



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Chicago Field Office**

**Morgan County Adult Detention Center
Versailles, Missouri**

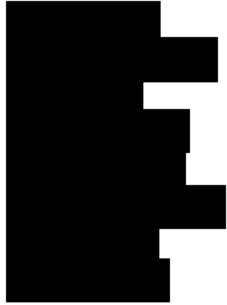
June 25-27, 2019

COMPLIANCE INSPECTION
of the
MORGAN COUNTY ADULT DETENTION CENTER
Versailles, Missouri

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up inspection of the Morgan County Adult Detention Center (MCADC) in Versailles, Missouri, from June 25 to 27, 2019.¹ While ODO reviewed all core standards during the inspection, special attention was given to those standards in which related deficiencies were found during ODO's last inspection of MCADC from April 17 to 19, 2018.

MCADC opened in 2003 and is owned and operated by the County of Morgan. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCADC in 2003 under the oversight of ERO's Field Office Director (FOD) in Chicago (ERO Chicago). The facility operates under the ICE National Detention Standards (NDS) 2000. 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) standards.

ERO has neither Deportation Officers (DOs) nor a Detention Services Manager (DSM) assigned to the facility. A Sheriff's Office lieutenant handles daily facility operations and is supported by █ personnel. Summit Food Service provides food services, Advanced Correctional Healthcare provides medical care, and Keefe provides commissary services at the facility. The facility holds no national accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	80
Average ICE Detainee Population ³	56
Male Detainee Population (as of 6/27/2019)	56
Female Detainee Population (as of 6/27/2019)	N/A

During its last inspection, in Fiscal Year (FY) 2018, ODO found 45 deficiencies in the following areas: Access to Legal Material (1); Admission and Release (2); Detainee Classification System (1); Detainee Grievance Procedures (2); Environmental Health and Safety (4); Food Service (1); Funds and Personal Property (2); Medical Care (13); Special Management Unit (Administrative Segregation) (4); Special Management Unit (Disciplinary Segregation) (6); Staff-Detainee Communication (3); Telephone Access (2); and Use of Force (4).

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of July 1, 2019.

³ *Ibid.*

FOLLOW-UP INSPECTIONS PROCESS

In FY 2018, ODO began conducting follow-up inspections of ICE ERO detention facilities to assess whether the corrective actions implemented by ERO and the facility in response to deficiencies identified by ODO during the prior inspection achieve compliance with the ICE detention standards.

ODO targets facilities for follow-up inspections based on a variety of factors, including the number of deficiencies identified during previous ODO inspections, the frequency and severity of repeat deficiencies, information identified by agency stakeholders and/or from detainee complaints, and at the request of ICE leadership. ODO coordinates its inspections with other oversight entities such as the ICE Office of Diversity and Civil Rights, the U.S. Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties, and the DHS Office of Inspector General.

While the intent of follow-up inspections is to focus on previously identified deficiencies, ODO may decide to conduct a full inspection based on additional information obtained prior to ODO's arrival on site. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both the initial and follow-up inspections are annotated as "Repeat Deficiencies" in this report.

FY 2019 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	2
Admission and Release	3
Detainee Classification System	0
Detainee Grievance Procedures	0
Food Service	1
Funds and Personal Property	2
Recreation	1
Religious Practices	0
Staff-Detainee Communication	4
Telephone Access	0
Visitation	0
Sub-Total	13
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	4
Special Management Unit (Disciplinary Segregation)	0
Use of Force	4
Sub-Total	9
Part 3 – Health Services	
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	22

⁴ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed ten detainees to assess the conditions of confinement at MCADC. 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:

Medical Care: One detainee stated he had a massive heart attack in April 2019, but before he came into ICE custody, he has multiple heart stents, and was diagnosed with anxiety. He further stated he was being weaned off his anxiety medication and is worried this will result in another heart attack.

- Action Taken: ODO reviewed the detainee's medical record and spoke with facility medical staff. ODO found the facility was using appropriate medical protocols to wean the detainee off the barbiturates he was taking prior to his custody at MCADC. ODO expressed concerns to ERO Chicago about this detainee being at MCADC when the nearest hospital is over 40 minutes away and a doctor is on site at the facility only a couple of hours per week. Additionally, the detainee was in general population housing with indirect medical supervision. ERO Chicago transferred the detainee to another facility capable of providing closer medical observation and in close proximity to a hospital on June 27, 2019.

Medical Care: One detainee stated he has post-traumatic stress disorder (PTSD). During the interview, the detainee expressed language ODO believed demonstrated a possible threat to the detainee's own safety and well-being.

- Action Taken: ODO immediately informed facility staff, including a corporal, a sergeant, the Health Services Administrator (HSA), and ERO Chicago. Facility medical staff immediately evaluated the detainee, placed him under close supervision, and recommended to ERO Chicago they transfer him to another facility that could better provide for his mental health needs. On June 27, 2019, ERO Chicago transferred him to another facility, which has daily on-site mental health staff.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO's review of MCADC policy regarding detainee access to law libraries and legal materials confirmed it addresses most requirements; however, the policy does not specifically designate an employee with the responsibility to inspect law library equipment weekly or inspect and update legal materials weekly (**Deficiency ALM-1^{5, 6}**).

Additionally, the local supplement to the detainee handbook does not include a procedure informing detainees how to request legal reference material not maintained in the law library or procedures for notifying a designated employee that library material is missing or damaged in the law library (**Deficiency ALM-2⁷**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating their detainee handbook to include instructions for requesting material not maintained in the law library and the procedure for notifying a designated employee that law library material is missing or damaged (**C-1**).

ADMISSION AND RELEASE (A&R)

ODO reviewed MCADC's orientation policy and found the local ERO office had not approved MCADC's orientation procedures (**Deficiency A&R-1⁸**).

Corrective Action: Prior to completion of the inspection, corrective action was taken by the Assistant Field Office Director (AFOD), who issued a memorandum approving the orientation procedures used at MCADC (**C-2**).

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

⁶ "The facility shall designate an employee with responsibility for updating legal materials, inspecting them weekly, maintaining them in good condition, and replacing them promptly as needed. The facility shall notify the designated contact person at INS Headquarters if anticipated updates are not received or if subscriptions lapse." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(E).

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

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."

See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(5)(6).

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

ODO reviewed 20 randomly selected detainee detention files and found one file did not contain an Order to Detain or Release (Form I-203) and in three files that did contain the Form I-203, the forms did not have an appropriate official signature (**Deficiency A&R-2⁹**).

ODO reviewed MCADC's release policy and found the local ERO office had not approved MCADC's release procedures (**Deficiency A&R-3¹⁰**).

Corrective Action: Prior to completion of the inspection, corrective action was taken by the AFOD, who issued a memorandum approving the release procedures used at MCADC (**C-3**).

FOOD SERVICE (FS)

ODO's inspection found food service employees do not maintain a high level of sanitation in the food service department. ODO observed the kitchen area was cluttered with plastic storage containers and food trays used for satellite feeding. Additionally, the ceiling vents were dirty with caked on dust and dirt, the ovens and sheet pans contained baked on carbon build-up, and discarded cleaning rags were lying on counter tops (**Deficiency FS-1¹¹**). ODO also notes that several pieces of kitchen equipment, to include two gas ranges, a small griddle, and a convection oven, were rusty and in poor repair.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed facility policy and observed facility intake operations, finding that at all times, all booking staff—not just supervisors—have access to the cash box, valuable property envelopes, and the facility's large valuable lockers and storage area (**Deficiency F&PP-1¹²**).

ODO reviewed the facility's detainee handbook for information pertaining to F&PP and found it does not notify detainees that ERO Chicago will provide them a certified copy of any identification documents held in their A-file. Additionally, it does not notify detainees of the facility rules for storing or mailing property they are not allowed to have at the facility (**Deficiency F&PP-2¹³**).

⁹ "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). **This is a repeat deficiency.**

¹⁰ "INS will approved [*sic*] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). *Note:* The NDS outline number is incorrect; it should read (III)(L).

¹¹ "All food service employees are responsible for maintaining a high level of sanitation in the food service department. Food service staff shall teach detainee workers personal cleanliness and hygiene; sanitary methods of preparing, storing, and serving food; and the sanitary operation, care and maintenance of equipment, including automatic dishwashers and pot-and-pan washers." See ICE NDS, Standard, Food Service, Section (III)(H)(1).

¹² "Each facility, without a commissary, will have the following:

1. A cash box for currently held detainee funds, accessible to designated supervisor(s) only;
2. Valuable property envelopes, accessible to designated supervisor(s) only; ...
4. A secured locker for holding large valuables, accessible to designated supervisor(s) only...."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(A)(1)(2) and (4).

¹³ "The detainee handbook or equivalent shall notify the detainee of the facilities policies and procedures concerning personal property, including: ...

RECREATION (R)

MCADC does not have an outdoor recreation yard but provides detainees a recreation area on the second floor of the detention center, enclosed by two concrete walls and two chain link fences. The facility provides no exercise equipment, soccer goals, basketball hoops, or other sports equipment. The facility handbook prohibits detainees from participating in organized sports, running in the recreation area, and standing still while in the recreation yard. The combination of a restrictive facility policy and lack of exercise equipment precludes detainees from engaging in cardiovascular exercise (**Deficiency R-1**¹⁴).

STAFF-DETAINEE COMMUNICATION (SDC)

Detainees may obtain assistance from another detainee, the housing unit officer, and other facility staff to prepare a written request. Once completed, the detainees may drop the ICE request into a secure box located outside of the housing unit; however, the facility has no written procedures to route ICE detainees' requests to ERO Chicago when they are initially given to the facility and not directly to ERO Chicago via the secure box, which ERO Chicago maintains the key for (**Deficiency SDC-1**¹⁵).

ODO reviewed the facility's and ERO Chicago's SDC procedures and found no procedures to expedite review and response to detainee requests that are serious in nature (**Deficiency SDC-2**¹⁶).

ERO Chicago staff input detainee ICE requests into an electronic log; however, the date the request is returned to the detainee, along with ERO Chicago staff response, is not logged (**Deficiency SDC-3**¹⁷).

2. That upon request, they will be provided an INS-certified copy of any identification document (passport, birth certificate, etc.) placed in their A-file;

3. The rules for storing or mailing property not allowed in their possession;”

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2)(3).

¹⁴ “Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable. The indoor recreation area may, therefore, be equipped with stationary bicycles, stair climbers, treadmills, and/or other cardiovascular exercise machines.” *See* ICE NDS 2000, Standard, Recreation, Section (III)(G)(2).

¹⁵ “All facilities that house ICE detainees must have written procedures to route detainee requests to the appropriate ICE official.” *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B). **This is a repeat deficiency.**

¹⁶ “In IGSA facilities without ICE on-site presence the detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request. If it is apparent that the request is serious in nature, procedures shall be in place for an expedited review and response to the detainee's request.” *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(1)(b).

¹⁷ “All requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain: ...

f. The date that the request, with staff response and action, is returned to the detainee.”

See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2)(f).

ODO's review of the facility handbook found it neither informed detainees they have the opportunity to submit written questions, requests, or concerns to ERO Chicago staff, or advise the procedures for doing so (**Deficiency SDC-4¹⁸**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the detainee housing units and observed the environmental health conditions are not maintained at an acceptable level. Specifically, the showers had soap scum build-up and their associated air vents were rusty. Additionally, several housing unit cells, to include general population and special management unit cells, had graffiti scratched or drawn on the walls and paper was stuck to the light fixtures (**Deficiency EH&S-1¹⁹**).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO's review of 12 detainee detention files found MCADC used the Disciplinary Segregation Order (Form I-883) to document detainees being placed on AS instead of the Administrative Segregation Order (Form I-886) (**Deficiency SMU AS-1²⁰**).

Additionally, ODO observed in five of 12 detainee detention files reviewed that the facility did not document completion of 72-hour reviews (**Deficiency SMU AS-2²¹**).

MCADC maintains two holding cells in the booking area for SMU overflow. One of the two holding cells has a low-lying concrete slab floor with a mattress placed directly on the floor and no bed or any other secure furniture (**Deficiency SMU AS-3²²**).

¹⁸ "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 2000 NDS, Standard, Staff Detainee Communication, Section (III)(B)(3).

¹⁹ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

²⁰ "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). **This is a repeat deficiency.**

²¹ "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.*" *See* ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(C). **This is a repeat deficiency.**

²² "All cells must be equipped with beds. The beds shall be securely fastened to the cell floor or wall." *See* ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(D)(2).

ODO reviewed MCADC's SMU records and documentation and found facility staff does not place all SMU documentation, including SMU housing unit records, in every detainee's detention file. Six of 12 detainee detention files reviewed did not contain SMU housing unit records, which show that detainees were provided meals, showers, visits from medical staff, and recreation (**Deficiency SMU AS-4²³**).

USE OF FORCE (UOF)

ODO reviewed MCADC's UOF policy and procedures and found the facility's UOF form was not approved by ERO Chicago (**Deficiency UOF-1²⁴**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by obtaining approval of its UOF form from the AFOD (**C-4**).

ODO reviewed the detention files for the four detainees with UOF incidents at MCADC in the year preceding the inspection. ODO found the facility did not place a copy of the UOF documentation from the UOF incident into any of the respective detainee detention files (**Deficiency UOF-2²⁵**).

The jail administrator has assigned a sergeant the responsibility for maintaining the facility's video cameras and other UOF video equipment. However, this responsibility and designation has not been incorporated into any of the facility's post orders (**Deficiency UOF-3²⁶**).

ODO reviewed the facility's after-action review procedures and found they have not been approved by ERO Chicago (**Deficiency UOF-4²⁷**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by obtaining approval of its after-action review procedures from the AFOD (**C-5**).

²³ "A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(E)(1). **This is a repeat deficiency.**

²⁴ "All facilities shall have a form to document all uses of force. INS shall approve of all use of force forms." See ICE NDS 2000, Standard, Use of Force and Restraints, Section (III)(J)(1).

²⁵ "Staff shall prepare detailed documentation of all incidents involving the use of force, [REDACTED]. Staff shall likewise document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file." See ICE NDS 2000, Standard, Use of Force and Restraints, Section (III)(J).

²⁶ "The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders." See ICE NDS 2000, Standard, Use of Force (III)(K).

²⁷ "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 and Restraints, Section (III)(K). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with eight of those standards. ODO found 22 deficiencies in the remaining nine standards. ODO commends facility staff for their responsiveness during this inspection and notes there were five instances in which staff initiated immediate corrective action.

MCADC is an indirect supervision facility with limited to no mental health staff, a physician who is on site between [REDACTED] and the facility is approximately 45 minutes from the nearest hospital. ODO recommends ERO Chicago not house detainees with serious medical conditions or mental health conditions at MCADC. MCADC has shown significant improvement since the last ODO inspection, reducing their overall number of deficiencies by 51%. ODO notes that many of the deficiencies cited during this inspection were administrative in nature and often corrected quickly by ERO Chicago reviewing and approving facility procedures and other documentation. ODO recommends ERO work with the facility to resolve any outstanding deficiencies, in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (NDS 2000)	FY 2019 (NDS 2000)
Standards Reviewed	16	17
Deficient Standards	13	9
Overall Number of Deficiencies	45	22
Deficient Priority Components	N/A	N/A
Repeat Deficiencies	12	6
Corrective Actions	0	5