDS. Documentation of training and proficiency testing for physical examinations was present in the

⁴ The Director of Correctional Health is equivalent to the Health Services Administrator.

training records of all registered nurses. Dental screenings are not performed within 14 days of arrival (**Deficiency MC-1**). The Director of Correctional Health Care stated detainees who have dental complaints are scheduled for an appointment with the dentist at KCJ. Dental screenings within 14 days of admission serve the critical purpose of pro-actively identifying any dental needs requiring attention.

At the time of the review, 13 detainees were enrolled in the chronic care clinic. A review of medical records confirmed ongoing treatment and routine monitoring. There were three detainees on psychotropic medication, all of whom signed informed consent specific to their medication.

Detainees access medical services by completing sick call request forms available in English and Spanish and depositing them in a secured box in the housing units. Nursing staff check the boxes and triage the requests three times daily. RNs conduct sick call within 24 to 48 hours, and follow physician-approved protocols. KCDC has a co-pay program; however, ODO confirmed it is not applicable to detainees.

Diamond Pharmaceutical Services provides detainee medication in blister packs. Nurses administer medications in the housing units using medication carts. ODO confirmed the medication carts are well organized, and documentation reflects the carts are inventoried three times a day between shifts.

Training records for all medical staff and (b)(7) randomly selected correctional staff confirmed current training in first aid, four-minute response, cardiopulmonary resuscitation, and use of an automated external defibrillator (AED). Inspection found a total of 17 first aid kits located throughout KCDC, including each housing unit, the admission and release area, the food service area, the clinic, and on crash carts. The AED is located outside central control and documentation reflects the Director of Correctional Health conducts monthly serviceability checks. ODO verified first aid kits and crash carts are inventoried monthly by nursing staff and are properly secured when not in use.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(E), the FOD must ensure, “An initial dental screening exam should be performed within 14 days of the detainee’s arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician’s assistant or nurse practitioner.”