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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

ERO Chicago Field Office

Lincoln County Detention Center

Troy, Missouri

December 2–4, 2014

**COMPLIANCE INSPECTION
LINCOLN 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.

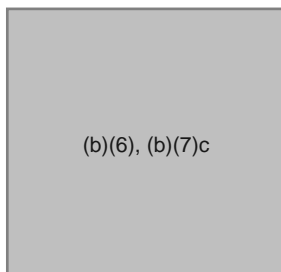
Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, 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



Inspections & Compliance Specialist (Team Lead)	ODO
Inspections & Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Lincoln County Detention Center (LCDC) in Troy, Missouri, from December 4 to 6, 2014. LCDC, which opened in 1995, is owned by Lincoln County and operated by the Lincoln County Sheriff's Department. ERO began housing detainees at LCDC in 2002 under an Intergovernmental Service Agreement. Male and female detainees of security classification levels I through III are detained at the facility for periods in excess of 72 hours. The inspection evaluated LCDC'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. An Assistant Field Office Director and a Supervisory Detention and Deportation Officer (SDDO) from the ERO St. Louis sub-

office oversee daily ICE operations at LCDC. There are no ICE employees physically located at LCDC. There is no ERO Detention Service Manager (DSM) assigned to LCDC.

Capacity and Population Statistics	Quantity
Total Bed Capacity	212
ICE Detainee Bed Capacity	40
Average Daily Population	115
Average ICE Detainee Population	15
Average Length of Stay (Days)	21
Male Detainee Population (as of 12/2/14)	10
Female Detainee Population (as of 12/2/14)	1

A Captain is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. LCDC employees provide food and medical services at the facility. The facility holds no accreditations.

This inspection represented ODO's first visit to LCDC. During this inspection ODO reviewed 17 NDS and found LCDC compliant with two standards. ODO found a total of 49 deficiencies in the remaining 15 standards: Access to Legal Materials (3 deficiencies), Admission and Release (1), Detainee Classification System (2), Detainee Grievance Procedures (2), Detainee Handbook (2), Environmental Health and Safety (6), Food Service (9), Funds and Personal Property (3), Medical Care (2), Recreation (1), Special Management Unit-Administrative Segregation (6), Special Management Unit-Disciplinary Segregation (3), Staff-Detainee Communication (4), and Telephone Access (3) and Use of Force (2). ODO made six recommendations¹ regarding facility policy and procedures (deficiencies) and cited two best practices.²

This report details all deficiencies and refers to the specific, relevant sections of the 2000 NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed preliminary findings with LCDC and ERO management during the inspection and at a closeout briefing conducted on December 4, 2014.

Upon admission, detainees complete intake screening forms and undergo medical screening. LCDC does not have an orientation video or any formal orientation process. The files of the 11

¹ Recommendations are annotated in this report as "R."

² Best practices are annotated in this report as "BP."

detainees currently housed at the facility were reviewed and all required documentation was present in each file.

ERO classifies detainees prior to assignment to LCDC. While reviewing the housing roster, ODO found a Level III and Level I detainee were assigned to the same housing unit. ODO notified facility staff and the Deportation Officer (DO) assigned to the facility, and immediate corrective action was taken. ODO found the facility handbook did not provide classification information, including an explanation of the classification levels and corresponding conditions and restrictions. The handbook also does not inform detainees of the procedures for appealing classification status.

Property and valuables are inventoried weekly. LCDC does not have a written policy for the inventory and audit of detainee funds, valuables, and personal property. Detainees sign for receipt of their funds and property upon departing the facility. Funds are returned to the detainee in cash. ODO reviewed the files of ten former detainees and confirmed signed receipts for returned property and funds were present. ODO reviewed LCDC's written policies and the facility handbook and found the facility does not have a policy addressing procedures for missing or damaged property and the facility handbook does not provide any information concerning personal property.

The law library is located in a designated room near the intake area. ODO verified the computer contained a current version of LexisNexis. Legal documents can be printed and copies are made with the assistance of a staff member. LCDC staff stated an employee inspects the law library an average of once or twice per month, but not weekly as required by the NDS. Detainees request use of the law library by submitting a request form. Although the Captain stated that detainees are permitted access throughout the week during waking hours, information provided in the facility handbook does not meet the minimum five hours per week. ODO reviewed the facility handbook and found it also does not inform detainees of the procedure for requesting additional time, the procedure for requesting legal reference materials not maintained in the law library, or the procedure for notifying a designated employee that library material is missing or damaged.

The grievance system at LCDC allows detainees to file informal, formal, and emergency grievances. However, LCDC's grievance policy does not contain procedures for the informal resolution of oral grievances. Grievance forms are available by submitting a request form, and detainees may obtain assistance from another detainee or facility staff in preparing a grievance. The facility will forward any grievances alleging staff misconduct to ERO and has established an appeals process for formal grievances. LCDC's handbook does not provide notice of the appeal level beyond the facility or the procedures for contacting ICE to appeal a decision of the facility; the policy prohibiting staff from retaliating against any detainee for filing a grievance; or information about the opportunity to file a direct complaint about officer misconduct.

The facility handbook is available in both English and Spanish. The handbook does not include programs and associated rules with the facility voluntary work program or access to personal property. ODO reviewed all 11 detention files for receipt of the facility handbook after four detainees stated that they did not receive a copy during detainee interviews. ODO found that the facility does not require detainees to sign for facility handbooks because they are in the process of implementing their hard-copy form into an electronic records database.

The overall sanitation was good throughout the facility. During a tour of the area, sanitation was found to be satisfactory, including the floors, windows, and showers. During interviews with staff, ODO learned the fire and safety officer conducts a monthly inspection; however, weekly inspections are not conducted, nor does the maintenance supervisor or designee conduct a monthly inspection. Fire alarms are tested on a monthly basis, but staff stated no actual fire drills are conducted. Documentation reflects generator testing and servicing by an external company is completed twice a year rather than quarterly, as required by the standard.

The food service department is operated by LCDC employees. The staff consists of the food service administrator and (b)(7)(e) cook. The staff is supplemented by (b)(7)(e) detainee and (b)(7)(e) county inmate workers who stack food trays on serving carts and assist with dishwashing and cleaning. ODO observed leftover food items in the units bore labels reflecting the date of original preparation; however, it was noted several had been maintained for five days, well beyond the maximum 24 hours allowed by the NDS. The food service administrator stated she was not aware of the standard and keeps leftovers for up to seven days. According to staff, surplus food items sufficient for one week are maintained, falling below the 15-day requirement set in the standard. Because surplus food items are maintained at such a low level, there is no perpetual inventory, and no process in place for conducting an annual inventory with a food service staff member and a member of the financial management staff.

Health care at LCDC is provided by (b)(7)(e) licensed practical nurses who are employees of the Lincoln County Sheriff's Office. Neither nurse is designated as the health services administrator; instead, they share both administrative and patient care duties, with clinical supervision provided by a registered nurse from the county health department, next door to the facility. A contract physician is the designated clinical medical authority and is on-site one day a week to perform physical examinations and see detainees referred to him by nursing staff. Mental health services are provided at the Crider Center, a local provider. Dental services are also provided in the community. Inspection confirmed the licenses of the physician and one of the nurses were current and verified at the primary source; however, the license of the second nurse expired on May 31, 2014, and had not been renewed at the time of the inspection. ODO brought this to the attention of LCDC staff and the nurse was removed from patient care duties. Reinstatement of the license is expected within the next few weeks, during which time the nurse will only perform administrative duties. Sick call slips are available in English and Spanish; however, detainees submit completed requests to nursing or detention staff. Submission of requests with recorded medical information through officers does not ensure patient privacy.

ODO was informed there were no detainee hunger strikes at LCDC in the 12 months preceding the inspection. The hunger strike policy is included in the LCDC Emergency Plans. ODO's review of the policy confirmed procedures are in place to identify and address the health care needs of a detainee on a hunger strike, including referral to the medical department and housing in an observation room. A review of training files for medical staff and (b)(7)(e) randomly selected correctional officers confirmed completion of training in hunger strike protocols at the time of employment and on an annual basis.

ODO was informed there were no detainee suicide attempts or suicide watch placements in the 12 months preceding the inspection. ODO verified screening for detainees at risk of suicide occurs as part of intake screening by both facility and medical staff. Policy requires that

detainees determined at risk for suicide be housed and monitored in accordance with the standard. Discontinuation of a suicide watch must be authorized by the physician. Inspection of the room used for suicide watch confirmed the room is suicide resistant and free of protrusions or objects that could assist in a suicide attempt. The room is under continuous video camera monitoring by staff in the booking department. Documentation reflects the use of this room for suicide watch has been approved by the clinical medical authority. Suicide prevention training is provided online by the Missouri Sheriffs Association Training Academy. Training is completed upon initial employment and annually. A review of the training program lesson plan confirmed all elements required by the NDS are covered. The training records of the medical staff and randomly selected officers documented current training. (b)(7)e

The facility has one indoor room used for recreation that is adjacent to the housing units. During interviews, several of the detainees reported not knowing when recreation was offered or how often. ODO reviewed the electronic log in which facility staff documents when each housing unit enters and leaves the recreation area. ODO found that recreation is not offered daily to all housing units, including those detainees housed in segregation.

ODO evaluated LCDC's sexual abuse and assault prevention and intervention program. Although LCDC was not required to comply with the 2011 PBNDS Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard at the time of the inspection, ODO noted any efforts made by the facility to comply with the standard's requirements. The ICE sexual abuse and assault reporting poster is hung in all of the housing units and in the intake area in both English and Spanish. Training is provided to facility staff on the Department of Justice's Prison Rape Elimination Act (PREA) policy.

There were no detainees on administrative or disciplinary segregation at the time of the review and according to staff, there have been no detainee placements in memory. ODO's review found LCDC's written procedures are not fully consistent with the NDS. According to policy, detainees in administrative or disciplinary segregation do not have the same commissary privileges as detainees in the general population. Allowance for exchange of uniforms and linens are consistent with general population and meet the requirements of the NDS; however, undergarments are only exchanged twice per week. Furthermore there is no separate recreation period allowed for detainees in segregation and social visiting privileges are suspended for detainees assigned to administrative segregation.

Detainees can submit written requests to ICE staff by filling out a request form and placing it in the door of the housing unit. ODO observed facility staff picking up requests forms on their daily rounds. Request forms are scanned and emailed to ERO staff. ODO reviewed all detainee requests from July through December and found that the requests were responded to within 72 hours of receiving the request from the facility. The facility does not have written procedures to route detainee requests through the appropriate ICE officials. The facility handbook does not inform detainees that he/she can submit written questions and concerns to ICE staff or the procedures for doing so, including the availability of assistance in preparing the request. The facility handbook is also missing the DHS OIG hotline information.

The LCDC handbook states pod telephones are a pod privilege and as such can be taken away for a pod violation. It further states that failure to maintain a clean pod will result in the loss of a

pod privilege, including telephone usage. As per the NDS, the facility may restrict the number and duration of non-legal calls for reasons of availability, orderly operation (such as meals and counts), and emergencies only. LCDC staff stated facility staff does not regularly check telephones for serviceability. Notifications that calls are subject to monitoring are posted on each telephone, but this information is not included in the facility handbook. Telephones are available in the intake area for detainees to make private and unmonitored legal calls. However, the procedure for obtaining an unmonitored call was not posted at each monitored telephone, nor included in the facility handbook.

ODO was informed there were no use of force incidents involving ICE detainees in the 12 months preceding the inspection. A Correctional Emergency Response Team (CERT) has recently been developed and initial training was held on November 11, 2014. The training was attended by (b)(7)(e) team members and focused on cell extraction techniques. A review of training files for (b)(7)(e) randomly selected non-CERT officers found training in pressure point control tactics, oleo capsicum spray, and X-26 Tasers; however, there was no documentation of training in the use of force team technique required by the standard. In addition, ODO notes detention staff are not trained in confrontation avoidance. LCDC does not have a use of force policy specific to the facility.

OPERATIONAL ENVIRONMENT

DETAINEE RELATIONS

ODO interviewed all 11 detainees (ten males and one female) to assess the conditions of confinement at LCDC. Interview participation was voluntary and none of the detainees expressed allegations of abuse, discrimination or mistreatment. The majority of detainees reported being satisfied with facility services, with a few exceptions below.

Personal Hygiene: Several detainees reported not receiving toothpaste or a toothbrush upon admission to the facility. ODO looked into the issue and found that the supply in intake had run out, but the facility had more personal hygiene kits locked up in a storage area and was able to address this issue while ODO was on-site. Furthermore, detainees do not sign for the issuance of any hygiene items or clothing received by the facility. While on-site, ODO recommended the facility use a receipt form for these items (*see recommendation R-2*).

Detainee Handbook: Several detainees stated they had not received a facility handbook. The facility does not require detainees to sign for receipt of the handbook because the facility is in the process of establishing an electronic records database that will include the form. As a result, the facility could not verify issuance. ODO cited this as a deficiency under the Detainee Handbook standard. ODO recommends the facility use their hard copy form for the issuance of facility items until the electronic version is implemented (*see recommendation R-3*).

Medical Care: One detainee stated he had untreated pain in an old scar on the side of his abdomen. ODO looked into the issue and verified treatment was appropriate and pain relievers were available.

Searches of Detainees: The female detainee reported being strip-searched upon arrival to the facility. Facility staff vehemently denied any occurrences of strip-searching detainees and there was no documentation regarding the search of this detainee in her detention file to verify her allegation.

ICE 2000 NATIONAL DETENTION STANDARDS

ODO reviewed a total of 17 NDS and found LCDC fully compliant with the following two standards:

1. Hunger Strikes
2. Suicide Prevention and Intervention

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 49 deficiencies in the following 15 standards.

1. Access to legal Materials
2. Admission and Release
3. Detainee Classification System
4. Detainee Grievance Procedures
5. Detainee Handbook
6. Environmental Health and Safety
7. Food Service
8. Funds and Personal Property
9. Medical Care
10. Recreation
11. Special Management Unit-Administrative Segregation
12. Special Management Unit-Disciplinary Segregation
13. Staff-Detainee Communication
14. Telephone Access
15. Use of Force

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 LCDC 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 2000 NDS. ODO toured the law library, interviewed staff, and reviewed the facility handbook.

The law library is located in a designated room near the intake area. The law library is well-lit and has sufficient furnishings and equipment. ODO verified the computer contained a current version of LexisNexis. Detainees have access to paper, writing utensils, an on-site notary, and envelopes and stamps upon request. Legal documents can be printed and copies are made with the assistance of a staff member. LCDC staff stated an employee inspects the law library an average of once or twice per month, but not weekly as required by the NDS **(Deficiency ALM-1)**.

Detainees request use of the law library by submitting a request form. Although the Captain stated that detainees are permitted access throughout the week, during waking hours, the LCDC handbook states the law library is available on Saturdays from 2:00 p.m. until 6:00 p.m. only. This does not meet the minimum of five hours per week **(Deficiency ALM-2)**. The facility initiated corrective action during the course of the inspection to update this information in the facility handbook.

LCDC policy affords the same law library privileges to detainees in special management units. Facility staff informed ODO that illiterate and limited English-proficient detainees are provided assistance with their legal paperwork, as needed. Detainees with appropriate language, reading, and writing abilities are also allowed to provide assistance. LCDC facility staff provide indigent detainees with free envelopes, stamps, notary services, and certified mail for legal matters.

The facility's handbook informs detainees that the law library is available for use, the scheduled hours of access, and the procedure for requesting access. It does not inform detainees of the procedure for requesting additional time, the procedure for requesting legal reference materials not maintained in the law library or the procedure for notifying a designated employee that library material is missing or damaged, nor are these policies and procedures posted in the law library **(Deficiency ALM-3)**. The facility initiated corrective action during the course of the inspection to correct these deficiencies.

LCDC does not have a written law library policy. ODO recommends implementation of a law library/legal materials written policy to include, at a minimum: designation of an employee responsible for inspecting the law library, hours of access, the facility's policy on personal legal materials, procedures for providing access and supplies, and the prohibition of retaliation because of a decision to seek judicial relief on any matter **(R-1)**.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE 2000 NDS, Access to Legal Material, section (III)(B), the FOD must ensure, “The facility shall designate an employee with responsibility to inspect the equipment at least weekly and ensure that it is in good working order, and to stock sufficient supplies.”

DEFICIENCY ALM-2

In accordance with the ICE 2000 NDS, Access to Legal Material, section (III)(G), the FOD must ensure, “Each detainee shall be permitted to use the law library for a minimum of five (5) hours per week.”

DEFICIENCY ALM-3

In accordance with the ICE 2000 NDS, Access to Legal Material, section (III)(Q)(4)(5)(6), 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:

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 LCDC 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 2000 NDS.

No detainees were admitted to the facility during the inspection. ODO was informed new arrivals are screened and interviewed by booking officers. Detainees are pat-searched after restraints are removed in a room located between the enclosed vehicle sally port and the main booking area. According to policy and staff interviewed, detainees are not strip-searched unless reasonable suspicion exists that they are secreting contraband, and only after approval by a supervisor. During detainee interviews, however, the one female detainee reported being strip-searched upon arrival to the facility. There was no documentation regarding the search of this detainee in her detention file to verify the allegation.

Detainee property is searched and inventoried in this area, and any funds are counted and placed in a drop safe. Detainees are allowed to shower and change from civilian clothes to the facility uniform in a separate room shielded from the booking area.

The intake process includes completion of emergency contact information forms, issuance of the facility handbook, and medical intake screening. LCDC does not have an orientation video or any formal orientation process (**Deficiency AR-1**).

Detainees are issued an intake kit in a plastic storage box containing a sheet, blanket, bath towel, comb, toothbrush, tooth paste, shampoo/body wash, deodorant, and lotion. Detainees are also issued two uniform shirts, two uniform pants, two pairs of underwear, and two t-shirts. Indigent detainees are issued replacement items every 30 days. Laundry services are available twice weekly for all clothing. Several of the detainees reported not receiving toothpaste or a toothbrush upon admission to the facility. ODO looked into the issue and found that the supply in intake had run out but the facility had more personal hygiene kits locked up in a storage area. The issue was corrected while ODO was on-site. Furthermore, detainees do not sign for the issuance of any hygiene items or clothing received by the facility, so ODO recommended the facility implement use of a receipt form for these items (**R-2**).

The files of the 11 detainees currently housed at the facility were reviewed and all of the required documentation was present in each file. An additional ten files of detainees who had been released from the facility were reviewed. All included the required documentation.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE 2000 NDS, Admission and Release, section (III)(A)(1), the FOD must ensure,

1. “The orientation process supported by a video (ICE) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include

prohibited activities and unacceptable and the associated sanctions (see the “Disciplinary Policy” standard).”

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System standard at LCDC to determine if there is a requirement for a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE 2000 NDS. ODO interviewed staff, and reviewed detention files, the housing roster, and policies and procedures.

Based on review of policy and interviews with staff, ODO determined that ERO classifies detainees prior to assignment to LCDC. The classification is reviewed by an ERO supervisor, and then faxed to LCDC. Booking staff review all information during the intake process. ODO's review of the detention files of all 11 detainees held at time of the inspection confirmed the presence of necessary and required information supporting appropriate classification.

While reviewing the housing roster, ODO found a Level III and Level I detainee were assigned to the same housing unit (**Deficiency DCS-1**). ODO notified the facility and Deportation Officer assigned to the facility, and immediate corrective action was taken.

ODO's review of the facility handbook found classification information is not provided, including an explanation of the classification levels and corresponding conditions and restrictions and the procedures for appealing classification status (**Deficiency DCS-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with ICE 2000 NDS, Detainee Classification System, section (III)(E)(1)(a), the FOD must ensure,

1. **“Level 1 Classification**
 - a. May not be housed with Level 3 Detainees.”

DEFICIENCY DCS-2

In accordance with ICE 2000 NDS, Detainee Classification System, and section (III)(I), the FOD must ensure, “The detainee handbook’s section on classification will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each.”
2. The procedures by which a detainee may appeal his/her classification.”

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedure standard at LCDC 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 2000 NDS. ODO reviewed detention files, logbooks, policies, and the facility handbook, and interviewed staff.

The grievance system at LCDC allows detainees to file informal, formal, and emergency grievances. However, LCDC grievance policy does not contain procedures for the informal resolution of oral grievances (**Deficiency DGP-1**).

Grievance forms are available by submitting a request form, and detainees may obtain assistance from another detainee or facility staff in preparing a grievance. The facility will forward any grievances alleging staff misconduct to ERO and has established an appeals process for formal grievances.

At the time of inspection, LCDC did maintain an electronic grievance log to document and track grievances filed by detainees. However, this log was created a few weeks prior to ODO's inspection, and therefore, a review of grievances filed in the 12 months preceding the inspection was not possible. ODO reviewed all ten grievances (from three detainees) in the computer system's electronic log. Of these ten, none involved staff misconduct; two involved phones; one involved property; three involved lockdown; one requested grooming equipment; one requested removal from a special diet; one requested to contact an attorney; and one involved general custody. In addition, ODO reviewed the detention files of all 11 detainees currently held at LCDC and found two additional grievances: One regarding a request for a haircut and one regarding a request for an account refund. No patterns or trends were observed.

The facility's handbook provides notice to detainees of the opportunity to file a formal and informal grievance and the procedures for filing a grievance and appeal. LCDC's handbook does not provide notice of the appeal level beyond the facility OIC (officer in charge), which is ICE, the procedures for contacting ICE to appeal a decision of the OIC, the policy prohibiting staff from retaliating against any detainee for filing a grievance, or the information about the opportunity to file a direct complaint about officer misconduct (**Deficiency DGP-2**). The facility initiated corrective action during the course of this inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE 2000 NDS, Detainee Grievance Procedures, section (III)(A)(1), the FOD must ensure, "Each facility will institute procedures for informal resolution of oral grievances."

DEFICIENCY DGP-2

In accordance with the ICE 2000 NDS, Detainee Grievance Procedures, section (III)(G)(3)(4)(5), the FOD must ensure, “The grievance section of the detainee handbook will provide notice of the following:

3. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved. The level above the CDF-OIC is the ICE-OIC.
4. The procedures for contacting ICE to appeal the decision of the OIC of a CDF or an IGSA facility.
5. The policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance.

In accordance with the Change Notice National Detentions Standards Staff-Detainee Communication Standard, dated June 15, 2007, the FOD must ensure, “Until the detainee handbooks can be revised during the annual update, ICE staff shall ensure that each detainee in ICE custody is informed in writing the OIG contact information: DHS OIG Hotline

Write to:
245 Murray Drive, S.E., Building 410
Washington, D.C. 20538

Email to:
DHSOIGHOTLINE@DHS.GOV

Or Telephone
1-800-323-8603.”

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook standard at LCDC to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in accordance with the ICE 2000 NDS. ODO reviewed the facility handbook, interviewed detainees, and inspected detention files.

The facility handbook is available in both English and Spanish. The facility handbook includes information on detainee rights, facility rules, disciplinary process, and contraband policy, issuance of clothing, headcounts, mail procedures, telephone access, visitation procedures, and availability of recreation, canteen use, law library privileges, and medical services. The handbook does not include information regarding programs and associated rules with the facility voluntary work program, or access to personal property (**Deficiency DH-1**).

ODO reviewed all 11 detention files for receipt of the facility handbook after four detainees claimed to have not received a copy during detainee interviews. ODO found that the facility does not require detainees to sign for facility handbooks because they are in the process of implementing their hard-copy form into an electronic records database (**Deficiency DH-2**). ODO recommends the facility use their hard copy form for the issuance of facility items until the electronic version is implemented (**R-3**).

Other deficiencies related to information missing from the Detainee Handbook are reported as: **Deficiencies ALM-3, DCS-2, DGP-2, F&PP-3, SDC-3, SDC-4 and TA-3.**

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE 2000 NDS, Detainee Handbook, section (III)(B), the FOD must ensure, "The overview will briefly describe individual program and services and associated rules. Among others, these include recreation, visitation, education, voluntary work, telephone use, correspondence, library use, and the canteen/commissary. This overview will also cover medical policy (sick-cell); facility-issued items, e.g., clothing, bedding, etc.; access to personal property; and meal service."

DEFICIENCY DH-2

In accordance with the ICE 2000 NDS, Detainee Handbook, section (I), the FOD must ensure, "Every detainee will receive a copy of the handbook upon admission to the facility."

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at LCDC 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 2000 NDS. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, and fire processes.

The staff person responsible for maintenance at LCDC is also responsible for maintenance of the adjacent courthouse. All bulk hazardous substances are stored in a secure building outside of the facility. ODO's inspection found no master index of hazardous substances used within LCDC is maintained by the maintenance supervisor or designee, as required by the standard **(Deficiency EH&S-1)**. The maintenance supervisor produced a binder containing only Material Safety Data Sheets (MSDS). The binder did not include the locations, emergency contact information, or documentation of annual reviews, or documentation that the information had been forwarded to the fire department. ODO noted the MSDS for hazardous substances used in the food service area was not included in the binder. Staff informed ODO the MSDS were provided to the food service staff by their commercial dishwashing system vendor, but copies had not been forwarded to the maintenance supervisor **(Deficiency EH&S-2)**. The facility initiated corrective action during the course of the inspection by adding emergency contact information and beginning development of the master index which included the MSDS for food service chemicals.

The overall sanitation was good throughout the facility. LCDC employs a civilian custodian who is responsible for the sanitation of all general and administrative areas. The custodian was observed cleaning daily during the inspection, and all cleaning supplies were labeled and in their commercial containers. Cleaning within housing areas is the responsibility of detainees and inmates. During ODO's tour of the area, sanitation was found to be satisfactory, including the floors, windows, and showers. A mop, bucket and cleaning substances are delivered every morning and were observed in each unit. Spray bottles with cleaning fluid delivered to the housing units and laundry area were not labeled to identify the contents **(Deficiency EH&S-3)**.

LCDC's designated fire and safety officer is a deputy who has a number of additional duties, including serving as the training officer. The facility has a contract with a safety fire equipment vendor to perform annual inspections which include evaluating all fire equipment and testing of alarms and sprinklers. ODO's review of documentation confirmed the inspections were done in each of the last three years. Inspection tags on the fire extinguishers and the kitchen hood suppression system were current. During interviews with staff, ODO learned the fire and safety officer conducts a monthly inspection; however, weekly inspections are not conducted, nor does the maintenance supervisor or designee conduct a monthly inspection **(Deficiency EH&S-4)**.

LCDC policy covers fire prevention, control and evacuation plans. Fire alarms are tested on a monthly basis, but staff stated no actual fire drills are conducted **(Deficiency EH&S-5)**. Exit diagrams were prominently displayed throughout the facility. They were in large print in both English and Spanish with fire equipment locations clearly identified and had "you are here" markers.

ODO was informed the emergency generators are programmed to automatically self-test on a weekly basis, in accordance with the manufacturer's specifications. However, no documentation of testing completion is produced. The maintenance supervisor informed ODO that LCDC plans to start logging the weekly testing using the equipment's hour meter. Documentation reflects generator testing and servicing by an external company is completed twice a year rather than quarterly as required by the standard (**Deficiency EH&S-6**).

A local company is under contract for professional pest control inspections and eradication. Monthly invoices for 2014 confirmed services were provided.

ODO verified the inventory of sharps in the medical department was current and accurate. Appropriate biohazard waste equipment was observed in a locked area within medical, and disposed of by a licensed, commercial vendor. Blood and body fluid kits were also maintained in the medical area.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with ICE 2000 NDS, Environmental Health and Safety, section (III)(B), the FOD must ensure, "Staff will provide a copy of this information and all MSDSs [Material Safety Data Sheets] contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor or designate."

DEFICIENCY EH&S-2

In accordance with ICE 2000 NDS, Environmental Health and Safety, section (III)(C), the FOD must ensure, "The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including location, along with a master file of MSDS's. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of a semi-annual reviews will be maintained in the MSDS master file.

The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control, etc.)."

DEFICIENCY EH&S-3

In accordance with ICE 2000 NDS, Environmental Health and Safety, section (III)(J)(1)(2)(4), the FOD must ensure, "The OIC [Officer in Charge] will individually assign the following responsibilities associated with the labeling procedure:

1. Identify the hazardous nature of the materials adopted for use;
2. Requiring the use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;
4. Placing correct labels on all smaller containers when only the shipping container bears the manufacturer-affixed label."

DEFICIENCY EH&S-4

In accordance with ICE 2000 NDS, Environmental Health and Safety, section (III)(L)(2), the FOD must ensure, “A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office.”

DEFICIENCY EH&S-5

In accordance with ICE 2000 NDS, Environmental Health and Safety, section (III)(L)(4), the FOD must ensure, “Monthly fire drills will be conducted separately in each department.

- a. Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours will be timed so that employees on each shift participate in an annual drill.
- b. Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. Staff-simulated drills will take place instead in the areas where detainees are not evacuated.
- 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-6

In accordance with ICE 2000 NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure, “The emergency generator will also receive quarterly testing and servicing from an external generator-servicing company.”

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at LCDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE 2000 NDS. ODO interviewed several staff and a detainee worker, inspected the kitchen and storage areas, observed meal preparation and service, taste-tested the food, and reviewed policy and relevant documentation.

The food service department is operated by LCDC employees. The staff consists of the food service administrator and (b)(7)e cook who work overlapping shifts to provide coverage from 5:00 a.m. to 7:00 p.m. on weekdays. Weekend coverage is split between the (b)(7)e. The staff is ServSafe certified; however, the training officer and food service administrator informed ODO that training in detainee custody matters and the ICE detention standards is not provided **(Deficiency FS-1)**. The staff is supplemented by (b)(7)e detainee and (b)(7)e county inmate workers who stack food trays on serving carts and assist with dishwashing and cleaning. The workers do not assist in preparation and placing of food items on trays, or preparation of sack lunches. ODO confirmed the workers and staff received medical clearance.

ODO verified LCDC's six month menu cycle was reviewed, approved, signed and dated by a registered dietician. There is an approved common fare menu which accommodates religious dietary preferences. Procedures are in place for approval and issuance of special diets for religious and medical purposes. At the time of the inspection, ODO observed 12 special diet trays, though it could not be determined if any were for detainees.

During ODO's observation of preparation of a lunch meal, staff was seen taste-testing food items and taking and recording food temperatures. Staff placed prepared food items on insulated trays which were then placed on carts and taken to housing units by food service workers under the supervision of staff. As trays were issued, the officer scanned each detainee's identification bracelet to check it against the master roster. This automated system is cited as a best practice because it documents issuance of regular and special diet trays, and supports identification of detainees who refuse meals **(BP-1)**.

Staff and workers were observed wearing clean uniforms, hats, gloves and aprons as necessary. On the first day of the inspection, the detainee and inmate workers were not wearing beard guards, though all three had facial hair **(Deficiency FS-2)**. This was brought to the attention of the food service administrator and the facility initiated corrective action immediately. On subsequent unannounced visits during the inspection, the workers were wearing beard guards.

ODO verified procedures are in place to ensure proper control of food items and ingredients, utensils and knives. Staff reported knives are not used while detainee/inmate workers are present. All dishwashing and sanitizing chemicals are secured and dispensed through an automated system. Workers are pat-searched by security staff prior to starting work and when returning to their housing units; however, staff confirmed there are no established procedures for conducting daily searches of work areas to verify contraband has not been secreted **(Deficiency FS-3)**.

The food service department includes a kitchen, dishwashing area with an automatic dishwasher and labeled tri-sink washing/sanitizing station, and a separate section with dry storage, walk-in refrigerator and freezer unit. Inspection found the entire food service area clean, well-lit and organized. The equipment appeared well maintained and sanitary. The hoods over the cooking area were found exceptionally clean and completely free of any greasy residue. The food preparation area is cleaned after each meal, and there is a weekly “deep clean” process involving a thorough cleaning of all areas and break down and cleaning of all equipment. The sanitation program is detailed in a written plan which includes the schedule and specific requirements. However, the sanitation program does not include weekly inspections of the food service area by any LCDC staff member. The food service administrator confirmed no inspections are conducted (**Deficiency FS-4**).

The dry storage area was small but well organized. Required clearances from the ceiling and walls were met. The temperatures in the walk-in refrigerator and freezer were well within the range set in the standard. ODO observed leftover food items in the units bore labels reflecting the date of original preparation; however, it was noted several had been maintained for five days, beyond the maximum 24 hours allowed by the NDS (**Deficiency FS-5**). The food service administrator stated she was not aware of the standard and keeps leftovers for up to seven days.

Staff and workers were observed washing their hands at a sink in the food service area before starting work and frequently throughout their shift. Signs were posted stating hand washing is required after removing gloves; however, there were no signs reminding staff and workers they are required to wash their hands after using the restroom and prior to returning to work (**Deficiency FS-6**). Further, there is no staff or worker lavatory in the food service area (**Deficiency FS-7**). Separate lavatories for both are located outside of the kitchen area, down the hall in the booking area. Workers must be escorted to the area, and the restroom designated for their use is also used by detainees and inmates during the admission process. There was no hand washing signage, and no paper towels or hand drying device. Inspection of the staff restroom also found no hand washing signage.

According to staff, surplus food items sufficient for one week are maintained, falling below the 15-day requirement set in the standard (**Deficiency FS-8**). Because surplus food items are maintained at such a low level, there is no perpetual inventory, and no process in place for conducting an annual inventory with a food service staff member and a member of the financial management staff (**Deficiency FS-9**). The food service administrator stated there are plans to increase the inventory of surplus items.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE 2000 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 the ICE’s detention standards.”

DEFICIENCY FS-2

In accordance with the ICE 2000 NDS, Food Service, section (III)(B)(8), the FOD must ensure, “Detainees with facial hair shall be required to wear beard guards when working in the food preparation or food serving areas.”

DEFICIENCY FS-3

In accordance with the ICE 2000 NDS, Food Service, section (III)(B)(5), the FOD must ensure, “All facilities must establish daily searches (shakedowns) of detainee work areas (trash, etc.) as standard operating procedures, paying particular attention to trash receptacles.”

DEFICIENCY FS-4

In accordance with ICE 2000 NDS, Food Service, section (III)(H)(13), the FOD must ensure, “The facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.”

DEFICIENCY FS-5

In accordance with the ICE 2000 NDS, Food Service, section (III)(D)(8), the FOD must ensure, “Prepared food items which have not been placed on the serving line may be retained for no more than 24 hours.”

DEFICIENCY FS-6

In accordance with ICE 2000 NDS, Food Service, section (III)(H)(2)(a), the FOD must ensure, “Staff and detainees shall not resume work after visiting the toilet facility without first washing their hands with soap or detergent. The FSA shall post signs to this effect.”

DEFICIENCY FS-7

In accordance with ICE 2000 NDS, Food Service, section (III)(H)(9)(a)(c), the FOD must ensure,

- a. “Adequate and conveniently located toilet facilities shall be provided for all food service staff and detainee workers...Signs shall be prominently displayed directing all personnel to wash hands after using the toilet.
- c. Soap or detergent and paper towels or a hand-drying device providing heated air shall be available at all times in each lavatory.”

DEFICIENCY FS-8

In accordance with ICE 2000 NDS, Food Service, section (III)(J)(4) the FOD must ensure, “While the FSA shall base inventory levels on facility needs, each facility will at all times stock a 15-day minimum food supply.”

DEFICIENCY FS-9

In accordance with ICE 2000 NDS, Food Service, section (III)(J)(6), the FOD must ensure, “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.”

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at LCDC to determine if controls are in place to inventory, receipt, store, and safeguard detainees' personal property, in accordance with the ICE 2000 NDS. ODO reviewed policies, interviewed staff, inspected property storage areas, and reviewed detainee files.

Property is inventoried during intake and a copy of the inventory is signed by the detainee and placed in the detention file. The property and inventory is placed in a mesh hanging bag clearly marked as ICE detainee property. The bags are stored in the secured property room in alphabetical order, identified with the detainee's name and A-number. Valuables, including any foreign currency, are stored in sealed plastic bags and placed inside the hanging property bags. Any cash is counted by (b)(7)e staff members, and then placed into the drop safe. Copies of the transaction are given to the detainee, placed in the detention file, and forwarded to the LCDC finance clerk.

Property and valuables are inventoried weekly. LCDC does not have a written procedure for inventory and audit of detainee funds, valuables, and personal property (**Deficiency F&PP-1**). The finance clerk informed ODO the facility is audited by Lincoln County annually and by the State of Missouri every four years.

Detainees sign for their funds and property upon departing the facility. Funds are returned to the detainee in cash. ODO reviewed the files of ten former detainees and confirmed signed receipts for returned property and funds were present.

LCDC does not have a policy addressing the process for missing or damaged property (**Deficiency F&PP-2**). The facility handbook issued to detainees upon arrival addresses LCDC's policies and procedures regarding funds; however, the handbook does not provide any information concerning personal property (**Deficiency F&PP-3**).

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with ICE 2000 NDS, Funds and Personal Property, section (III)(F), the FOD must ensure, "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property."

DEFICIENCY F&PP-2

In accordance with ICE 2000 NDS, Funds and Personal Property, section (III)(H), the FOD must ensure, "Each facility shall have a written policy and procedures for detainee property reported missing or damaged."

DEFICIENCY F&PP-3

In accordance with ICE 2000 NDS, Funds and Personal Property, section (III)(J), the FOD must ensure, "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

1. Which items they may retain in their possession;
2. That, upon request, they will be provided and ICE-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
3. The rules for storing or mailing property not allowed in their possession;
4. The procedure for claiming property upon release, transfer, or removal;
5. The procedures for filing a claim for lost or damaged property.”

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at LCDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE 2000 NDS. ODO toured the medical department, reviewed staff licensure, policies and procedures, and interviewed the physician, nurses, and facility administrative staff. In addition, ODO examined the medical records of the 11 detainees currently housed at LCDC. All records were checked for intake screenings, initial health appraisals, tuberculosis clearances sick call requests, and transfer documentation. ODO also reviewed training records for (b)(7)e detention officers and the medical staff.

LCDC holds no accreditations. Health care at LCDC is provided by (b)(7)e licensed practical nurses who are employees of the Lincoln County Sheriff's Office. The nurses are full-time and on-site, Monday through Friday, during standard business hours. Neither nurse is designated as the health services administrator; instead, they share both administrative and patient care duties, with clinical supervision provided by a registered nurse from the county health department, next door to the facility. A contract physician is the designated clinical medical authority and is on-site one day a week, to perform physical examinations and see detainees referred to him by nursing staff. The physician is also on call 24 hours a day, seven days a week. There are no mental health providers employed by LCDC or on contract. Mental health services are provided at the Crider Center, a local provider. Dental services are also provided in the community.

Inspection confirmed the licenses of the physician and (b)(7)e of the nurses were current and verified at the primary source; however, the license of the (b)(7)e nurse expired on May 31, 2014 and had not been renewed at the time of the inspection (**Deficiency MC-1**). ODO brought this to the attention of LCDC administrative staff and the nurse was removed from patient care duties. In addition, the Missouri State Board of Nursing was contacted to verify there was no pending disciplinary action against the nurse, and to inquire about reinstatement of her license. On the first day of the inspection, an application for license renewal with a cover letter from the Lincoln County Sheriff was submitted to the Missouri State Board of Nursing. Reinstatement of the license is expected within the next few weeks, during which time the nurse will perform administrative duties, only. ODO recommends the facility establish a system for ensuring licenses of medical staff remain current (**R-4**).

The clinic is adjacent to the jail booking area and consists of office space, one examination room affording appropriate privacy, a medication room, and storage rooms. In addition, there are two rooms with a total of six beds used as an infirmary and for medical observation. Neither of the rooms has negative air pressure for respiratory isolation. ODO was informed a detainee requiring isolation would be transferred to the Lincoln County Hospital, which is also used for emergency medical services and a higher level of medical care than can be provided at the facility.

Trained booking officers conduct intake screening at the time of detainees' arrival. Inspection of training records for (b)(7)e randomly selected officers confirmed completion of medical screening training by the Missouri Sheriffs Association upon hire. ODO's review of the screening form confirmed it addresses current and past medical conditions, medications, and mental health history. Nursing staff review the forms completed by officers and perform a follow up screening

using ICE Health Services Corp (IHSC) form 795-A. Detainees are screened for tuberculosis by way of purified protein derivative (PPD) skin test, and a chest X-ray is arranged for any detainee with a present or past positive test. Within 14 days of arrival, the physician conducts a health appraisal which includes a hands-on-physical examination and dental screening, documented on IHSC form 795-B. The medical records of all 11 detainees documented completion of intake screening by officers upon the detainees' arrival, followed up by a screening with (b)(7)(e) of the nurses, consent for treatment forms, and completion of health appraisals by the physician between one and 14 days of arrival.

According to policy and staff reports, detainees access health care services by completing sick call requests and submitting the completed requests to nursing or detention staff
(Deficiency MC-2). Because medical information is recorded on the requests, submission through facility staff does not assure patient privacy. The sick call slip is available in English and Spanish. Nurses triage requests upon receipt, and conduct sick call five days a week following nursing protocols signed by the physician. According to the nurses and physician, referrals are made when necessary and detainees are seen promptly for follow up. ODO's medical record review found no detainees had submitted sick call requests.

Medications are provided by a contract pharmacy. The medications are distributed by nursing staff when on duty, and by officers during the evenings and on weekends. The (b)(7)(e) officer training records reviewed by ODO documented completion of training by nursing staff. Distribution of medications is recorded on medication administration records, and according to the nursing staff, entries made by officers are routinely reviewed. There were no detainees on medications at the time of the inspection, and no detainees with a chronic medical condition or special needs.

Officers are required to maintain certification in first aid, cardiopulmonary resuscitation, and automated external defibrillator use. ODO's review of training records for (b)(7)(e) officers and medical staff confirmed completion of current training in these subjects, as well as four-minute medical emergency response.

ODO notes that on October 16, 2014, LCDC implemented an "Ebola Infectious Disease" questionnaire. Arriving detainees and inmates are asked if they have traveled to, or been in contact with a traveler to West Africa and are screened for Ebola symptoms including fever, headache, diarrhea, vomiting, stomach pain, muscle pain and any unexplained bleeding or bruising. This is cited as a best practice **(BP-2)**.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE 2000 NDS, Medical Care, section (III)(C), the FOD must ensure, "The health care staff will have a valid professional licensure and or certification."

DEFICIENCY MC-2

In accordance with ICE 2000 NDS, Medical Care, section (III)(M), the FOD must ensure, "All providers shall protect detainees' medical information to the extent possible while permitting the

exchange of health information required to fulfill program responsibilities and to provide for the well being of detainee.”

RECREATION³

ODO noted a deficiency related to access of recreation. Several of the detainees interviewed reported not knowing when recreation was offered and how often. The facility has one indoor room used for recreation that is adjacent to the housing units. ODO reviewed the electronic log in which facility staff documents when each housing unit enters and leaves the recreation area. ODO found that recreation is not offered daily to all housing units, including those detainees housed in segregation (**Deficiency R-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY R-1

In accordance with the ICE 2000 NDS, Recreation, section (III)(B)(2), the FOD must ensure, “If only indoor recreation is available, detainees shall have access for at least one hour each day and shall have access to natural light.”

³ The NDS standard pertaining to Recreation was not scheduled to be reviewed during this inspection and was not reviewed in its entirety. This deficiency is being formally cited in the body of this report based on the information obtained during interviews with detainees and facility staff.

SPECIAL MANAGEMENT UNIT– ADMINISTRATIVE SEGREGATION (SMU-AS)

ODO reviewed the Special Management Unit – Administrative Segregation standard at LCDC to determine if the facility has procedures in place to temporarily segregate detainees for administrative reasons, in accordance with the ICE 2000 NDS. ODO toured the Special Management Unit (SMU), interviewed staff, and reviewed policies and SMU documentation.

There were no detainees on administrative segregation at the time of the review and according to staff, there have been no detainee placements in memory. LCDC’s SMU has two tiers with four cells on each. The cells measure 70 square feet and have three bunks. The original design of the cell was for one occupant, though ODO was informed a three-bunk fixture was added to increase the SMU capacity. ODO notes the NDS states the number of detainees confined to a cell in administrative segregation should not exceed the design capacity. In the event any detainees require administrative segregation in the future, ODO recommends that the policy state no more than one detainee will be placed in a cell at a time (**R-5**). Inspection found the cells were well ventilated, adequately lit, appropriately heated, and maintained in good sanitary condition. According to staff, both tiers of the SMU may house detainees on either administrative or disciplinary segregation, with separation afforded by cell assignment.

ODO’s review confirmed the facility policy requires issuance of administrative segregation orders and completion of status reviews as required by the standard. However, LCDC’s written procedures are not fully consistent with the NDS (**Deficiency SMU-AS-1**). According to policy, detainees in administrative segregation do not have the same commissary privileges as detainees in the general population. They are only allowed personal hygiene items, paper, writing utensils, envelopes, and stamps (**Deficiency SMU-AS-2**). Allowance for exchange of uniforms and linens is consistent with the general population and meets the requirements of the NDS; however, undergarments are only exchanged twice per week. The SMU-Administrative Segregation standard states clothing and linen exchange must be in accordance with the Issuance and Exchange of Clothing, Bedding and Towels standard. This standard requires daily exchange of undergarments (**Deficiency SMU-AS-3**). Detainees are allowed one hour out of their cells each day, during which they must choose between going to the recreation area, or making phone calls, showering, and shaving. There is no separate recreation period (**Deficiency SMU AS-4**). Though legal visitation is allowed, social visiting privileges are suspended for detainees assigned to administrative segregation (**Deficiency SMU-AS-5**). LCDC has not established any guidelines regarding the items of personal property allowed within the SMU (**Deficiency SMU AS-6**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU-AS-1

In accordance with the ICE 2000 NDS, Special Management Unit, Administrative Segregation, section (III)(A), the FOD must ensure, “Administrative Segregation is a non-punitive form of separation from the general population used when the continued presence of the detainee in the general population would pose a threat to self, staff, other detainees, property, or the security or orderly operation of the facility. Others in this housing status includes detainees who require protective custody, those who cannot be placed in the local population because they are en route

to another facility (holdovers), those who are awaiting a hearing before a disciplinary panel, and those requiring separation for medical reasons. Administrative segregation status is a non-punitive status in which restricted conditions of confinement are required only to ensure the safety of detainees or others, the protection of property, or the security or orderly running of the facility.

The facility shall develop and follow written procedures consistent with this standard.”

DEFICIENCY SMU-AS-2

In accordance with the ICE 2000 NDS, Special Management Unit, Administrative Segregation, section (III)(D)(1), the FOD must ensure, “Detainees in administrative segregation shall receive the same general privileges as detainees in the general population, consistent with available resources and security considerations.”

DEFICIENCY SMU-AS-3

In accordance with the ICE 2000 NDS, Special Management Unit, Administrative Segregation, section (III)(D)(4), the FOD must ensure, “Clothing and bedding shall be issued in accordance with the ‘Issuance and Exchange of Clothing, Bedding and Towels’ standard. Detainees in administrative segregation will be provided with the same opportunity for the exchange of clothing, bedding, and linen, and for laundry as detainees in the general population.”

In accordance with the ICE 2000 NDS, Issuance and Exchange of Clothing, Bedding, and Towels, section (III)(E), the FOD must ensure, “Detainees shall be provided with clean clothing, linen and towels on a regular basis to ensure proper hygiene. Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly.”

DEFICIENCY SMU-AS-4

In accordance with the ICE 2000 NDS, Special Management Unit, Administrative Segregation, section (III)(D)(8), the FOD must ensure, “Recreation shall be provided to detainees in administrative segregation in accordance with the ‘Recreation’ standard.

These provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee’s recreation privileges may be withheld temporarily after a severely disruptive incident. Staff shall document by memorandum and logbook(s) notation every instance when a detainee is denied recreation. The memorandum shall be placed in the detainee’s detention file.

When space and resources are available, detainees in administrative segregation will be able to participate in TV viewing, board games, socializing and work details (e.g., an orderly in the SMU); and provided opportunities to spend time outside their cells, over and above recreation periods.”

In accordance with the Recreation standard, section (III)(H), the FOD must ensure, “Detainees in the SMU shall be afforded at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. This privilege shall be waived only if the detainee’s recreational activity would reasonably endanger safety or security, as follows:

1. A detainee segregated for administrative purposes, a special needs detainee, or a detainee on protective custody may be denied access to recreation when fulfillment of the requirement would create an immediate and serious threat to the safety or security of the detainee, other detainees, or staff. A detainee may be denied recreation privileges only with the [Officer in Charge]'s written authorization. The written authorization must indicate why the detainee poses an unreasonable risk even when recreating alone.”

DEFICIENCY SMU-AS-5

In accordance with the ICE 2000 NDS, Special Management Unit, Administrative Segregation, section (III)(D)(13), the FOD must ensure, “The facility shall follow the “Visitation” standard in setting visitation rules for detainees in administrative segregation. Ordinarily, a detainee retains visitation privileges while in administrative segregation.”

DEFICIENCY SMU-AS-6

In accordance with the ICE 2000 NDS, Special Management Unit, Administrative Segregation, section (III)(D)(9), the FOD must ensure, “The [Officer in Charge] will issue guidelines concerning the property that detainees may retain in administrative segregation.”

SPECIAL MANAGEMENT UNIT– DISCIPLINARY SEGREGATION (SMU-DS)

ODO reviewed the Special Management Unit – Disciplinary Segregation standard at LCDC to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary reasons, in accordance with the ICE 2000 NDS. ODO toured the Special Management Unit (SMU), interviewed staff, and reviewed policies and SMU documentation.

There were no detainees on disciplinary segregation at the time of the inspection and according to staff, there have been no detainee placements in memory. Facility policy states placement on disciplinary segregation is by order of the disciplinary panel upon finding of guilt for rule violation. Status reviews are required consistent with the standard.

LCDC’s SMU has two tiers with four cells on each. Inspection of the cells found them well ventilated, adequately lit, appropriately heated and in good sanitary condition. According to staff, both tiers of the SMU may house detainees on either administrative or disciplinary segregation, with separation afforded by cell assignment.

ODO’s review of the policy found requirements for conditions of segregation are not fully consistent with the standard. Allowance for exchange of uniforms and linens is consistent with the general population and meets the requirements of the NDS; however, undergarments are only exchanged twice per week. The SMU-Disciplinary Segregation standard states clothing and linen exchange must be in accordance with the Issuance and Exchange of Clothing, Bedding and Towels standard. This standard requires daily exchange of undergarments (**Deficiency SMU-DS-1**). Detainees are allowed one hour out of their cells each day, during which they must choose between going to the recreation area, or making phone calls, showering, and shaving. There is no separate recreation period (**Deficiency SMU-DS-2**). Though legal visitation is allowed, LCDC suspends social visiting privileges of detainees housed in the SMU (**Deficiency SMU DS-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU-DS-1

In accordance with the ICE 2000 NDS, Special Management Unit, Disciplinary Segregation, section (III)(D)(8), the FOD must ensure, “Clothing and bedding shall be issued to detainees in disciplinary segregation in accordance with the “Issuance and Exchange of Clothing, Bedding, Linen and Towels” standard. Detainees in disciplinary segregation will be provided the same opportunity for the exchange of clothing, bedding, and linen, and for laundry as detainees in the general population. If, for security purposes, the OIC authorizes an exception, the exception, and its justification, shall be documented in the SMU log.”

In accordance with the ICE 2000 NDS, Issuance and Exchange of Clothing, Bedding, and Towels, section (III)(E), the FOD must ensure, “Detainees shall be provided with clean clothing, linen and towels on a regular basis to ensure proper hygiene. Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly.”

DEFICIENCY SMU-DS-2

In accordance with the ICE 2000 NDS, Special Management Unit, Disciplinary Segregation, section (III)(D)(13), the FOD must ensure, "Recreation shall be provided to detainees in disciplinary segregation in accordance with the "Recreation" standard. The standard provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee's recreation privileges may be withheld temporarily after a severely disruptive incident.

Staff shall document by memorandum and logbook(s) notation every instance when a detainee is denied recreation. The memorandum shall be placed in the detainee's detention file."

In accordance with the Recreation standard, section (III)(H), the FOD must ensure, "Detainees in the SMU shall be afforded at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. This privilege shall be waived only if the detainee's recreational activity would reasonably endanger safety or security, as follows:

1. A detainee segregated for administrative purposes, a special needs detainee, or a detainee on protective custody may be denied access to recreation when fulfillment of the requirement would create an immediate and serious threat to the safety or security of the detainee, other detainees, or staff. A detainee may be denied recreation privileges only with the [Officer in Charge]'s written authorization. The written authorization must indicate why the detainee poses an unreasonable risk even when recreating alone."

DEFICIENCY SMU-DS-3

In accordance with the ICE 2000 NDS, Special Management Unit, Disciplinary Segregation, section (III)(D)(17), the FOD must ensure, "The facility follows the 'Visitation' standard in setting visitation rules for detainees in disciplinary segregation.

As a rule, a detainee retains visiting privileges while in disciplinary segregation. The determining factor is the reason for which the detainee is being disciplined.

Detainees in disciplinary segregation may not be denied legal visitation. However, the OIC will implement security precautions when necessary. In such cases, legal service providers and assistants will be notified of any security concerns prior to visitation."

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at the LCDC 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 2000 NDS. ODO reviewed policies and procedures, request forms, logs and interviewed detainees and staff.

Unannounced supervisory visits are conducted on a monthly basis. ODO reviewed documentation for three months verifying that department heads visit the facility's living and activity areas as required. ERO staff conduct scheduled visits every Thursday to address detainees' personal concerns. ODO verified three months of facility liaison visit checklists and telephone serviceability checklists to ensure facility visits are conducted.

Detainees can submit written requests to ICE staff by filling out a DHS request form and placing it in the door of the housing unit. ODO observed facility staff picking up requests forms on their daily rounds. Request forms are scanned and emailed to ERO staff.

ODO reviewed the detainee request log and found it does not contain the staff response and action and the column with the date that the request was forwarded to ICE was often not filled out (**Deficiency SDC-1**). ODO reviewed all detainee requests from July through December and found that the requests are responded to within 72 hours of receiving the request from the facility. Most requests are sent to ERO staff the day they are submitted and then responded to and returned to the detainee the next day.

ODO reviewed written policies and the facility handbook. The facility does not have written procedures to route detainee requests through the appropriate ICE officials (**Deficiency SDC-2**). The facility handbook does not inform detainees that he/she can submit written questions and concerns to ICE staff or the procedures for doing so, including the availability of assistance in preparing the request (**Deficiency SDC-3**). The facility handbook is also missing the DHS OIG hotline information (**Deficiency SDC-4**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B)(2)(a), the FOD must ensure, "All requests shall be recorded in a logbook specifically designed for that purpose. The log at a minimum shall contain:

- a. The date that the request, with staff response and action, is returned to the detainee; and

In IGSA's, the date the request was forwarded to ICE and the date it was returned shall also be recorded."

DEFICIENCY SDC-2

In accordance with the ICE 2000 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."

DEFICIENCY SDC-3

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B)(3), the FOD must ensure, “The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and procedures for doing so, including the availability of assistance in preparing the request.”

DEFICIENCY SDC-4

In accordance with the Change Notice, National Detention Standards, Staff-Detainee Communication Standard, dated June 15, 2007, the FOD must ensure, “The OIG Hotline information is to be included in the detainee handbooks in each of the aforementioned locations [IGSAs].”

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at LCDC 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 2000 NDS. ODO interviewed facility staff and detainees; reviewed policy, procedures, and the facility handbook; and conducted functionality tests on the telephones located in detainee housing units.

Detainees have reasonable and equitable access to telephones at LCDC. The telephone availability ratio for each housing pod is approximately 12 detainees per telephone. Telephones are turned on each day during the morning breakfast meal service and turned off at lockdown each evening at 10:30 p.m. ODO notes that LCDC does not have a TTY device. Calls are limited to 30 minutes in duration exceeding the NDS requirement.

The facility handbook states pod telephones are a pod privilege and as such can be taken away for a pod violation. It further states that failure to maintain a clean pod will result in the loss of a pod privilege, including telephone usage (**Deficiency TA-1**). As per the NDS, the facility may restrict the number and duration of non-legal calls for reasons of availability, orderly operation (such as meals and counts), and emergencies only.

City Tele Coin is the telephone service provider. Pre-paid calling cards may be purchased through a kiosk and collect calls may also be made. If paying with a pre-paid calling card, local calls are \$0.50 per minute, long distance calls are \$0.21 per minute, and international calls are \$4.00 to connect and \$0.50 per minute. If calling collect, local calls are a flat rate of \$3.65 and long distance calls are \$0.25 per minute. Additionally, LCDC provides each housing pod with a video chat device called a HomeWAV visitation system. Video calls on this system are \$0.50 per minute.

ERO staff members inspect phones regularly and report out-of-order telephones for repair. ODO verified serviceability checks by reviewing weekly serviceability worksheets. However, LCDC staff stated facility staff does not regularly check telephones for serviceability (**Deficiency TA-2**).

ODO conducted operation checks of telephones in each of the seven housing pods and found them to be in good working order. Pro bono numbers were updated and working. The listings for pro bono services, DHS Office of Inspector General, consulates, and embassies, as well as telephone operating instructions were posted near the telephones in each housing pod.

Notifications that calls are subject to monitoring are posted on each telephone, but this information is not included in the facility handbook. The procedure for obtaining an unmonitored call was not posted at each monitored telephone, nor included in the facility handbook (**Deficiency TA-3**), even though telephones are available in the intake area for detainees to make private and unmonitored legal calls. The facility initiated corrective action during the course of the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE 2000 NDS, Telephone Access, section (III)(F), the FOD must ensure, “The facility may restrict the number and duration of other types of telephone calls for the following reasons only:

1. availability (i.e., the usage demands of other detainees);
2. orderly operation of the facility (e.g., scheduled detainee movements, court schedules, meals, counts, etc.); and
3. emergencies (e.g. escapes, escape attempts, disturbances, fires, power outages, etc.).”

DEFICIENCY TA-2

In accordance with the ICE 2000 NDS, Telephone Access, section (III)(D), the FOD must ensure, “Appropriate facility staff shall inspect the telephones regularly.”

DEFICIENCY TA-3

In accordance with the ICE 2000 NDS, Telephone Access, section (III)(K)(2), the FOD must ensure, “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 purposes of obtaining legal representation.”

USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at LCDC 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 2000 NDS. ODO toured the facility, inspected equipment, interviewed staff, and reviewed policy and training records.

ODO was informed there were no use of force incidents involving detainees in the year preceding the inspection. A Correctional Emergency Response Team (CERT) has recently been developed, initial training for which was held on November 11, 2014. The training was attended by (b)(7)e team members and focused on cell extraction techniques. A review of training files for (b)(7)e randomly selected non-CERT officers found training in pressure point control tactics, oleo capsicum spray, and X-26 Tasers; however, there was no documentation of training in the use of force team technique required by the standard (**Deficiency UOF-1**). In addition, ODO notes detention staff is not trained in confrontation avoidance (**Deficiency UOF-2**).

LCDC does not have a use of force policy specific to the facility. Instead, the Sheriff's department's "Use of Force and Deadly Force" policy is used. This policy was developed for deputies assigned to road patrol and does not address many components of the NDS. Specifically, the policy does not differentiate between immediate and calculated force situations, and does not address confrontation avoidance; video recording of calculated use of force incidents; requirements relating to the use of force team technique; special precautions to be taken when restraining pregnant detainees; medical staff involvement prior to a use of force incident; post-incident medical examination; and ERO notification. In addition, the policy does not include written procedures governing after action review (**Deficiency UOF-3**). ODO recommends development of a policy specific to the detention center, and training of staff in its requirements (**R-6**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE 2000 NDS, Use of Force, section (III)(A)(4)(b), the FOD must ensure, "Staff shall be trained in the use-of-force team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility. To use human resources most effectively, the [Officer in Charge] will provide use-of-force team technique training for all staff members."

DEFICIENCY UOF-2

In accordance with the ICE 2000 NDS, Use of Force, section (III)(O), the FOD must ensure, "All detention personnel shall also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees."

DEFICIENCY UOF-3

In accordance with the ICE 2000 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 (force proportional to the detainee's actions) etc. IGSA will pattern their incident review process after [ICE]. [ICE] shall review and approve all After Action Review procedures.”