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Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO St. Paul Field Office
Kandiyohi County Jail
Willmar, Minnesota

April 30–May 2, 2019

**COMPLIANCE INSPECTION
of the
Kandiyohi County Jail
Willmar, MN**

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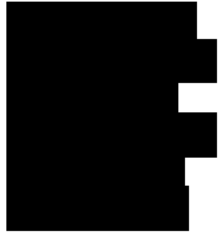
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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Kandiyohi County Jail (KCJ) in Willmar, Minnesota (MN), from April 30 to May 2, 2019.¹ KCJ opened in 2001; it is owned by Kandiyohi County and operated by the Kandiyohi County Sheriff's Office (KCSO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at KCJ in 1992, pursuant to an Intergovernmental Services Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in St. Paul, MN. The facility operates under the National Detention Standards (NDS) 2000.

ERO does not have Deportation Officers (DOs) or a Detention Services Manager (DSM) assigned to the facility. A KCSO Captain is responsible for oversight of daily facility operations and is supported by █ personnel. Summit Food Service, LLC provides food services and MEN D Correctional Care, PLLC provides medical services. The facility holds no national accreditations. The facility is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard but made efforts to comply. The facility participated in a Department of Justice (DOJ) Prison Rape Elimination Act (PREA) inspection.² This is ODO's first compliance inspection of the KCJ.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	As Needed
Average Daily ICE Detainee Population ⁴	25
Male Detainee Population (as of 4/30/2019)	13
Female Detainee Population (as of 4/30/2019)	2

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

² KCJ completed a Department of Justice (DOJ) PREA audit in February 2018, which is maintained on the facility's website, <https://www.kcmn.us/departments/sheriff/departments/jail/index.php>, and indicates the facility met all standards. The facility has a zero-tolerance policy prominently displayed on their website and included in their facility detainee handbook.

³ Data Source: ERO Facility Questionnaire as of April 22, 2019.

⁴ *Ibid.*

FY 2019 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁵	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	2
Admission and Release	5
Detainee Classification System	3
Detainee Grievance Procedures	0
Food Service	0
Funds and Personal Property	1
Recreation	0
Religious Practices	0
Staff-Detainee Communication	3
Telephone Access	2
Visitation	1
Sub-Total	17
Part 2 – Security and Control	
Environmental Health and Safety	2
Special Management Unit (Administrative Segregation)	4
Special Management Unit (Disciplinary Segregation)	3
Use of Force	1
Sub-Total	10
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
PBNDS 2011 STANDARDS INSPECTED	
Disability Identification, Assessment, and Accommodation	N/A
Sexual Abuse and Assault Prevention and Intervention	N/A
Sub-Total	N/A
Total Deficiencies	28

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

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten and where detainees are housed for over 72 hours to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁶ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection; these corrective actions are annotated with “C” under the Compliance Inspection Findings section of this report.

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

⁶ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed nine detainees to assess the conditions of confinement at KCJ. Interview participation was voluntary and none of the detainees made any allegations of abuse, discrimination, or mistreatment. The detainees reported being satisfied with facility services, apart from the complaints below:

Admission and Release: Four detainees stated they were being charged for replacement personal hygiene products.

- **Action Taken:** ODO discussed this concern with senior KCJ staff and informed the Supervisory Detention and Deportation Officer (SDDO) and Assistant Field Office Director (AFOD). Senior facility staff informed ODO the facility will replenish personal hygiene products without charge for detainees who are indigent but not to all detainees. The ICE NDS 2000 Admission and Release standard requires facilities to replenish free personal hygiene supplies, as needed, to all detainees. ODO cites this practice as a deficiency under the Admission and Release standard.

Medical Care: One detainee stated he is taking medication for anxiety and paranoia but believes the medication is not working.

- **Action Taken:** ODO reviewed the detainee's medical record, interviewed senior facility medical staff and learned that at the time of the inspection, the detainee had taken the new medication for four days. While ODO was on-site, medical staff informed the detainee that he had to take the medication for up to four to six weeks before they could determine efficacy. Medical staff is tracking his medication use and will reassess the detainee once he has taken the medication for four to six weeks.

Medical Care: One detainee stated he submitted three sick call requests to see mental health and to get depression and anxiety medication but had not yet been seen by medical staff.

- **Action Taken:** ODO reviewed the detainee's medical record and spoke with senior facility medical staff but found no requests from the detainee to see a mental health provider. ODO informed the AFOD of the detainee's complaint and requested facility medical staff follow up with him. As of the conclusion of the inspection, facility medical staff had not yet scheduled an appointment with or seen the detainee.

Medical Care: One detainee stated his vision is poor due to a lump on his cornea that affects his depth perception and that he needs special contact lenses to see better.

- **Action Taken:** ODO reviewed the detainee's medical record with senior facility medical staff. ODO observed an approved Medical Payment Authorization Request (MEDPAR) authorizing an evaluation by an eye specialist, which was scheduled for May 2, 2019. Prior to the end of the inspection, medical staff informed the detainee that an appointment with an eye specialist was scheduled.

Food Service: Three detainees stated they were concerned about receiving their Halal meals daily, especially during Ramadan.

- Action Taken: ODO discussed the concerns with the facility's Program Manager (PM) and Food Service Director (FSD). ODO learned that special trays for religious and therapeutic meals are identified by a label on the tray that identifies the detainee's name, housing unit, and type of meal. At the time of the inspection, the PM and FSD were finalizing their meal plan for Ramadan, along with a list of participants. ODO requested that ERO follow up with the detainees at the beginning of Ramadan to address any issues with their post-fasting meals.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the facility detainee handbook and found the law library section does not include the procedure for requesting legal reference materials not maintained in the law library (**Deficiency ALM-1⁷**).

ODO found KCJ does not have the policies and procedures governing access to legal materials posted in the law library (**Deficiency ALM-2⁸**).

- *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by posting the required policies and procedures in the law library (**C-1**).

ADMISSION AND RELEASE (AR)

ODO reviewed KCJ's orientation process and found it does not include a facility-specific video (**Deficiency AR-1⁹**).

ODO found that although the facility provides detainees with appropriate clothing, bedding, and a personal hygiene kit, non-indigent detainees are required to pay for replacement personal hygiene items through the commissary (**Deficiency AR-2¹⁰**).

ODO's review of 15 detainee detention files found that a signed order to detain or release (Form I-203) does not consistently accompany each new arrival. In eight of the 15 detention files the Form I-203s were dated several weeks after the detainee's admission (**Deficiency AR-3¹¹**).

⁷ "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:...

5. the procedure for requesting legal reference materials not maintained in the law library...."

See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(5).

⁸ "These policies and procedures shall also be posted in the law library." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q).

⁹ "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable [*sic*] and the associated sanctions (see the 'Disciplinary Policy' Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

¹⁰ "Staff shall provide male and female detainees with the items of personal hygiene appropriate for, respectively, men and women. They will replenish supplies as needed." See ICE NDS 2000, Standard, Admission and Release, Section (III)(G).

¹¹ "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

ODO reviewed KCJ's orientation policy and found KCJ's orientation procedures were not approved by ERO (**Deficiency-AR-4**¹²).

ODO reviewed KCJ's release policy and found KCJ's release procedures were not approved by ERO (**Deficiency-AR-5**¹³).

DETAINEE CLASSIFICATION SYSTEM (DCS)

Based on review of KCJ's classification policy and procedures and 15 detainee classification folders, as well as interviews with senior facility staff, ODO determined ERO does not consistently provide KCJ with all data needed to complete the classification process for each detainee (**Deficiency DCS-1**¹⁴). In one file ODO reviewed, there was no documentation provided by ICE, including the detainee's A-number.

ODO found that a first-line supervisor does not review and approve each detainee's classification (**Deficiency DCS-2**¹⁵).

ODO found that a supervisor does not review the intake/processing officer's classification file for accuracy, completeness, or the detainee's assignment to an appropriate housing unit (**Deficiency DCS-3**¹⁶).

ODO also found that while detainee classification files reflected that KCJ officers reclassify detainees approximately every 30 days and maintain all reclassification documentation in the files, not all officers assigned the task of completing reclassification assessments have booking experience or on-the-job training in classifying detainees. ODO notes this as an **Area of Concern**.

- *Recommendation:* ODO recommends the scope of all classification actions be limited to staff with access to all facility/ICE detainee data and staff with specific classification duties, training, and skills (**R-1**).

¹² "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

¹³ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approved [*sic*] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J) [*sic*]. Note: The NDS outline is sequenced incorrectly. The cited section follows (III)(K), thus should be (III)(L).

¹⁴ "The classification system ensures:

1. All detainees are classified upon arrival, before being admitted into the general population. INS will provide CDFs and IGSA facilities with the data they need from each detainee's file to complete the classification process."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

¹⁵ "The classification system ensures:...

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

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

¹⁶ "In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO's review of the facility's detainee handbook found the grievance section does not include the procedure for contacting ICE to appeal the decision of the Jail Administrator (**Deficiency DGP-1**¹⁷).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO's review of the facility's detainee handbook found it does not notify detainees of the personal property they may retain in their possession or the procedure for claiming property upon release, transfer or removal (**Deficiency F&PP-1**¹⁸).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO was unable to verify whether ERO supervisory staff conduct regular unannounced visits to the facility's living and activity areas; the facility does not use a logbook, sign-in sheet, or any other method to document ERO staff visits to the facility (**Deficiency SDC-1**¹⁹).

ODO's review of the SDC and ICE request section of the facility's detainee handbook found the facility detainee handbook does not inform detainees of the availability of assistance in preparing an ICE request (**Deficiency SDC-2**²⁰).

ODO observed that while the Department of Homeland Security Office of Inspector General (OIG) Hotline and Detainee Reporting Information Line postings are posted in each general housing unit and common areas, neither was posted in the Special Management Unit (**Deficiency SDC-4**²¹). ODO also noted the OIG Hotline posters available in the housing units were outdated and advised ERO staff that the current poster is available at <https://www.oig.dhs.gov/hotline>.

TELEPHONE ACCESS (TA)

¹⁷ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following: ...

4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." *See* ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(4).

¹⁸ "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;...

4. The procedure for claiming property upon release, transfer or removal...."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(1) and (4).

¹⁹ "Each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSA's." *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1).

²⁰ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request." *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(3).

²¹ "Each Field Office Director shall ensure that the attached document regarding the OIG Hotline is conspicuously posted in all units housing ICE detainees." *See* (Change Notice: Staff-Detainee Communication, dated June 15, 2007).

ODO found that although KCJ staff checks telephone serviceability weekly, their serviceability checks only verify whether the tested telephone has a dial-tone. ODO tested all telephones in housing units where detainees are housed and found two with inoperable mouthpieces (**Deficiency TA-1**²²).

ODO reviewed ERO telephone serviceability worksheets from November 2018 through April 2019 and found worksheets were unavailable for seven weeks during that timeframe (**Deficiency TA-2**²³).

VISITATION (V)

ODO observed the legal visitors' reception area and spoke with the facility staff member who is responsible for checking in legal visitors. ODO found the facility does not maintain a supply of Notice of Entry of Appearance as Attorney or Accredited Representative forms (Form G-28) in the reception area, nor do they maintain a separate log to record all legal visitors (**Deficiency V-1**²⁴).

- *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by placing a supply of Forms G-28 in the reception area for legal visitors to use. The facility also created a legal visitors' log to record all legal visitors (**C-2**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the contents of the cleaning chemicals located on the housing unit housekeeping cart and found a container labeled Re-Juv-Nal, which is a pink-colored all-purpose sanitizer, contained a blue liquid. ODO interviewed housing unit officers and the Facility Safety Officer (FSO) and determined the blue chemical was diluted toilet bowl cleaner, not Re-Juv-Nal (**Deficiency EH&S-1**²⁵).

²² "The facility shall maintain detainee telephones in proper working order. Appropriately facility staff shall inspect the telephones regularly (*daily in SPCs/CDFs*), promptly report out-of-order telephones to the repair service, and ensure that required repairs are completed quickly." See NDS 2000, Standard, Telephone Access, Section (III)(D).

²³ "The facility shall maintain detainee telephones in proper working order. Appropriate facility staff shall inspect the telephones regularly (*daily in SPCs/CDFs*), promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly." See (Change Notice: Detainee Telephone Services, dated April 4, 2007).

²⁴ "Visits by Legal Representatives and Legal Assistants..."

8. Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitors' reception area. ...
15. 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."

See ICE NDS 2000, Standard, Visitation, Section (III)(I)(8) and (15).

²⁵ "The OIC will individually assign the following responsibilities associated with the labeling procedure:

1. Identifying the hazardous nature of the materials adopted for use;
2. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;

ODO reviewed facility fire drill documentation and found monthly fire drills were not recorded for May and September 2018, and fire drill documentation did not reflect drawing of emergency keys and time of arrival at the emergency doors (**Deficiency EH&S-2²⁶**).

SPECIAL MANAGEMENT UNIT – ADMINISTRATIVE SEGREGATION (SMUAS)

KCJ places detainees in administrative segregation (AS) by drafting an Incident Report (IR), forwarding the IR to the on-duty supervisor, who completes a Notice of Violation Form, signs it, and presents it to the detainee within 24 hours. This is done in lieu of completing an AS order. ODO reviewed the detention files of four detainees placed in AS and found AS orders, or the facility equivalent, were not completed for any of them (**Deficiency SMUAS-1²⁷**).

ODO’s review of the detainee detention files found 72-hour reviews were not completed for any detainees in AS, and seven-day reviews were completed inconsistently (**Deficiency SMUAS-2²⁸**).

ODO observed meal service in AS and found detainees receive a sack/bag meal three times per day. Although KCJ served the same breakfast meal to detainees in AS as that served to the general population (GP), the lunch and dinner meals differed and were not from the same menu (**Deficiency SMUAS-3²⁹**).

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3. Teaching staff the meaning of the classification code and the MSDS, including the safe handling procedures for each material; and impressing on staff the need to ensure containers are properly labeled; and
 4. Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label.”

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

²⁶ “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 doors not in daily use. NFPA [National Fire Protection Association] recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

²⁷ “A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.” See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

²⁸ “All facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below. *In SPCs/CDFs, a supervisory officer shall conduct a review within 72 hours of the detainee’s placement in administrative segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. The Administrative Segregation Review Form (I-885) will be used for the review. If the detainee has been segregated for the detainee’s protection, but not at the detainee’s request, the signature of the OIC or Assistant OIC is required on the I-885 to authorize continued detention. A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification.*” See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

²⁹ “Detainees in administrative segregation shall receive three nutritionally adequate meals per day, from the menu served to the general population.” See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(D)(5).

KCJ was unable to provide documentation showing that detainees in AS receive daily checks by a supervisor (**Deficiency SMUAS-4**³⁰).

- *Recommendation:* KCJ documents detainee meals, showers, recreation, and daily medical staff visits on a Kandiyohi County Sheriff's Special Management Unit Housing Record for each detainee in AS. ODO recommends KCJ document daily supervisory checks of AS detainees on the same form (**R-2**).

SPECIAL MANAGEMENT UNIT – DISCIPLINARY SEGREGATION (SMUDS)

ODO observed meal service in disciplinary segregation (DS) and found detainees in DS receive a sack/bag meal three times per day. Although KCJ served the same breakfast meal to detainees in DS as that served to the GP, the lunch and dinner meals differed and were not from the same menu (**Deficiency SMUDS-1**³¹).

KCJ was unable to provide documentation showing that detainees in DS receive daily checks by a supervisor (**Deficiency SMUDS-2**³²).

- *Recommendation:* KCJ documents detainee meals, showers, recreation, and daily medical staff visits on a Kandiyohi County Sheriff's Special Management Unit Housing Record for each detainee in DS. ODO recommends KCJ document daily supervisory checks of DS detainees on the same form (**R-3**).

ODO reviewed documentation for 17 detainees who were placed in DS by the facility's hearing officer during the year proceeding the inspection. ODO found regular reviews of all DS cases were not conducted in accordance with the standard. In one instance, the facility documented only one seven-day review for a detainee who had been in DS for 34 days at the time of the inspection (**Deficiency SMUDS-3**³³).

³⁰ "...In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(D)(12).

³¹ "Detainees shall receive their meals according to the schedule used by the general population. Detainees in segregation will be provided nutritionally adequate meals, ordinarily from the menu served to the general population." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(10).

³² "...In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(16).

³³ "All facilities shall implement written procedures for the regular review of all disciplinary-segregation cases, consistent with the procedures specified below.

In SPCs/CDFs:

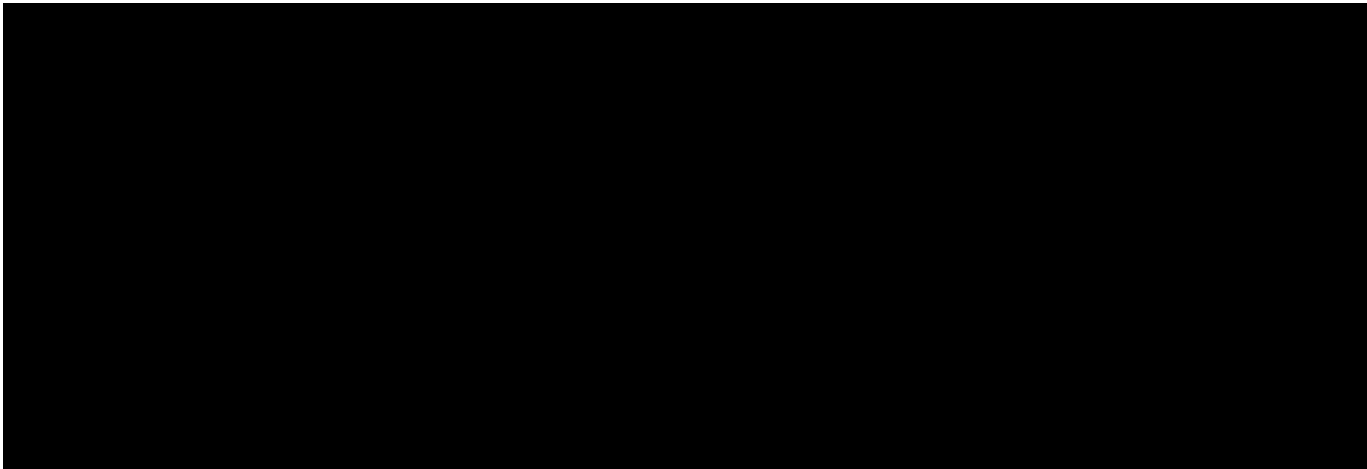
1. *The Supervisory Detention Enforcement Officer (SDEO) shall review the status of a detainee in disciplinary segregation every seven days to determine whether the detainee:*
 - a. *abides by all rules and regulations; and,*
 - b. *is provided showers, meals, recreation, and other basic living standards, in accordance with section III.D., below.*

The weekly review(s) will include an interview with the detainee. The SDEO shall document his/her findings after every review, by completing a Disciplinary Segregation Review Form (I-887)."

See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(C).

USE OF FORCE (UOF)

ODO's review of KCJ's UOF policy found it lacked written procedures regarding UOF incident reviews, which are to be modeled after the ICE review process and approved by the Field Office (**Deficiency UOF-1**³⁴).



KCJ's UOF policy does not require detainees to undergo a medical examination and treatment after any UOF incident and instead leaves a medical examination to the discretion of the detainee. Because KCJ had no calculated UOF incidents involving ICE detainees during the year prior to the inspection, ODO notes this as an **Area of Concern**³⁵.

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 12 mental health cases and found four in which the detainees did not sign an informed consent for the use of psychotropic medications (**Deficiency MC-1**³⁶).

ODO learned that a local dental practice previously provided dental services to detainees at KCJ but due to delays in receiving compensation for the services from ICE Health Service Corps, the clinic terminated services for ICE detainees. A different local dental practice has since agreed to provide dental services to ICE detainees; however, KCJ's Nursing Director (ND) expressed concern that continued payment delays could potentially risk this and other relationships with the limited specialty medical services in the community. ODO notes this as an **Area of Concern**.

³⁴ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

³⁵ "After any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented." See ICE NDS 2000, Standard, Use of Force, Section (III)(G)(2).

³⁶ "As a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Standard, Medical Care, Section (III)(L).

ODO learned that although KCJ completes an initial physical assessment on all detainees within 14 days of arrival, female-specific examinations are limited to two questions: whether the detainee believes she is pregnant, and the date of her last menses. ODO reviewed the medical records of two female detainees currently housed at KCJ and found neither were offered a pregnancy test nor a gynecologic examination. ODO notes this as an **Area of Concern**.

ODO notes as an **Area of Concern**, a discrepancy in KCJ’s practice of charging detainees for over-the-counter (OTC) medications. Specifically, detainees who request OTC medications during pill call are charged for those medications; however, detainees are not charged if they submit a sick call request and are provided an OTC medication pursuant to a sick call assessment. ODO notes the detainee handbook simply states detainees will be charged for OTC medications and does not address that free OTC medications may be available via the sick call process. ODO notes that as a result of both the inconsistent practices and the guidance in the handbook, detainees may be discouraged from submitting sick call requests for OTC medications due to fear of being charged.

- *Recommendation:* ODO recommends the facility handbook be updated to clearly inform ICE detainees they may receive OTC medications free-of-charge by using the sick call process (**R-4**).

CONCLUSION

During this inspection, ODO reviewed the facility’s compliance with 17 standards under the NDS 2000 and found the facility compliant with four standards. ODO found 28 deficiencies in the remaining 13 standards and noted eight Areas of Concern. The majority of the deficiencies are administrative in nature and almost half are directly attributable to missing/incomplete documentation or Field Office review and approval. ODO found facility staff were knowledgeable and professional in their interactions with both detainees and the ODO team. ODO commends the facility for their responsiveness during the inspection and for taking corrective action on two deficiencies during the inspection. ODO recommends ERO work with the facility to remedy any outstanding deficiencies, as applicable and in accordance with contractual obligations.

Compliance Inspection Results	FY 2019 (NDS 2000)
Standards Reviewed	17
Deficient Standards	13
Overall Number of Deficiencies	28
Corrective Actions	2