



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
Morgan County Adult Detention Center
Versailles, Missouri**

March 4-6, 2014

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

TABLE OF CONTENTS

INSPECTION PROCESS

Report Organization.....1
Inspection Team Members.....1

EXECUTIVE SUMMARY2

OPERATIONAL ENVIRONMENT

Internal Relations6
Detainee Relations6

ICE 2000 NATIONAL DETENTION STANDARDS

Deficient Detention Standards7
Access to Legal Material8
Admission and Release9
Detainee Classification System.....10
Environmental Health and Safety11
Food Service15
Medical Care17
Special Management Unit (Administrative Segregation).....20
Special Management Unit (Disciplinary Segregation)22
Staff-Detainee Communication23
Suicide Prevention and Intervention.....25
Telephone Access26
Use of Force.....27
Visitation.....28

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

Team members on this inspection included: (b)(6), (b)(7)c Detention Deportation Officer (Team Lead), ODO (b)(6), (b)(7)c Special Agent, ODO; (b)(6), (b)(7)c Inspections and Compliance Specialist, ODO; (b)(6), (b)(7)c Contract Inspector, Creative Corrections (b)(6), (b)(7)c (b)(6), (b)(7)c Contract Inspector, Creative Corrections; and (b)(6), (b)(7)c Contract Inspector, Creative Corrections.

EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Morgan County Adult Detention Center (MCADC) in Versailles, Missouri, from March 4 to 6, 2014. MCADC, which opened in 2003, is owned and operated by the County of Morgan. ERO began housing detainees at MCADC in July 2003 under an intergovernmental service agreement between ICE and the Morgan County Sheriff's Office (MCSO). Male and female detainees of all security classification levels (Level I - lowest threat, Level II - medium threat, Level III - highest threat) are detained at the facility for periods in excess of 72 hours. This inspection evaluated MCADC's compliance with the 2000 NDS.

The ERO Field Office Director (FOD), in Chicago, Illinois, is responsible for ensuring facility compliance with the 2000 NDS and ICE policies. There are no ICE employees physically located at MCADC.

Capacity and Population Statistics	Quantity
Total Bed Capacity	139
Average Daily Population	110
Average Length of Stay (Days)	22
Male Detainee Population Count (as of 03/06/2014)	29
Female Detainee Population Count (as of 03/06/2014)	5

The Morgan County Sheriff is the highest-ranking official at MCADC. The Sheriff is assisted by a chief deputy and a lieutenant. The chief deputy oversees the county's patrol division. The lieutenant is responsible for oversight of daily detention operations. (b)(7)e additional staff supported leadership at the time of the inspection. Contractor Appleton, Brown, and Lawrence, Inc. (ABL) provides food service. Advanced Correctional Healthcare (ACH) provides physician services and MSCO provides medical staffing. MCADC holds no accreditations.

In November 2011, ODO conducted an inspection of MCADC under the 2000 NDS. Among the 13 standards reviewed, five were in full compliance. ODO cited 18 deficiencies in the remaining 8 standards.

During this inspection, ODO reviewed 16 NDS and found MCADC compliant with three standards.¹ Thirty-seven deficiencies were identified in the following 13 standards: Access to Legal Material (1 deficiency), Admission and Release (1), Detainee Classification System (1), Environmental Health and Safety (7), Food Service (4), Medical Care (4), Special Management Unit - Administrative Segregation (4), Special Management Unit - Disciplinary Segregation (2), Staff-Detainee Communication (3), Suicide Prevention and Intervention (1), Telephone Access (2), Use of Force (1), and Visitation (6). ODO made four recommendations regarding facility policy and procedures. No best practices were cited.

This report details all deficiencies and refers to specific, relevant sections of the 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 ERO and MCADC staff during the on-site inspection and at a subsequent closeout briefing conducted on March 6, 2014.

¹ The following standards were compliant at the time of the inspection; therefore, synopses for these standards are not included in this report: Detainee Handbook, Funds and Personal Property, and Detainee Grievance Procedures.

Detainees entering MCADC are initially classified and provided an ICE National Detainee Handbook by ERO before arrival to the facility. MCADC completes the admissions process by conducting a second security classification evaluation, a medical pre-screening and an orientation. Detainees are provided a facility handbook (available in English and Spanish), personal-hygiene items, clothing, and blankets. MCADC has written policy regarding detainee property that complies with the NDS; however, ODO found lost, missing, or stolen funds and personal property belonging to detainees are not documented and forwarded to ERO on a Report of Detainee Missing Property (Form I-387).

MCADC offers detainees a quiet, dedicated room for law library access, equipped with a desk, chair, and a computer containing a current version of LexisNexis. Writing implements, paper, office supplies and copying services are available to prepare documents for legal proceedings. Library rules were not posted in the room; the facility initiated corrective action during the inspection.

MCADC permits detainees to file informal, formal and emergency grievances via a detainee request form submitted to an MCADC corrections officer. Detainee request forms are provided in English and Spanish. The grievance log at MCADC confirmed only one detainee filed a grievance in the 12 months preceding this inspection. The grievance was not contained in the detention file and ERO could not produce a record of the grievance. ERO released the detainee on February 28, 2014, so ODO was unable to conduct an interview.

During a tour of the facility, ODO observed significant dirt build-up in the corners of housing units. Significant new and repeat deficiencies were identified since the November 2011 inspection. Repeat deficiencies include but are not limited to: MCADC failing to maintain running inventories of hazardous substances stored in the laundry and intake areas; barbering operations taking place in a fingerprinting room with lavatory spigots that do not maintain a constant flow of water at the right temperatures; and the written fire prevention, control, and evacuation plan not addressing all required elements. ODO recommends the facility: take steps to improve sanitation in the facility; implement and enforce comprehensive sanitation measures on an on-going basis; and develop an alternative method to its current laundry practices.

The ABL food service staff at MCADC consists of a Food Service Director (FSD) and (b)(7)e cooks. No detainees or county inmates work in food service. Food service employees do not receive pre-employment medical examinations. This is a repeat deficiency from the ODO inspection in November 2011. Food service personnel are not trained in custody, security, or the NDS. Twice during the inspection ODO observed the preparation of noon meals and accompanied correctional staff during meal service to the housing units. The carts used to transport the trays have open metal shelves and are not secure to prevent tampering. ODO found all areas of the food service operation were clean and organized; however, the FSD does not conduct weekly inspections as required by the NDS.

MCSO medical staff consists of a registered nurse (RN) and a part-time licensed practical nurse (LPN). ACH provides physician services under contract, which includes presence on-site one day a week, and continuous on-call service. The RN provides administrative oversight of medical operations. All decisions regarding health care are the responsibility of the contract physician.

Medications are administered by nursing staff when on duty, and by detention officers on weekends and holidays. There are no secure boxes for depositing completed sick call requests. Instead, detainees hand deliver forms to nursing staff during the week and officers on weekends and holidays. The direct involvement of officers in this process violates patient confidentiality.

According to the Joint Integrity Case Management System and facility staff, there have been no allegations of sexual abuse and assault involving detainees. Information on sexual abuse and assault confidentiality and reporting is provided to detainees via the ICE National Detainee Handbook and the facility handbook. The facility has a toll-free Prison Rape Elimination Act hotline number.

During the 12 months preceding the inspection, only one detainee was placed in administrative segregation at MCADC. The detainee was placed in segregation for medical reasons and cleared by a physician to join the general population after 27 days. Procedures have not been implemented for conducting required status reviews. MCADC policy does not specify that a medical professional must visit the SMU a minimum of three times weekly. There is no permanent log to document the activities of detainees housed in administrative segregation.

The disciplinary segregation policy at MCADC does not address procedures for review of disciplinary segregation cases. ODO confirmed there is no permanent log to document the activities of detainees housed in disciplinary segregation as required by the NDS. ODO recommends the policy be revised to support compliance with the standard in the event a detainee is placed in disciplinary segregation in the future.

Although no ERO personnel are on site at MCADC, ERO personnel reportedly conduct regular scheduled and unannounced visits to the housing units weekly. Written schedules were not posted within detainee living areas and other areas accessible to detainees at the time of the inspection. No written procedure exists regarding the routing of detainee requests to appropriate ICE officials. ODO reviewed MCADC's fax log and found the fax log does not document the date the request forms are forwarded to ERO, or the date those requests are returned.

No detainees attempted suicide at MCADC during the 12 months preceding the inspection; however, four detainees were placed on suicide watch during that period. One of the four detainees was transferred from MCADC while on active suicide watch. The Medical Record of Federal Prisoner in Transit Form documented clearance by the RN prior to transfer, but made no reference to the suicide watch in place at the time of transfer.

The facility handbook contains rules for telephone usage, but written copies of the telephone rules are not posted in general areas of the housing units where detainees can easily see them. Notices that all telephone calls are subject to monitoring are present on all detainee telephones; however, MCADC management does not post the procedures for obtaining unmonitored telephone calls.

The use-of-force policy at MCADC addresses confrontation avoidance and differentiates between immediate and calculated force. MCADC uses a form approved by ERO to document use of force incidents, but there is no written policy or procedure addressing after action reviews.

Visitation at MCADC is non-contact. MCADC permits visits from legal counsel seven days a week. Written visitation schedules are not posted in the housing units. MCADC written policy and procedures do not specify that MCADC permits 30-minute visitation periods under normal conditions, and that immediate family members detained at the facility may visit with each other during normal visiting hours. The facility initiated corrective action during the inspection. MCADC management does not maintain a separate log to record specific information regarding legal visitors. Written procedures do not state that legal service providers and legal assistants may telephone the facility in advance of a visit to determine whether a particular individual is present at the facility. ODO verified MCADC management does not maintain an adequate supply of Notice of Entry of Appearance as Attorney or Accredited Representative forms (Form G-28) in the lobby area of the facility.

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

During the closeout briefing, the Morgan County Sheriff expressed concerns about the daily rate paid by ICE per detainee. The ERO Assistant Field Office Director stated the situation will be reviewed, and a response will be provided. ERO and MCADC management agreed to further discuss the issue.

DETAINEE RELATIONS

ODO interviewed 15 randomly-selected ICE detainees (five Level I males, five Level II males, and five Level II females) to assess the conditions of confinement at MCADC. All detainees confirmed they were provided a full supply of personal hygiene items upon admission to the facility, and the items are replenished as necessary without cost. All detainees received detainee handbooks. All detainees, other than several new arrivals, were aware of weekly visits from ICE personnel to address detainee concerns and discuss individual immigration cases.

ODO confirmed all detainees interviewed were satisfied with the quality of the food and the food service at MCADC. All detainees confirmed they have access to recreation and telephone services, can send and receive mail, have access to the law library, are permitted family visitation, and have the opportunity to file grievances.

One detainee complained about medical care at MCADC. The detainee stated an ankle injury had not been treated by medical staff, but ODO reviewed medical records and verified the detainee signed a form refusing medical treatment for this injury.

No detainees interviewed stated they had experienced or been subject to any discrimination or abuse from ICE or facility staff.

ICE 2000 NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 NDS and found 37 deficiencies in the following 13 standards:

1. Access to Legal Material
2. Admission and Release
3. Detainee Classification System
4. Environmental Health and Safety
5. Food Service
6. Medical Care
7. Special Management Unit - Administrative Segregation
8. Special Management Unit - Disciplinary Segregation
9. Staff-Detainee Communication
10. Suicide Prevention and Intervention
11. Telephone Access
12. Use of Force
13. Visitation

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

ACCESS TO LEGAL MATERIAL (ALM)

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

The law library at MCADC is a quiet, dedicated room equipped with a desk, a chair, and a computer containing a current version of LexisNexis. MCADC provides detainees with adequate writing implements, paper, and office supplies to prepare documents for legal proceedings. MCADC also provides notary services and a copy machine. Law library rules were not posted within the law library (**Deficiency ALM-1**). The facility initiated corrective action during the course of the inspection to correct this deficiency. Requirements for access to legal materials are properly addressed in the facility handbook.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

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

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.”

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at MCADC to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO reviewed policies, procedures, detention files, observed the admission process, and interviewed staff and detainees.

ODO interviewed MCADC intake staff, and reviewed 15 active and 15 archived detention files. MCADC officers create a detention file for each detainee admitted to MCADC. Classification, medical screening, and orientation are completed, and a facility handbook, personal-hygiene items, clothing, and blankets are issued during intake.

While reviewing detention files, ODO determined MCADC officers inventory detainee funds and personal property as required by the NDS. However, facility management does not complete and then forward a Report of Detainee Missing Property (Form I-387) when detainees report lost, missing, or stolen funds or personal property (**Deficiency AR-1**). MCADC management verbally reports lost, missing, or stolen funds and personal property to ICE officials. MCADC management obtained the Form I-387 from ERO and placed it within the booking area to initiate corrective action during the course of the inspection for this deficiency.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE NDS Admission and Release, section (III)(I), the FOD must ensure, “The officer shall complete a Form I-387, “Report of Detainee’s Missing Property” when any newly arrived detainee claims his/her property has been lost or left behind. IGSA facilities shall forward the completed I-387s to INS.”

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System standard at the MCADC to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO reviewed facility policies and procedures, and the detainee handbook, inspected detention files, interviewed staff and detainees, and observed the intake process. Nine detainees were processed through intake during this inspection.

The ICE National Detainee Handbook notes the right to appeal a classification level and specifically directs a detainee to consult the local supplement for appeal procedures. The facility handbook lacks the procedures for appealing a classification decision (**Deficiency DCS-1**). Proper classification ensures appropriate housing unit assignments and prevents inappropriate commingling of detainees with incompatible security classifications. Permitting a detainee to appeal a current classification level enables the facility to re-evaluate custody levels on a case-by-case basis.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System, section (III)(I)(2), the FOD must ensure, “The detainee handbook’s section on classification will include the following:

2. The procedures by which a detainee may appeal his/her classification.”

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at MCADC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances in accordance with the ICE NDS. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, generator testing, and fire prevention and control.

During a tour of the facility, ODO observed significant dirt build-up in the corners of housing unit floors and walls, debris under stairwells, and trash on the floors around trash receptacles. Mops were stored with mop heads resting on the floor and not properly hung for drying. Used towels and underwear were hung on shower hooks, and shower curtains were torn. ODO observed a showerhead pried away from the wall of a shower stall used by detainees, with the inner plumbing exposed. Documentation reflects staff first reported the condition of the shower fixture on February 16, 2014, which was two weeks prior to the inspection. MCADC staff did not correct any of the conditions observed by ODO prior to completion of this inspection. ODO recommends the facility take steps to improve sanitation in the facility. In addition, ODO recommends implementation and enforcement of comprehensive sanitation measures on an on-going basis.

ODO verified MCADC management maintains a master index of hazardous substances and Material Safety Data Sheets (MSDS). The master index identifies storage locations, and includes emergency phone listings and documentation of semi-annual review. Hazardous substances stored and used in the food service area are properly controlled and inventoried. MCADC does not maintain running inventories of hazardous substances stored in the laundry and intake areas, which includes chemicals issued from the laundry area for usage in the housing units (**Deficiency EH&S-1**). This is a repeat deficiency from the ODO inspection in November 2011. ODO observed an aerosol can of Febreze air freshener sitting on top of a file cabinet in the booking area. MCADC does not list Febreze in the master index and no MSDS was available. Absent inventories, and MSDS, the amount and type of hazardous substances present in the facility is unknown, which poses a safety risk for detainees, staff, and visitors.

ODO observed unlabeled plastic spray bottles containing a liquid later identified as “one-step cleaner” in the housing units and in the property room (**Deficiency EH&S-2**). This is a repeat deficiency from the ODO inspection in November 2011. Clear, accurate labeling of spray bottles containing hazardous substances is critical to ensure proper medical response in the event of accidental or intentional misuse.

Written fire prevention, control, and evacuation plans do not address all elements required by the NDS (**Deficiency EH&S-3**). This is a repeat deficiency from the ODO inspection in November 2011. Specifically, plans do not address control of possible ignition sources, control of combustible and flammable fuel load sources, requirements for installation of fire protection equipment, inspection, testing, and maintenance of equipment, monthly fire inspections, floor plans, and evacuation diagrams.

ODO confirmed MCADC management conducts weekly fire and safety inspections and documents the inspection results on a checklist. ODO observed exit signs and fire protection

equipment throughout the facility. Documentation of equipment inspection and testing is available upon request. Monthly fire drills are conducted and documented, but emergency keys are not tested during the drills (**Deficiency EH&S-4**). Testing emergency keys during fire drills confirms their operability and supports staff familiarity with their use.

ODO confirmed the All American Termite & Pest Control Company provides pest control preventative and eradication services monthly and as-needed. There was no documentation that drinking and wastewater testing and certification had been conducted at the facility by a State laboratory (**Deficiency EH&S-5**). ODO verified the facility staff tests the emergency electrical generator on a weekly basis. ODO confirmed documentation of testing and preventive maintenance by contractor Martin Machinery was in compliance with the standard.

A local barber provides hair care services in the fingerprint room located in the intake area. The room has a lavatory with hot and cold-water spigots, but ODO confirmed the spigots do not maintain a constant flow of water between 105 and 120 degrees Fahrenheit (**Deficiency EH&S-6**). Hair care regulations are not posted (**Deficiency EH&S-7**). These are repeat deficiencies from the ODO inspection in November 2011. The barber charges \$15 for females and \$13 for males. The barber provides all hair care tools and disinfectant, so those supplies were not available for inspection.

ODO inspected documentation of the weekly inventory of medical sharps and syringes. Medasure, a licensed transporter, removes bio-hazardous medical waste weekly.

While reviewing laundry operations, ODO confirmed detainees write their names on their jail-issued clothing with a pen or pencil, a practice accepted by jail staff. On scheduled laundry days, detainees place their soiled uniforms into one large plastic trash bag marked with a Unit Identification Tag. MCADC staff takes the bag to the laundry, and empties the contents into a washer for laundering; the process does not include washing the laundry bag. After drying, staff places the clean clothing into the soiled plastic bag originally used to deliver the dirty laundry. Staff returns the bag to the housing unit, and empties it onto a table for retrieval by detainees. Placing clean items in a soiled plastic bag is an unsanitary practice. ODO recommends development and implementation of an alternative method.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure “Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.).”

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(J)(2), the FOD must ensure,

2. “The OIC will individually assign the following responsibilities associated with the labeling procedure: Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material.”

DEFICIENCY EH&S-3

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

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

DEFICIENCY EH&S-4

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(c), the FOD must ensure, “Monthly fire drills will be conducted and documented separately in each department.

- c. Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.”

DEFICIENCY EH&S-5

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(N), the FOD must ensure “A state laboratory tests samples of drinking and wastewater to ensure compliance with applicable standards.”

DEFICIENCY EH&S-6

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

1. The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent, and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of five air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.”

DEFICIENCY EH&S-7

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

4. Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees.”

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at MCADC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS.

ODO reviewed policies and documentation, interviewed staff, inspected the food service area, and observed meal preparation and service.

ABL manages the food service operation at MCADC. The food service staff at MCADC consists of a FSD and seven cooks. No detainees or county inmates work in food service. ODO confirmed food service employees are not trained in custody, security, or the NDS **(Deficiency FS-1)**. Training ensures staff is aware of the unique security requirements for managing a food service operation in a detention environment. Staff training also ensures compliance with the NDS.

MCADC has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units in Styrofoam containers. Twice during the inspection ODO observed the preparation of noon meals and accompanied correctional staff during meal service to the housing units. Food service staff randomly tests the temperature of the food items with food thermometers throughout the preparation and serving process. The food temperature on the kitchen steam line was 181 degrees Fahrenheit, lowering to 148 degrees Fahrenheit upon arrival at G-Unit, and 141 degrees Fahrenheit upon arrival at E-Unit, exceeding the minimum threshold set in the NDS. The carts used to transport the trays have open metal shelves and are not secure to prevent tampering **(Deficiency FS-2)**.

Food service personnel do not receive pre-employment medical examinations **(Deficiency FS-3)**. The lack of pre-employment medical examinations is a repeat deficiency from the ODO inspection in November 2011. Medical examinations serve the critical purpose of ensuring prospective food service workers do not have a communicable disease in any transmissible stage or condition.

The FSD conducts annual reviews of the master cycle menu, and a registered dietician certifies all master cycle menus. The master menu is a five-week cycle and includes three hot meals per day with a variety of foods. ODO confirmed procedures are in place for menu changes, with review and approval by the FSD. There were five detainees on diets ordered by the medical staff, and no detainees were receiving religious diets. ODO confirmed procedures are in place for approval and issuance of religious diets.

The Morgan County Health Center completed an annual inspection of the food service operation on January 29, 2014. The report cited three compliance issues and documented all were immediately corrected. Cleaning schedules are posted throughout the kitchen area. Cooks follow “clean-as-you-go” procedures and conduct comprehensive daily inspections; however, the FSD does not conduct weekly inspections as required by the NDS **(Deficiency FS-4)**. ODO found all areas of the food service operation were clean and organized.

Pest control inspections and eradication services are completed on a monthly basis and as needed by All American Termite & Pest Control through a commercial services agreement. Properly

stored and secured chemicals and Material Safety Data Sheets (MSDS) were available. An inspection of food storage areas confirmed MCADC meets the requirements of the NDS. MCADC places purchase dates on boxes of food in the dry storage area and in the freezer. A system of stock rotation is in place to ensure usage of items based on purchase date. MCADC maintains temperature logs for the freezer and cooler.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(B)(1), the FOD must ensure, “The facility training officer will devise and provide appropriate training to all food service personnel in detainee custodial issues. Among other things, this training will cover INS’s detention standards.”

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(C)(2)(g), the FOD must ensure,

- g. “Food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-feeding carts. Food carts must have locking devices.”

DEFICIENCY FS-3

In accordance with the ICE NDS, Food Service, section (III)(H)(3)(a), the FOD must ensure,

- a. “All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition.”

DEFICIENCY FS-4

In accordance with the ICE NDS, Food Service, section (III)(H)(13)(a), the FOD must ensure,

- a. “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 disposal, etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily, recording the results. The [Food Service Administrator] or [Cook Supervisor] of food service shall inspect food service areas weekly.”

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at MCADC 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 toured the medical department, reviewed health care policies, 30 detainee medical records, staff training records, and interviewed medical personnel, detention staff, and detainees.

MSCO medical staff consists of a full-time RN and a part-time licensed practical nurse (LPN). The RN works 40 hours a week, Monday through Friday; the LPN is on-site for three to four hours during the evening, Monday through Friday. ACH provides physician services under contract, which includes presence on-site one day a week, and continuous on-call service. The RN provides administrative oversight of medical operations. All decisions regarding health care are the responsibility of the contract physician. MCADC holds no accreditations.

ODO confirmed all professional credentials, including professional licenses, insurance, and other certifications for the nurses and physician are current and verified at the primary source. MCADC management does not employ or contract mental health or dental providers. The RN stated mental health services and dental treatment are referred to community providers.

The medical department consists of one room used for both administrative and clinical purposes. Staff escorts detainees to the clinic one at a time for medical encounters, because there is no waiting area. MCADC uses the ICE telephonic interpretation line when needed.

Upon arrival at MCADC, detainees are processed by trained detention officers who conduct medical and mental health screenings. The RN reviews each screening record for accuracy and completeness. The RN conducts the initial health appraisal that includes a hands-on physical examination and examination of the oral cavity for dental caries or other oral cavity abnormalities, and performs a purified protein derivative skin test to screen for tuberculosis (TB). A mobile chest X-ray service is available, when needed. If staff identifies significant medical issues, a physician performs an examination. A review of training records for (b)(7)e randomly-selected detention officers confirmed all received training in the intake screening process. Inspection of 30 detainee medical records confirmed intake screening and TB testing were completed at arrival, and a signed consent for general treatment was present in each file.

ODO confirmed the RN has been trained and certified by a physician to conduct health appraisals. Among the 30 detainees whose medical records were reviewed by ODO, three had health appraisals performed by a physician and 27 were performed by the RN. All physical examinations performed by the RN were reviewed and counter-signed by the physician, and all 30 examinations were completed within 14 days as required by the NDS.

A review of training records confirmed certifications for CPR and first aid are current for the entire medical staff. However, ODO reviewed (b)(7)e detention staff records and found (b)(7)e of the (b)(7)e staff members reviewed did not have a current CPR certification (**Deficiency MC-1**). The requirement for all staff to maintain certification in CPR and first aid is critical to assure proper response to a medical emergency, and is of heightened importance in facilities where medical staff is not on duty at all times. MCADC staff stated the facility no longer has a certified CPR

instructor to ensure all employees obtain and maintain current certification. During the inspection, MCADC management contacted the local volunteer fire department to arrange CPR instruction and certification.

The medical emergency plan at MCADC provides guidance for addressing medical issues when health care staff is not present. The plan includes instructions for contact with on-call medical personnel and requires that detention staff complete a written report documenting any encounter of a medical nature when medical staff is not on duty. As soon as possible, the nursing staff reviews the report and files the report within the individual medical record.

Medications are administered by nursing staff when on duty, and by detention officers on weekends and holidays. A review of (b)(7) training records confirmed an RN trained the officers in the administration of medications, and a review of the training curriculum confirmed the training is adequate. Officers record their initials on a medication administration record (MAR) to document when detainees receive prescribed doses; however, ODO found three records without officer signatures on the MAR as required by the health care provider (**Deficiency MC-2**). Absent full names, it is not possible to identify the officer to which initials correspond. Identifying the individual who distributed medications is critical to assuring accountability.

Detainees access sick-call by completing a detainee request form. Request forms in English and Spanish are available in all housing units, including the Special Management Unit. There are no secure boxes for depositing completed medical requests. Instead, detainees hand those forms to nursing staff when on duty, and to officers on weekends and holidays. The direct involvement of officers in this process violates patient confidentiality, because medical information is documented on the forms (**Deficiency MC-3**). Access to medical care may be impeded if detainees are reluctant to request services through detention staff. ODO verified medical staff reviews sick call requests upon receipt, and detainees report to sick call within 24 to 48 hours after submitting a sick call request.

A review of suicide prevention and intervention protocols found one detainee who was transferred from MCADC on October 7, 2013, while on active suicide watch. Though the determination that the detainee was at risk for suicide points to a mental health condition requiring clearance prior to transfer, a written medical/psychiatric alert notifying the Officer In Charge (OIC) was not generated (**Deficiency MC-4**). The RN cleared the detainee for transfer to another facility, which effectively discontinued suicide precautions during the transfer without discontinuing the suicide watch. The Medical Record of Federal Prisoner in Transit Form documented clearance by the RN prior to transfer, but made no reference to the suicide watch in place at the time of transfer. The NDS for Detainee Transfers, section (III)(D)(6)(3)(b), requires transfer summaries to document “Current mental and physical health status, including all significant health issues.” Absent this information on the transfer form, it cannot be assured that the transporting officers were aware the detainee was at risk for suicide, or the institution assuming custody was aware of the active suicide watch. Proper notification facilitates the continuity of suicide precautions during the transfer of detainees determined to be at risk for suicide. ODO identified no other cases suggestive of a pattern.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE NDS, Medical Care, section (III)(H)(2), the FOD must ensure,

2. “Detention staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following: the administration of first aid and cardiopulmonary resuscitation (CPR).”

DEFICIENCY MC-2

In accordance with the ICE NDS, Medical Care, section (III)(I), the FOD must ensure, “Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees.”

DEFICIENCY MC-3

In accordance with the ICE NDS, Medical Care, section (III)(M), the FOD must ensure, “All medical providers shall protect the privacy of detainees' medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the wellbeing of detainees.”

DEFICIENCY MC-4

In accordance with the ICE NDS, Medical Care, section (III)(N), Medical/Psychiatric Alert, the FOD must ensure, “When the medical staff determines that a detainee’s medical or psychiatric condition requires either clearance by the medical staff prior to release or transfer or requires medical escort during deportation or transfer, the OIC will be so notified in writing.”

SPECIAL MANAGEMENT UNIT (SMU) - ADMINISTRATIVE SEGREGATION (AS)

ODO reviewed the Special Management Unit (SMU) Administrative Segregation standard at MCADC to determine if the facility has procedures in place to temporarily segregate detainees for administrative reasons, in accordance with the ICE NDS. ODO toured the SMU, interviewed facility and ERO staff, and reviewed policies and available logs.

MCADC's SMU consists of two cells located in the intake area. The primary cell used for administrative and disciplinary segregation has a six-inch high cement bed, a stainless steel toilet and sink combination, and an observation window. The second cell, which is designated as the observation cell, has a six-inch high cement bed, flushable drain in the center of the floor, and two observation windows, including one directly across from the intake officer. The master control center monitors both cells via security camera. ODO found the cells clean, adequately ventilated, temperature controlled, and well-lit.

There were no detainees assigned to administrative segregation at the time of the inspection. According to ERO and facility staff, one detainee was placed in administrative segregation during the 12 months preceding the inspection. Based on interviews and review of available documentation, the detainee was placed on administrative segregation for medical reasons and remained there for 27 days when cleared for general population by the physician. A written order assigning the detainee to this status was not completed (**Deficiency SMU AS-1**), and no status reviews were conducted. A review of facility policy found MCADC has not implemented procedures for conducting status reviews as required by the standard (**Deficiency SMU AS-2**). In addition, the policy does not specify that a medical professional must visit the SMU at least three times weekly (**Deficiency SMU AS-3**). Though the policy addresses all other basic living conditions required by the standard, a permanent record documenting activities and provision of services and privileges is not maintained (**Deficiency SMU AS-4**). ODO's review of the electronic and SMU logs found entries were sporadic and inconsistent across all shifts.

During an interview with the detainee previously assigned to administrative segregation, he stated he received three meals daily, was issued all necessary toiletries, participated in clothing exchange, and was given the opportunity to shave, shower and participate in recreation daily. He was allowed to purchase commissary and was provided with leisure reading materials. Supervisory detention personnel visited him daily, as well as the jail nurse, who delivered his medications at least once daily during her shift. Distribution of medications was documented in the detainee's medical record; however, medical rounds and other activities and services were inconsistently recorded in a permanent log for the SMU.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU AS-1

In accordance with the ICE NDS, Special Management Unit – Administrative Segregation, section (III)(A), the FOD must ensure, “The facility shall develop and follow written procedures consistent with this standard.”

DEFICIENCY SMU AS-2

In accordance with the ICE NDS, Special Management Unit – Administrative Segregation, section (III)(B), the FOD must ensure, “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 impartible. 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.”

DEFICIENCY SMU AS-3

In accordance with the ICE NDS, Special Management Unit – Administrative Segregation, section (III)(C), the FOD must ensure, “All facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below.”

DEFICIENCY SMU AS-4

In accordance with the ICE NDS, Special Management Unit – Administrative Segregation, section (III)(E)(1), the FOD must ensure,

1. “A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.”

SPECIAL MANAGEMENT UNIT (SMU) - DISCIPLINARY SEGREGATION (DS)

ODO reviewed the Special Management Unit (SMU) – Disciplinary Segregation standard at MCADC to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary reasons, in accordance with the ICE NDS. ODO toured the SMU, interviewed facility and ERO staff, and reviewed policies and the available logs.

MCADC’s SMU consists of two cells located in the intake area. The primary cell used for administrative and disciplinary segregation has a six-inch high cement bed, a stainless steel toilet and sink combination, and an observation window. The second cell, which is designated as the observation cell, has a six-inch high cement bed, flushable drain in the center of the floor, and two observation windows, including one directly across from the intake officer. The master control center monitors both cells via security camera. ODO found the cells clean, adequately ventilated, temperature controlled, and well-lit.

No detainees were assigned to disciplinary segregation during the inspection. According to ERO and facility staff, no detainees received disciplinary reports or were placed in disciplinary segregation since the last ODO inspection.

ODO’s review of policy found it does not address procedures for review of disciplinary segregation cases (**Deficiency SMU DS-1**). The policy addresses all basic living conditions required by the standard with one exception: it does not specify that a medical professional visit the SMU at least three times weekly. ODO recommends the policy be revised to support compliance with the standard in the event a detainee is placed in disciplinary segregation in the future. A review of available logs found there is no permanent record on which all required activities and basic living conditions are documented (**Deficiency SMU DS -2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU DS-1

In accordance with the ICE NDS, Special Management Unit – Disciplinary Segregation, section (III)(C), the FOD must ensure, “All facilities shall implement written procedures for the regular review of all disciplinary-segregation cases, consistent with the procedures specified below.”

DEFICIENCY SMU DS-2

In accordance with the ICE NDS, Special Management Unit – Disciplinary Segregation, section (III)(E), the FOD must ensure, “A permanent log will be maintained in the SMU. The log will note all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.”

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at MCADC to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE NDS. ODO interviewed staff and detainees, and reviewed policies, procedures, logbooks, and detention files.

ERO does not have personnel stationed at MCADC; however, a review of records and interviews with detainees confirmed ERO officers' conduct regular scheduled and unannounced visits weekly to housing units at MCADC. ODO confirmed written schedules are not posted in housing units or other areas with detainee access (**Deficiency SDC-1**).

ODO confirmed ERO documents all visits as required by the NDS and the Change Notice National Detentions Standards Staff/ Detainee Communication Model Protocol, dated June 15, 2007.

Detainees are permitted to submit ICE related written questions, requests, and concerns to ERO staff. There were 78 filed, faxed and adjudicated requests submitted during the 12 months preceding this inspection. MCADC does not have written instructions for routing detainee requests to appropriate ICE officials. Detainees are required to submit a completed ICE Detainee Request Form by placing a completed form in the window of the housing unit door, because there are no secure boxes at MCADC for depositing written detainee requests. Requests are retrieved by a housing unit officer, who reads the requests, and faxes them to ERO, or hands the requests directly to an ERO staff member for review and response (**Deficiency SDC-2**).

ODO reviewed the fax log and five faxed detainee requests forms. The facility log notes all incoming faxes, including returned detainee requests. The MCADC fax log fails to note the date each detainee request form was forwarded to ERO and the date each request was returned (**Deficiency SDC-3**). MCADC attaches a fax confirmation page to each detainee request form to confirm the transmission of each request to ERO. ERO responded to all five faxed requests. MCADC properly filed all five returned request forms; however, MCADC staff failed to log information pertaining to two of the five requests in the facility logbook.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(2)(b), the FOD must ensure,

- b. "Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access."

DEFICIENCY SDC-2

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B), the FOD must ensure, “All facilities that house ICE detainees must have written procedures to route detainee requests to the appropriate ICE official.

The detainee request form shall be delivered to ICE staff by authorized personnel (not detainees) without reading altering, or delay.”

DEFICIENCY SDC-3

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure,

2. “In IGSAs, the date the request was forwarded to ICE and the date it was returned shall also be recorded.”

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the Suicide Prevention and Intervention standard at MCADC to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with the ICE NDS. ODO reviewed suicide prevention policies, training curriculum, staff training records, and interviewed the nurse and the training manager.

ODO confirmed MCADC performs a suicide risk assessment on each detainee during the initial intake process and again during the initial health appraisal. Housing for detainees placed on suicide watch is in an observation room inside the booking area. Inspection of the room found it free of objects that could facilitate a suicide attempt. Officers continuously monitor the observation room via security camera and directly through a window panel, and are required to document 15-minute observation checks on a suicide watch form.

The RN stated no detainees attempted suicide, and four detainees were placed on suicide watch during the 12 months preceding this inspection. Medical records documented that ERO was notified appropriately, and the detainees were monitored in accordance with the NDS. In three cases, a physician discontinued suicide watch. In the fourth case, a detainee was cleared by an RN for transfer to another facility on October 7, 2013, which effectively discontinued suicide precautions during the transfer without discontinuing the suicide watch. The Medical Record of Federal Prisoner in Transit Form documented clearance by the RN prior to transfer, but made no reference to the suicide watch in place at the time of transfer. The NDS for Detainee Transfers, section (III)(D)(6)(3)(b), requires transfer summaries to document “Current mental and physical health status, including all significant health issues.” Absent this information on the transfer form, it cannot be assured that the transporting officers were aware the detainee was at risk for suicide, or the institution assuming custody was aware of the active suicide watch (**Deficiency SP&I-1**). Proper notification facilitates the continuity of suicide precautions during the transfer of detainees determined to be at risk for suicide. ODO identified no other cases suggestive of a pattern.

ODO confirmed the suicide prevention training program at MCADC meets NDS requirements. Documentation of current suicide prevention training was contained within the training files of the entire medical staff and in each of the (b)(7) randomly-selected detention officer files reviewed during the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SP&I-1

In accordance with the ICE NDS, Suicide Prevention and Intervention, section (III)(B), the FOD must ensure, “Upon change of custody, the staff with custody will inform the staff assuming custody about indications of suicide risk.”

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at MCADC to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE NDS. ODO toured the facility, interviewed facility staff and ICE detainees, tested telephones, and reviewed serviceability records maintained by ICE.

ODO confirmed there is at least one telephone per 15 detainees in each housing unit, and detainees in the SMU have access to telephones. All detainees interviewed stated they have ample access to telephones. ODO successfully tested six telephones to verify operability. MCADC permits detainees to place emergency personal calls as requested. MCADC does not allow incoming calls; however, MCADC officials relay incoming emergency telephone messages to detainees as received.

The MCADC detainee handbook states the rules for telephone usage; however, written copies of the telephone rules are not posted in general areas of the housing units (**Deficiency TA-1**). MCADC management permits detainees to place free calls directly to Federal and State courts, consular officials, and legal services.

Notices that all telephone calls are subject to monitoring are present on all detainee telephones; however, the procedures for obtaining unmonitored telephone calls are not posted near the monitored telephones (**Deficiency TA-2**). If a detainee wants to make a telephone call to legal counsel, the detainee must submit a detainee request to MCADC or ERO staff.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE NDS, Telephone Access, section (III)(B), the FOD must ensure, “The facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them.”

DEFICIENCY TA-2

In accordance with the ICE NDS, Telephone Access, section (III)(K)(2), 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;

2. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purpose of obtaining legal representation.”

USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at MCADC to determine if necessary use of force is utilized 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, in accordance with the ICE NDS. ODO interviewed facility and ERO staff, and reviewed policy and training records.

ODO confirmed facility policy addresses confrontation avoidance and differentiates between immediate and calculated force. The policy addresses de-escalation using the verbal judo approach and directs that force is to be used only after all reasonable alternatives have been exhausted. Facility staff and the SDDO reported no use of force incidents involving detainees during the 12 months preceding this inspection.

Oleoresin capsicum (OC) spray is the only intermediate use of force device used at MCADC. When necessary, a restraint chair is deployed. MCADC staff reported there have been no incidents involving use of the restraint chair on a detainee. A review of the training curriculum and training records for (b)(7) randomly-selected officers confirmed use of force training addresses all elements required by the NDS, and all certifications for use of OC are current. MCADC staff stated MCSO activates the MCSO Special Operations Team for cell extractions and other incidents requiring calculated use of force within the facility. ODO verified appropriate protective gear and video recording cameras are on site and available for use in calculated use of force incidents.

MCADC has an ERO-approved form for documenting use of force incidents, but MCADC management has not established written policy and procedures requiring after action reviews (**Deficiency UOF-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force section (III)(K), the FOD must ensure, “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.”

VISITATION (V)

ODO reviewed the Visitation standard at MCADC to determine if authorized persons, including legal and media representatives, are able to visit detainees within security and operational constraints, in accordance with the ICE NDS. ODO reviewed the detainee handbook, inspected the visiting area, and interviewed staff and detainees.

The facility has a non-contact visitation system. Upon arrival at the main entrance desk, visitors are required to sign a visitors log and present photo identification. After verification of identity, visitors proceed to an assigned visitation cubicle. MCADC staff escorts detainees from housing units to the visitation area, which is located next to central control. To maintain privacy, detainees use a telephone handset for communication purposes.

ODO confirmed no written visitation hours were posted where detainees can see them (**Deficiency V-1**). The facility initiated corrective action during the course of the inspection. MCADC permits visits from legal counsel seven days a week. MCADC management does not maintain a log to record all legal visitors, including those denied access to the detainee, and the reason(s) for denying access (**Deficiency V-2**).

MCADC written policy and procedures do not specify that MCADC permits 30-minute visitation periods under normal conditions (**Deficiency V-3**), and that immediate family members detained at the facility may visit with each other during normal visiting hours (**Deficiency V-4**). Written procedures do not state that legal service providers and legal assistants may telephone the facility in advance of a visit to determine whether a particular individual is present at the facility (**Deficiency V-5**). ODO verified MCADC management does not maintain an adequate supply of Notice of Entry of Appearance as Attorney or Accredited Representative (Form G-28) within the lobby area of the facility (**Deficiency V-6**). The G-28 is the form on which attorneys and accredited representatives provide information to establish their eligibility to appear and act on behalf of an applicant, petitioner, or respondent.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY V-1

In accordance with the ICE NDS, Visitation section, (III)(B), the FOD must ensure, “The facility shall provide written notification of visitation rules and hours in the detainee handbook, or equivalent, given each detainee upon admittance. The facility shall also post these rules and hours where detainees can easily see them.”

DEFICIENCY V-2

In accordance with the ICE NDS, Visitation section, (III)(I)(15), the FOD must ensure, “A separate log shall record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access.”

DEFICIENCY V-3

In accordance with the ICE NDS, Visitation section, (III)(H)(1), the FOD must ensure,

1. “The facility’s written rules shall specify time limits for visits: 30 minutes minimum, under normal conditions. INS encourages more generous limits when possible, especially for family members traveling significant distances to visit. In unforeseen circumstances, such as the number of visitors exceeding visiting room capacity, the OIC may modify visiting periods.”

DEFICIENCY V-4

In accordance with the ICE NDS, Visitation section, (III)(H)(2)(b), the FOD must ensure,

2. “Persons Allowed to Visit

Individuals from the following categories may visit:

- b. Immediate family members (see paragraph III.2.a., above) detained at the same facility may visit with each other during normal visiting hours.”

DEFICIENCY V-5

In accordance with the ICE NDS, Visitation section (III)(I)(6), the FOD must ensure,

6. “Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility. The request must be made to the on- site INS staff or, where there is no resident staff, to the INS office with jurisdiction over the facility.”

DEFICIENCY V-6

In accordance with the ICE NDS, Visitation section (III)(I)(8), the FOD must ensure,

8. “Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitor’s reception area. Staff shall collect completed forms and forward them to INS.”