



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Chicago Field Office
Chase County Detention Facility
Cottonwood Falls, Kansas**

December 3 – 5, 2013

**COMPLIANCE INSPECTION
CHASE COUNTY DETENTION FACILITY
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.

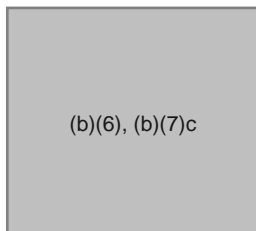
Prior to an inspection, ODO reviews information from various sources, such as the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO 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 ICE and ERO executive management with an independent assessment of the overall state of ICE detention facilities. They assist management 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 replace 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



Special Agent (Team Leader)	ODO, Phoenix
Detention and Deportation Officer	ODO, San Diego
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a Compliance Inspection (CI) of the Chase County Detention Facility (CCDF) in Cottonwood Falls, Kansas, from December 3 to 5, 2013. Established in 1992, CCDF is owned and operated by the Chase County Sheriff's Office. In 2000, ICE signed an intergovernmental service agreement with Chase County to house ICE male and female detainees of all security classification levels (Level I – lowest threat; Level II – medium threat; Level III – highest threat) for periods in excess of 72 hours. The CI evaluated CCDF's compliance with the 2000 NDS and the 2011 Sexual Assault and Abuse Prevention and Intervention (SAAPI) standard. CCDF agreed to a contract modification to comply with the 2011 SAAPI PBNDS.

Capacity and Population Statistics	Quantity
Total Bed Capacity	148
Average Daily Population	40
Average Length of Stay (Days)	24
Male Population Count (as of December 3, 2013)	45
Female Population Count (as of December 3, 2013)	2

The ERO Field Office Director (FOD), in Chicago, Illinois (ERO Chicago), is responsible for ensuring facility compliance with the 2000 NDS, the 2011 SAAPI PBNDS, and ICE policies. No ICE staff is permanently stationed at CCDF. The ERO Field Office in Wichita, Kansas, is responsible for weekly inspections and facility compliance with the detention standards. The staffing in the ERO Field Office in Wichita consists of (b)(7)e immigration and enforcement personnel. There is (b)(7)e SDDO vacancy.

The Chase County Sheriff is the highest-ranking official at CCDF and serves as the Facility Administrator. The facility administrator is supported by a detention staff of (b)(7)e Chase County employees. Of the (b)(7)e support personnel, (b)(7)e is the undersheriff, (b)(7)e are deputy sheriffs, and the other (b)(7)e are non-sworn detention officers. During the inspection, there were (b)(7)e vacancies among CCDF staff.

This is ODO's first inspection of CCDF. During this CI, ODO reviewed 17 standards, five of which were fully compliant. Nineteen deficiencies, one of which is a priority component, were identified in the following 12 standards: Access to Legal Material (1 deficiency); Admission and Release (1); Detainee Classification System (1); Detainee Grievance Procedures (1); Detainee Handbook (3); Environmental Health and Safety (2); Food Service (4); Funds and Personal Property (1); Medical Care (1); SAAPI (1); Staff-Detainee Communication (2); and Telephone Access (1). The one deficient priority component was found in the SAAPI standard.

This report details all deficiencies and refers to the specific, relevant sections of the NDS and 2011 SAAPI PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. These deficiencies were discussed with ERO and CCDF staff during the on-site inspection and subsequent closeout briefing on December 5, 2013.

CCDF operates a law library in a quiet room across from the control center, near the main entrance to the facility. The law library is available to detainees Monday thru Friday from 8:00 a.m. to 8:00 p.m., with additional time allotted by request. The law library is furnished with a large desk with a computer equipped with LexisNexis, a printer, and a table with four chairs.

Documentation reflected the facility last updated LexisNexis with software provided by ERO on July 10, 2013; however, ODO confirmed four of the disks installed were corrupt. ERO made arrangements for delivery and installation of new disks on the last day of the inspection.

The admission/intake process at CCDF includes detainee classification, medical screening, orientation, issuance of personal hygiene items, and the issuance of clothing and bedding. A detention file is created for every newly admitted detainee. ODO verified that CCDF officers inventory detainee funds and personal property as required by the NDS; however, in the event a detainee reports lost, missing, or stolen funds or personal property, the facility does not complete and then forward a Report of Detainee's Missing Property (Form I-387) to ERO. Instead, CCDF reports lost, missing, or stolen funds or personal property to ERO officials with the use of a CCDF Inmate Communication and Request Form. Once made aware of the requirement to use Form I-387, CCDF obtained the required form from ERO, and placed it in the booking area. ODO reviewed 10 active and 10 inactive detention files, and found all required classification and disciplinary documentation in each detainee's file.

CCDF houses ICE male and female detainees of all classification levels. ICE classifies all detainees prior to their arrival at CCDF. Detainees are placed in housing units with other detainees having comparable levels. A color-coded identification wrist band is used for each classification level. ODO reviewed the ICE national and CCDF detainee handbooks and determined that each handbook contains information regarding classification based on criminal behavior, criminal convictions, immigration history, disciplinary record, current custody status, and any other information considered relevant to determining the most appropriate custody level.

In reference to the appeal of classification levels, the national handbook notes the right to appeal a classification level, and specifically directs a detainee to consult the local handbook for appeal procedures. The CCDF detainee handbook lacks the procedures by which a detainee may appeal his/her classification. The facility administrator added the required information to the facility detainee handbook prior to the conclusion of the ODO inspection.

CCDF has a comprehensive grievance policy that reflects the language of the NDS. Detainees are provided with information on informal and formal grievance procedures by way of the detainee handbook. The facility administrator forwards all ICE-related grievances to the local ICE Field Office for resolution. CCDF officials encourage other detainees to assist those detainees who have difficulty with language abilities. A copy of each grievance is maintained in the detainee detention file. ODO verified CCDF has procedures in place to ensure detainees can file emergency grievances. Although CCDF policy mirrors the NDS, ODO confirmed the CCDF detainee handbook does not include the procedures for contacting ICE to appeal the decision of the OIC or the Facility Administrator as required by the NDS. The facility administrator corrected this while ODO was on site.

The grievance log documented only three informal and no formal grievances filed in the past year. Two related to sanitation and privacy and one related to a request for a document. ODO did not identify any grievance trends or patterns, and all three informal grievances were resolved informally and timely.

Prior to this CI, the CCDF handbook was last updated September 4, 2013. The CCDF handbook is available in English and Spanish; however the Spanish version of the handbook contained numerous translation errors, as well as errors in grammatical structure rendering information confusing and difficult to understand. The CCDF handbook did not contain procedures for requesting translation assistance, or a detailed description of restricted areas.

During the interviews of 10 detainees, seven stated they did not receive the CCDF handbook and three stated they did not receive the ICE National Detainee Handbook. ODO reviewed ten detention files and confirmed detainees sign statements acknowledging receipt of the facility's rules and regulations but not for receipt of the handbooks. Prior to the completion of the review, the local and national handbooks were issued to all detainees who did not receive them. In addition, the facility administrator added a section for acknowledgement of receipt of the local and national detainee handbooks to property forms.

Sanitation is maintained at a satisfactory level throughout the facility. The designated safety officer is the facility administrator, the Chase County Sheriff. As a member of the volunteer fire department, he has extensive training in handling of hazardous materials and fire prevention and control. ODO verified running inventories of hazardous substances were maintained in all areas where stored, to include the laundry area, the food service department, and medical and housing units. A master index and Material Safety Data Sheets (MSDS) for all hazardous substances, including locations, are maintained in the facility administrator's office and in the nurse's station. In addition, documentation reflects a copy is maintained by the local volunteer fire department.

The facility does not have a separate room designated for barber operations; instead, barbering is performed in the day rooms of each housing unit. Hot and cold running water was available and sanitation regulations were posted on the bulletin board of each housing unit. Barbering supplies were stored in a plastic container maintained by correctional staff and were disinfected by officers after use. ODO verified procedures are in place for proper handling of bio-hazardous medical waste; however, the blood and body fluid clean-up kits located throughout the facility did not meet the requirements of NDS.

The food service operation at CCDF is managed by Chase County employees. Staff consists of the food service supervisor, an assistant, and (b)(7)e cooks. No inmates or detainees support the food service operation. The food service operation was inspected by the Chase County Health Department in July 2013. No violations were cited. ODO observed a high level of sanitation in the kitchen. CCDF has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing areas, which are approximately 40 feet from the food service area. ODO verified that no documentation existed to support that the (b)(7)e food service staff members received pre-employment medical examinations. Prior to completion of the review, arrangements were made to complete the medical examinations. ODO observed some deficiencies in the dry storage room and one deficiency regarding sack lunches.

CCDF policy addresses all NDS requirements for safeguarding detainee personal property and funds. Detainees are informed of procedures relating to property and funds during intake by staff, by postings on housing unit bulletin boards, and by way of the detainee handbook; however, procedures for obtaining identity documents were not addressed in the local handbook.

The jail administrator added the information and distributed copies of the revised handbook to detainees during the inspection. All personal property is inventoried and entered electronically on inventory forms. The property room is under direct supervision of the jail supervisor.

Health care is provided by (b)(7)e employees of Chase County, including (b)(7)e full-time and (b)(7)e part-time registered nurse (RN) and a certified physician assistant. The full-time RN provides clinical and administrative services from 8:00 a.m. to 5:00 p.m. Monday through Friday and is on call after hours and on weekends. The clinical medical authority is a contract physician who is on call for consultation 24 hours a day and provides supervision of the physician assistant. Mental health services are provided as needed by a psychologist with Mental Health Center of East Central Kansas. Sligh Dental Services provides routine and emergency dental care. The clinic has a fully equipped examination area that affords adequate privacy for patient encounters. CCDF medical care holds no accreditations.

ODO reviewed 15 detainee medical records and confirmed completion of intake screening upon arrival. The intake form includes questions relating to signs and symptoms of tuberculosis (TB). If positive, procedures are in place requiring isolation pending testing by way of a purified protein derivative (PPD) skin test by nurses the same or next day. In all 15 records reviewed, the health appraisals were completed within the required 14-day timeframe. In addition, documentation reflected the physical examinations were hands-on and dental screening was completed. The records of four detainees with chronic conditions contained documentation of monitoring and routine follow-up.

Detainees access health care by placing sick call request forms in drop boxes located in each housing unit. The forms are available in English and Spanish. Detainee requests of any nature are placed in the same box, including requests for facility services, ICE-related issues, and grievances. Requests are retrieved by non-medical staff, separated, and delivered to appropriate personnel. Access to health information by non-medical personnel as documented on the medical requests violates detainee privacy. During the review, the facility administrator purchased lock boxes for medical requests, access to which will be limited to medical staff. ODO reviewed 15 detainee medical records that included 20 sick call requests and verified all were triaged and detainees were seen the day of the request, or no later than the next business day. ODO confirmed sick call is conducted using nursing protocols signed by the physician.

CCDF signed a contract modification with ICE on October 18, 2012, to accept the 2011 SA-API standard. The jail administrator is the designated Sexual Abuse and Assault Prevention and Intervention (SA-API) coordinator and informed ODO there have been no reported sexual abuse or assault incidents since the facility started receiving detainees in 2000. ODO confirmed no incidents or allegations were reported to the JIC through a query of the Joint Intake Case Management System (JICMS). The facility Sexual Assault Response Team (SART) consists of the jail administrator, a correctional supervisor, a nurse, and a physician.

The facility has a zero tolerance policy for any form of sexual abuse or assault. The policy addresses prevention and intervention measures, staff reporting requirements, and the requirement that incidents be investigated and reported to ICE. ODO observed informational postings concerning the SA-API program posted in the intake area, all housing units, and other locations throughout the facility. The postings are in English and Spanish, and include toll free

telephone numbers for reporting incidents. In addition, the detainee handbook provides SAAPI information, clearly stating allegations of misconduct including sexual assaults may be reported to the unit officer, supervisor, officer in charge, or directly to the DHS Office of Inspector General (OIG) using the toll-free hotline.

ODO reviewed the intake process and determined that detainees are not screened upon arrival for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior. The facility administrator revised the intake forms to include appropriate screening questions prior to the completion of the inspection.

The SMU at CCDF consists of five double-occupancy cells in S-unit. The SMU is used for both administrative and disciplinary segregation, with separation afforded by cell assignment. ODO inspected the SMU and determined the unit is well lit, in good sanitary condition, adequately ventilated and temperature controlled. Each cell has two beds affixed to the floor, a sink and toilet combination, and a shower. Telephones are present in the SMU and there is an adjacent recreation area.

A review of facility policies and discussions with supervisory staff confirmed administrative segregation at CCDF is a non-punitive form of separation from the general population when the presence of the detainee poses a threat to self, other detainees, staff, property, or the security and orderly operation of the facility. CCDF policy addresses NDS requirements, including issuance of segregation orders, reviews, living conditions and privileges, access to medical services and rounds by medical personnel, and monitoring. There were no detainees in administrative segregation during the inspection. ODO reviewed the facility administrative segregation log and verified there were three detainees placed in administrative segregation in the past twelve months. All three had pending disciplinary hearings for violations of facility rules, and all were converted to disciplinary segregation status following the disciplinary hearings. Documentation in these cases confirmed compliance with facility policy and the NDS.

According to CCDF policy, detainees in SMU for disciplinary sanctions are subject to more restrictive procedures regarding personal property, reading material, and commissary items; however, detainees have the same general privileges with respect to exchange of clothing and linens, meals, hygiene, and legal materials as detainees in general population. Outdoor recreation is offered five times per week. Medical staff is required to make daily rounds in the SMU and correctional supervisors visit each shift.

During the review, there was one detainee in disciplinary segregation. The detainee was sanctioned with three days in disciplinary segregation for a violation of facility rules. When interviewed, the detainee voiced no complaints and indicated he receives services and privileges as required. ODO confirmed he received a copy of the segregation order. A review of the facility disciplinary log showed three other detainees were sanctioned with disciplinary segregation for minor violations in the past 12 months. Documentation in these cases confirmed compliance with facility policy and the NDS.

ODO reviewed the Staff-Detainee Communication NDS and confirmed that detainees have frequent opportunities for informal contact with CCDF and ERO. ERO does not have any personnel permanently assigned on site at CCDF; however, a review of records confirmed ERO

officers and supervisors conduct regular weekly scheduled and unannounced visits to the housing units. ERO documents all facility visits as required. Detainees are able to submit ICE-related written questions, requests, and concerns to ERO staff; however, detainees must first note all written questions, requests, and concerns, (facility and ICE-related) on a CCDF Inmate Communication and Request Form (IC&RF). Detainees are required to submit a completed IC&RF into a drop box located within their housing unit. CCDF then retrieves the IC&RF, reads the form, and then forwards it to ERO. During the inspection, CCDF staff corrected the deficiency of not limiting facility access to detainee requests to ICE, by installing labeled drop boxes for the use by detainees within each housing unit and only ERO personnel were provided with a key to each box.

ODO reviewed the 13 detainee requests submitted to ERO and the log designed to record all detainee requests. According to information noted on each request, ERO responded to all thirteen requests as soon as possible but no later than 72 hours from receiving the request; however, the log did not contain all required information.

ODO was informed by the registered nurse responsible for providing administrative oversight of health care services that no detainees have been placed on suicide watch in the past year. Screening for suicide potential occurs during intake and is completed by correctional officers. ODO verified that all (b)(7) CCDF officers have current training in mental health, suicide screening, and suicide prevention and intervention. A review of the suicide prevention and intervention training curriculum confirmed it addresses all elements required by the NDS. Detainees determined to be at risk for suicide are immediately referred to medical staff for further screening, then for an evaluation by the psychologist on contract with Mental Health Center of East Central Kansas. Procedures are in place for assessments to occur on weekends, should that become necessary, and on an on-going basis for the duration of a suicide watch.

ODO inspected the cell designated for suicide watch and determined it to be suicide resistant and free of objects and fixtures which could facilitate a suicide attempt. The cell has a protected camera mounted to the ceiling which is monitored by officers in central control. Suicide resistant gowns and blankets are available, and per facility policy, 15-minute observation checks are required. In addition, policy limits the authority to remove a detainee from suicide watch to the psychologist following a suicide risk assessment. Notification of ICE is required in accordance with the standard.

ODO determined detainees have reasonable and equitable access to telephones at CCDF. Serviceability checks verified all telephones in the detainee housing areas and the special management units were in good working order. Review of telephone serviceability worksheets confirmed weekly completion by ERO, as required. Notifications that telephone calls are subject to monitoring are posted on each telephone in English and Spanish, and access rules for use of telephones were observed at each telephone location; however, there were no procedures for obtaining an unmonitored call posted at each telephone. The facility administrator corrected this on site. This information is also included in the detainee handbook.

ODO verified speed-dial listings for the DHS OIG, consulates, embassies, and pro-bono services were also available in each housing unit. According to staff, the telephone system is programmed to not record calls to telephone numbers of pro-bono services and legal service

providers, as well as numbers associated with speed-dial codes. Detainees may submit a request to the facility or ERO to make unmonitored calls to other numbers. If approved, the facility allows the detainee to place the call from a private cubicle in booking or the conference room.

According to the jail administrator, there has been no calculated or immediate use of force incidents involving detainees in the past year. ODO reviewed CCDF policy and confirmed it addresses all requirements of the NDS, including confrontation avoidance, using force only as a last resort, notification of ICE, medical examinations, and after action review following incidents.

CCDF does not use four-point restraints but uses a restraint chair when needed. Due to the limited number of staff on duty each shift; special/emergency response team training emphasizes one to two-person use of force techniques; however, emergency tactical equipment is maintained for a five-person team. A review of training records for all (b)(7) full-time correctional officers, (b)(7)e part-time correctional officers, and (b)(7)e correctional supervisors confirmed training in use of force techniques is conducted annually. Tasers, or electro-muscular disruption devices, are issued to qualified correctional supervisors and officers, but policy prohibits use of the device on detainees. Audio-visual recording equipment is located in the equipment storage room. ODO reviewed documentation and verified the equipment is checked daily by the jail administrator. CCDF also has fixed security cameras throughout the facility.

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the facility administrator and ERO Wichita Field Office personnel. During the interviews, all personnel from the CCDF and ERO described the working relationship between CCDF and ERO as exceptional because ERO personnel and CCDF personnel have worked together for many years and have close relationships. CCDF staff stated they have consistently observed ERO officers visiting the housing units each week and communicating with ICE detainees to address their issues or concerns. The facility administrator stated CCDF is adequately staffed to manage the current detainee population at CCDF but would benefit from filling the three current vacancies.

The facility administrator and ERO stated the average population for CCDF recently increased due to transfers of ICE detainees from a nearby facility to CCDF. The increase is welcomed by the facility administrator and CCDF staff.

ERO stated they are adequately staffed in the Wichita Field Office but would benefit from filling the current SDDO vacancy.

DETAINEE RELATIONS

ODO randomly selected eight male detainees (three Level I; two Level II; three Level III) and two female detainees (both Level I) to assess the overall living and detention conditions at CCDF.

All detainees interviewed had wrist bands showing identification and classification. They received personal hygiene items upon their arrival and have had those items replenished when necessary. All detainees stated they are permitted to visit with family members, have access to recreation and the law library, and are able to send and receive mail. All have access to grievance forms. All detainees stated they frequently see ERO personnel visit the housing units to answer any questions they have.

None of the detainees interviewed stated they had ever been strip searched. All the detainees stated they liked the food and are fed very well. No detainees complained about response times and treatment continuum of medical care.

Seven of the 10 detainees stated they did not receive a facility handbook upon admission to the facility and three stated they did not receive the ICE National Detainee Handbook. ODO verified that the facility issued the appropriate handbooks to those detainees who stated they did not receive them.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 NDS and one 2011 PBNDS (SAAPI) and found CCDF fully compliant with the following five standards:

1. Special Management Unit – Administrative Segregation
2. Special Management Unit – Disciplinary Segregation
3. Suicide Prevention and Intervention
4. Terminal Illness, Advance Directives, and Death
5. Use of Force

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

ODO found deficiencies in the following 12 areas:

1. Access to Legal Material
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. Sexual Abuse and Assault and Prevention and Intervention (2011 PBNDS)
11. Staff-Detainee Communication
12. Telephone Access

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

The library is located in a quiet room across from the control center, near the main entrance to the facility. The law library is available to detainees Monday through Friday from 8:00 a.m. to 8:00 p.m. with additional time allotted by request. The law library is furnished with a large desk with a computer equipped with LexisNexis, a printer, and a table with four chairs.

Documentation reflected the facility last updated LexisNexis with software provided by ERO on July 10, 2013; however, ODO reviewed the software and confirmed that four of the disks installed were corrupt (**Deficiency ALM-1**). During ODO's interview of the Jail Administrator, he stated he checks LexisNexis weekly to verify the materials are present, but did not check the contents to ensure all could be accessed. When advised of the problem, ERO staff checked the system and verified the disks were corrupt. Arrangements for delivery and installation of new disks were made on the last day of the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Materials, section (III)(E), the FOD must ensure, "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. The facility shall dispose of outdated supplements and other materials when it receives new materials."

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at CCDF to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO interviewed officers and detainees concerning the intake and out-processing procedures at the facility and reviewed detention files.

CCDF officers create a detention file for every detainee admitted to CCDF during intake. Classification, medical screening, and orientation are also completed. CCDF officers issue personal hygiene items, clothing, and bedding during intake.

While reviewing detention files, ODO verified that CCDF officers inventory detainee funds and personal property as required by the NDS; however, in the event a detainee reports lost, missing, or stolen funds or personal property, the facility does not complete and then forward a Report of Detainee's Missing Property (Form I-387) (**Deficiency AR-1**). CCDF reports lost, missing, or stolen funds or personal property to ICE officials with the use of a CCDF Inmate Communication and Request Form. Once made aware of the requirement to use Form I-387, CCDF obtained the required forms from ERO and placed them in the booking area for use during future admissions.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

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

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System standard at CCDF to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO reviewed facility policies, detention files, and the detainee handbook, and interviewed staff.

ODO reviewed the CCDF detainee handbooks and determined it contains information regarding classification based on criminal behavior, criminal convictions, immigration history, disciplinary record, current custody status, and any other information considered relevant to determining the most appropriate custody level.

In reference to the appeal of classification levels, the ICE National Detainee Handbook notes the right to appeal a classification level and specifically directs detainees to consult the local handbook for appeal procedures. The CCDF detainee handbook does not include the procedures for detainees to appeal their classification (**Deficiency DCS-1**). Proper classification ensures that each detainee is placed in the appropriate category and physically separated from detainees in other categories.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System, section (III)(I)(2), the FOD must ensure “the detainee handbook’s section on classification will include the following: the procedures by which a detainee may appeal his/her classification.”

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedures standard at CCDF to determine if a process to submit formal or emergency grievances exists and responses are provided in a timely manner, without fear of reprisal. Further, the review was conducted to determine if detainees have an opportunity to appeal responses and if accurate records are maintained, in accordance with the ICE NDS. ODO interviewed staff and detainees, and reviewed facility policy, the detainee handbook, and grievance documentation.

Written grievance policies and procedures at CCDF reflect the language in the NDS. Staff strives to resolve grievances at the lowest possible level and provide timely responses. The facility administrator forwards all ICE-related grievances to ERO Wichita for resolution. CCDF officials encourage other detainees to assist those detainees who have difficulty with language abilities. Should detainees have difficulty translating their requests, CCDF contacts ERO for assistance. When needed, ERO uses language line translation services. Procedures are in place to ensure detainees can file emergency grievances.

ICE detainees submitted only three informal grievances during the year 2013. One detainee inaccurately labeled his request to locate lost written documents as a grievance. Within 24 hours, ERO located an envelope containing the detainee's legal documents and personal information and returned the envelope to the detainee.

One detainee erroneously labeled an inquiry regarding his case status as a grievance. The detainee specifically wanted to know why ERO did not release him from the facility as expected. ERO responded accordingly by stating the detainee's case is still pending within the court system.

One detainee submitted a grievance to CCDF noting more than one complaint on the same grievance form. The NDS permits only one grievance per complaint form. ODO reviewed the three grievances and found that the first grievance was a request for an unknown type of documentation; the form is not clearly written and difficult to comprehend. CCDF referred the grievance to ERO and officers interviewed the detainee and then provided her with the documentation requested. The second and third grievances pertained to the lack of sufficient trash bags and privacy issues. CCDF provided additional trash cans to assist with sanitation needs and provided additional measures to ensure females could not be observed using the toilet and shower facilities.

While facility grievance policy nearly mirrors the language in the NDS, the CCDF detainee handbook does not include the procedures for contacting ICE to appeal the decision of the facility administrator (**Deficiency DGP-1**) as required in the NDS.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(G)(4), the FOD must ensure "The grievance section of the detainee handbook will provide notice of the

following: The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility.”

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook standard at the CCDF to determine if the facility provides each detainee with a handbook that is written in accordance with the ICE NDS. ODO reviewed facility policy and the handbook, and interviewed detainees and staff.

During interviews of ten detainees, seven stated they did not receive the CCDF handbook and three stated they did not receive the ICE national detainee handbook. Staff interviews confirmed handbooks are not consistently issued. ODO reviewed ten detention files and confirmed that the detainees signed statements acknowledging receipt of the facility rules and regulations, but not for receipt of the handbooks (**Deficiency DH-1**). Prior to the completion of the inspection, the local and national detainee handbooks were issued to all detainees who did not receive one. In addition, the facility administrator added a section for acknowledgement of receipt of the local and national detainee handbooks to property forms.

A review of the local handbook found it does not provide a detailed description of restricted areas (**Deficiency DH-2**). ODO found that the Spanish version of the handbook contained numerous translation errors, and errors in grammatical structure, rendering information confusing and difficult to understand. While translation assistance is available at CCDC, ODO found that procedures for requesting translation assistance are not addressed in the handbook (**Deficiency DH-3**).

Other omissions of required information from the handbook are reported as **Deficiencies DCS-1, DGP-1, and F&PP-1**. Prior to the inspection, the CCDF handbook was last updated September 4, 2013. Procedures by which a detainee may appeal his/her classification, the procedures for contacting ERO to appeal the final decision of the Jail Administrator, and facility policies and procedures concerning personal property related to identity documents were all added to the handbook during the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

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

DEFICIENCY DH-2

In accordance with the ICE NDS, Detainee Handbook, section (III)(C), the FOD must ensure, “The handbook will specify in greater detail the rules, regulations, policies, and procedures with which every detainee must comply, including, but not limited to: smoking policy, restricted areas, contraband, and so forth.”

DEFICIENCY DH-3

In accordance with the ICE NDS, Detainee Handbook, section (III)(E), the FOD must ensure, “The handbook will be written in English and translated into Spanish and, if appropriate, into the next most-prevalent language(s) among the facility’s detainees.

The OIC will provide translation assistance to detainees exhibiting literacy or language problems and those who request it. This may involve translators from the private sector or from the detainee population.”

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

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

Sanitation is maintained at a high level throughout the facility. The designated safety officer is the facility administrator, the Chase County Sheriff. As a member of the volunteer fire department, he has extensive training in handling of hazardous materials and fire prevention and control.

Running inventories of hazardous substances were maintained in all areas where stored, to include, the laundry area, food service department, medical and housing units. A master index and Material Safety Data Sheets (MSDS) for all hazardous substances, including locations, is maintained in the facility administrator's office and in the nurse's station. In addition, documentation reflects a copy is maintained by the local volunteer fire department.

Monthly fire drills were conducted on each shift and documentation is maintained by the OIC. Each fire drill form documents emergency keys were drawn and tested during fire drills. Lighted exit signs are in place throughout the facility in accordance with National Fire Protection agency (NFPA) and exit diagrams and evacuation route instructions were posted in English and Spanish. The Cottonwood Falls Fire Department conducted the last CCDF Fire Life Safety Inspection in February 2013. No violations were cited and the fire plan was approved.

The facility produced state laboratory testing certificates for drinking water and waste water dated January 2013. ODO verified generator tests are conducted every two weeks for a period of 60 minutes, to include testing of the oil, water, and hoses. Documentation reflects an external contractor performs quarterly testing and servicing of the facility's emergency electrical power generators. CCDF contracts with a local company for professional pest control inspections and eradication. ODO reviewed invoices for the last 12 months and confirmed pest control services were provided monthly.

The facility does not have a separate room designated for barber operations; instead, barbering is performed in the day rooms of each housing units (**Deficiency EH&S-1**). Hot and cold running water was available and sanitation regulations were posted on the bulletin board of each pod. ODO observed barbering supplies were stored in a plastic container maintained by correctional staff and were disinfected by officers after use.

A review of documentation confirmed medical sharps and syringes were inventoried on each shift. ODO inspected the inventories and found them accurate. In addition, ODO verified procedures are in place for proper handling of bio-hazardous medical waste.

During the facility tour, ODO observed blood and body fluid clean-up kits located throughout the facility; however, they did not meet the requirements of the NDS. Specifically, the kits were in a small cardboard box instead of a 12 by 15-inch clear zippered bag, and did not have any

absorbent rags or paper towels, a second pair of gloves, a clear plastic bag measuring 13 by 10 by 39 inches, and a bottle of hospital disinfectant (**Deficiency EH&S-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

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

DEFICIENCY EH&S-2

In accordance with ICE NDS, Environmental Health and Safety, section (III)(R)(3)(a), the FOD must ensure, “To prepare a cleanup kit for blood and body fluid spills, package the following material in a 12: X 15” clear “Ziplock” bag.

- Gloves, rubber or vinyl, household type, (2 pair)
- Clean absorbent rags (4)
- Absorbent paper towels (15)
- Disposable bag marked “Contaminated” size 23: x 10” x 39”, minimum thickness 1.5 mils.
- Clear plastic bag 13” x 10” x 39”, minimum thickness 1.5 mils.
- Bottle of “hospital disinfectant” (containing quaternary ammonium chlorides in at least 0.8% dilution), or a bottle of household bleach such as “Clorox” or “Purex” (5.25% sodium hypochlorite).”

FOOD SERVICE (FS)

ODO reviewed the Food Service standard to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO reviewed local policies, food service logs, and inventory sheets; inspected storage areas; observed meal preparation and delivery of food trays; and interviewed detainees and staff.

The food service operation at CCDC is managed by Chase County employees. Staff consists of the food service supervisor, an assistant, and (b)(7)e cooks. No inmates or detainees support the food service operation.

ODO observed a high level of sanitation in the kitchen. Documentation reflected the master cycle and special diet menus were certified as nutritionally adequate by a registered dietitian, and religious and medical diets were provided in accordance with standard. At the time of inspection there were seven detainees on medical diets and no detainees on religious diets.

The food service staff informed ODO that sack meals are prepared for detainee transportation on Fridays. They stated the sack meals include one peanut butter and jelly sandwich, fresh fruit or a package of dry fruit, cookies, granola bars, and a bag of potato chips. A second sandwich with a meat, no-pork product, is not included in the sack meal (**Deficiency FS-1**).

CCDF has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing areas, which are approximately 40 feet from the food service area. ODO took temperature readings using a digital thermometer for two meals during the inspection. The temperature readings for hot items ranged between 165 and 185 degrees upon preparation and service, exceeding the requirement of the standard. No cold items were served. ODO tasted the two meals and found them to be of good taste, presentation, and portion size. ODO observed the use of proper uniforms, gloves, and hairnets during preparation and service of the meal.

The food service operation was inspected by the Chase County Health Department in July 2013 and no violations were cited. A review of documentation confirmed food service staff conducts required inspections and follow cleaning schedules.

No documentation existed to support that the (b)(7)e food service staff members received pre-employment medical examinations. ODO confirmed this during interviews of all (b)(7)e staff members (**Deficiency FS-2**). Prior to completion of the review, arrangements were made to complete the medical examinations.

ODO inspected the freezers and refrigeration equipment and determined that the contents were orderly and the units were clean. Temperatures were observed at required levels. ODO verified readings are recorded on temperature logs on every shift. During inspection of the facility's dry storage rooms, ODO observed the bottom shelf was not six inches from the floor (**Deficiency FS-3**) and products were stored against the walls (**Deficiency FS-4**). These deficiencies were corrected prior to completion of the inspection by raising the shelves and moving them from the wall. ODO reviewed the pest control invoices for the past year and verified pest control services are provided monthly.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE NDS, Food Service, section (III)(G)(6)(c), the FOD must ensure, “Each sack shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork).”

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(H)(3), the FOD must ensure, “All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition.”

DEFICIENCY FS-3

In accordance with ICE NDS, Food Service, section (III)(J)(3)(d), the FOD must ensure, “The following procedures apply when receiving or storing food:

- d. Store all products at least six inches from the floor and sufficient far from the walls to facilitate pest-control measures. A painted line may guide pallet placement.”

DEFICIENCY FS-4

In accordance with ICE NDS, Food Service, section (III)(J)(3)(e), the FOD must ensure, “The following procedures apply when receiving or storing food:

- e. Store food items at least two inches from walls and at least six inches above the floor. Wooden pallets may be used to store can goods and other non-absorbent containers, but not to store dairy products or fresh produce.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard to determine if controls are in place to inventory, issue receipts for, store, and safeguard detainees' personal property, in accordance with ICE NDS. ODO reviewed policies, procedures, and the detainee handbook; interviewed staff; observed processing of detainees; and inspected areas where property is maintained.

Observation of the intake area and facility's computer system confirmed personal property is inventoried and entered electronically on inventory forms. The form is printed, and a copy is given to the detainee, attached to the property bag, placed in the detention file, and scanned into the electronic record. Property bags are sealed, assigned a control number and secured in the property room which is under the direct supervision of the jail supervisor. Small valuables such as jewelry are inventoried separately, placed in plastic bags, and secured in a metal caged area inside a separate locked section within the property room. ODO observed property bins in the housing units for detainees to store property that is allowed for retention while at the facility.

Detainees are not authorized to keep money in their possession. All money is deposited into a commissary account established for the detainee. Detainees receive receipts for all commissary transactions, to include money received when admitted. Upon departure from the facility, detainees are issued any remaining balance in cash.

To confirm documentation of inventories and issuance of receipts, ODO reviewed ten detainee detention files, commissary account records, and electronic property records. All were complete and included signed receipts matching the inventories and account statements.

Detainees are informed of procedures relating to property and funds during intake by staff, by postings on housing unit bulletin boards, and by way of the detainee handbook. The handbook addresses property limitations, procedures for storing and mailing of property, and claims for lost or stolen property. Procedures for obtaining identity documents were not addressed in the local handbook (**Deficiency F&PP-1**). The jail administrator added the information and distributed copies of the revised handbook to detainees during the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE NDS, Funds and Personal Property, section (III)(J)(2), the FOD must ensure, "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

2. that, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files"

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard to determine if detainees have access to healthcare and emergency services to meet their health needs in a timely manner, in accordance with the ICE NDS. ODO toured the facility and medical clinic, observed intake screening and medication distribution, interviewed staff, inspected staff credentials, and reviewed the medical policies, procedures, and detainee medical records.

CCDF holds no medical care accreditations. Health care is provided by (b)(7)e employees of Chase County, including (b)(7)e full-time and (b)(7)e part-time registered nurse (RN), and a certified physician assistant. The physician assistant sees detainees once a week and as needed for chronic care monitoring, dental and health appraisals, and care beyond the scope of the RN. The full-time RN provides clinical and administrative services from 8:00 a.m. to 5:00 p.m. Monday through Friday and is on call after hours and on weekends. The clinical medical authority is a contract physician who is on call for consultation 24 hours a day and provides supervision of the physician assistant. Mental health services are provided as needed by a psychologist with Mental Health Center of East Central Kansas. Sligh Dental Services provides routine and emergency dental care. ODO reviewed and confirmed staff credentials and licensure were current and primary source verified, and all medical staff had current certification in cardiopulmonary resuscitation, automated external defibrillator use, and first aid.

The clinic has a fully equipped examination area that affords adequate privacy for patient encounters. There is no waiting area; therefore, detainees are escorted to the clinic one at a time by correctional officers and are seen immediately. The clinic also has a laboratory area and room with a toilet and sink. The facility has an electronic medical records (EMR) system accessible only to medical personnel. The EMR is maintained on the computer on a desk within the clinic.

Initial intake screening is completed by booking officers and electronically reviewed by nurses. Training in conducting intake screening is included in the medical module completed by all correctional officers upon hire and annually. ODO reviewed the training curriculum and confirmed it addresses medical and mental health intake screening, as well as hunger strikes, infection control, and response to medical emergencies. The training records for all (b)(7)e officers confirmed completion of the medical module, and current certification in cardiopulmonary resuscitation, automated external defibrillator use, and first aid.

ODO reviewed the medical records of 15 detainees and confirmed completion of intake screening upon arrival. The intake form includes screening questions relating to signs and symptoms of tuberculosis (TB). If positive, procedures are in place requiring isolation pending testing by way of purified protein derivative (PPD) skin test by nurses the same or next day. The RN stated that in the rare event a detainee is received after her departure on Friday or through the weekend, she reports to the facility to administer the PPD. Detainees whose PPDs are positive receive a chest X-ray performed by Morris County Hospital radiology services. Documentation of TB screening and testing was present in all 15 medical records reviewed. CCDF has no room with negative airflow for respiratory isolation; the RN stated transfer to the local hospital would be arranged as necessary.

Health appraisals and physical examinations are completed by the physician assistant. In all 15 records reviewed, the health appraisals were completed within the required 14-day timeframe. In addition, documentation reflected the physical examinations were hands-on and dental screening was completed. The records of four detainees with chronic conditions contained documentation of monitoring and routine follow up.

Pharmaceuticals are purchased from The Medicine Shoppe pharmacy and delivered to the facility in patient-specific blister packs. Correctional officers are responsible for medication administration. ODO reviewed the medication administration curriculum and the training records of (b)(7) correctional staff and confirmed completion of initial and annual training. Nursing staff are responsible for overseeing the medication administration program, including ensuring medications are stocked and inventoried, and reviewing medication administration records (MAR) to ensure entries are complete. Medication distribution is conducted four times a day. Detainees are identified using a fingerprint scanner that displays the detainee's photograph and MAR on a computer monitor. During observation of medication distribution, officers were seen identifying the detainees, observing the detainees as they took their medications, and completing entries on the MARs. ODO inspected the medication cart; including inventories of sharps, needles, and syringes; and found them stocked, accurately counted and secured.

Detainees access health care by placing English and Spanish-version sick call request forms in drop boxes located in each housing unit. Detainee requests of any nature are placed in the same box, including requests for facility services, ICE-related issues, and grievances. Requests are retrieved by non-medical staff, separated, and delivered to appropriate personnel. Access to health information by non-medical personnel as documented on the medical requests violates detainees' privacy (**Deficiency MC-1**). During the inspection, the facility administrator purchased lock boxes for medical requests, access to which will be limited to medical staff.

ODO reviewed 15 detainee medical records that included 20 sick call requests and verified all were triaged and detainees were seen the day of the request, or no later than the next business day. ODO confirmed sick call is conducted using nursing protocols signed by the physician.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE NDS, Medical Care, section (III)(M), the FOD must ensure, "Medical providers must protect the exchange of health information required to fulfill program responsibilities and provide for the well-being of detainees."

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the Sexual Abuse and Assault Prevention and Intervention standard at CCDF to determine if the facility has policies and procedures in place to prevent sexual abuse and assault; provide prompt and effective intervention and treatment for victims of sexual abuse and assault; and control, discipline, and prosecute the perpetrators; in accordance with ICE 2011 PBNDS. ODO reviewed facility policy, the detainee handbook, and staff training records; interviewed staff and detainees; and inspected informational postings throughout the facility.

CCDF signed a contract modification with ICE on October 18, 2012 to accept the 2011 SAAPI standard. ODO confirmed no incidents or allegations were reported to the JIC through a query of the Joint Intake Case Management System (JICMS). The jail administrator is the designated SAAPI coordinator and informed ODO there have been no reported sexual abuse or assault incidents since the facility started receiving detainees in 2000. The facility Sexual Assault Response Team (SART) consists of the jail administrator, a correctional supervisor, a nurse, and a physician.

The facility has a zero tolerance policy for any form of sexual abuse or assault. The policy addresses prevention and intervention measures, staff reporting requirements, and the requirement that incidents be investigated and reported to ICE. ODO observed informational postings concerning the SAAPI program posted in the intake area, all housing units, and other locations throughout the facility. The postings are in English and Spanish, and include toll free telephone numbers for reporting incidents. In addition, the detainee handbook provides SAAPI information, clearly stating allegations of misconduct including sexual assaults may be reported to the unit officer, supervisor, officer in charge, or directly to the DHS OIG using the toll-free hotline.

Staff is required to attend pre-service, quarterly, and annual training on the SAAPI program, completion of which was verified by review of (b)(7) training records. ODO reviewed the training curriculum and confirmed it is comprehensive and includes the required elements. Staff interviews supported they are knowledgeable with respect to the SAAPI program and how to handle any information received concerning possible sexual abuse or assault.

ODO reviewed the intake process and determined that detainees are not screened upon arrival for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior (**Deficiency SAAPI-1**).¹ The facility administrator revised the intake forms to include appropriate screening questions prior to the completion of the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SAAPI-1

In accordance with ICE PBNDS 2011, Sexual Abuse and Assault Prevention and Intervention, section (V)(G)(1), the FOD must ensure, “Detainees shall be screened upon arrival at the facility

¹ Priority Component

for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior.”

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard 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 timely responses, in accordance with the ICE NDS. ODO interviewed staff and detainees, and reviewed policies, request logs, and detention files.

ODO reviewed records and interviewed staff and confirmed that detainees have frequent opportunities for informal contact with CCDF and ERO. ERO does not have any personnel permanently assigned at CCDF; however, a review of records confirmed ERO officers and supervisors conduct regular scheduled and unannounced visits to the housing units weekly. ERO properly documents all visits.

Detainees are able to submit ICE-related written questions, requests, and concerns to ERO staff; however, detainees must first note all written questions, requests, and concerns, facility and ICE related, on a CCDF Inmate Communication and Request Form (IC&RF). Detainees are required to submit a completed IC&RF into a drop box located within their housing unit. CCDF staff then retrieves the IC&RF, reads the form, and then forwards it to ERO (**SDC-1**). To comply with the NDS, a system must be in place to ensure CCDF personnel cannot read, alter, or delay any detainee related questions, requests, or concerns to be addressed by ERO. This issue was brought to the attention of the facility administrator. During the inspection, CCDF installed labeled drop boxes for detainees' use in each housing unit, and only ERO personnel were provided with a key to each box.

ODO reviewed the 13 detainee requests submitted to ERO, and a log designed to record all detainee requests. According to information noted on each request, ERO responded to all 13 requests as soon as possible and practicable but no later than 72 hours from receiving the request. However, officers failed to note in the log: the date the detainee request was received; the detainee's name, A-number, and nationality; the officer logging the request; the date the request was returned to the detainee, including staff response and action; and any other site-specific pertinent information. Furthermore, as CCDF is an IGSA, as required by the NDS, ERO personnel fail to note the dates pertaining to when the requests are forwarded to ICE and the date of return (**SDC-2**). All of this information must be recorded in a single detainee request tracking logbook as prescribed in the standard.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B), the FOD must ensure "The detainee request form shall be delivered to ICE staff by authorized personnel (not detainees) without reading altering, or delay. The detainee may, if he or she chooses, seal the request in an envelope and clearly mark the envelope with the name, title, or office the request is to be forwarded to."

DEFICIENCY SDC-2

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), 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 the detainee request was received;
- b. Detainee’s name;
- c. A-number;
- d. Nationality;
- e. Officer logging the request;
- f. The date that the request, with staff response and action, is returned to the detainee; and
- g. Any other site- specific pertinent information. In IGSA’s, the date the request was forwarded to ICE and the date it was returned shall also be recorded. All completed Detainee Requests will be filed in the detainee’s detention file and will remain in the detainee’s detention file for at least three years.”

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard to determine if the facility provides detainees with reasonable and equitable access to telephones in accordance with the ICE NDS. ODO interviewed staff and detainees; reviewed facility policies, procedures, and the detainee handbook; and tested the telephones in detainee housing units.

ODO determined detainees have reasonable and equitable access to telephones at CCDF. Serviceability checks verified all telephones in the detainee housing areas and the special management units were in good working order. Review of telephone serviceability worksheets confirmed weekly completion by ERO, as required. Notifications that telephone calls are subject to monitoring are posted on each telephone in English and Spanish, and access rules for use of telephones were observed at each telephone location; however, there were no procedures for obtaining an unmonitored call posted at each telephone (**Deficiency TA-1**). The facility administrator corrected this on site. This information is also included in the detainee handbook.

ODO verified speed-dial listings for the DHS OIG, consulates, embassies, and pro-bono services were also available in each housing unit. According to staff, the telephone system is programmed to not record calls to telephone numbers of pro-bono services and legal service providers, as well as numbers associated with speed-dial codes. Detainees may submit a request to the facility or ERO to make unmonitored calls to other numbers. If approved, the facility allows the detainee to place the call from a private cubicle in booking or the conference room.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE NDS, Telephone Access, section (III)(K)(2), the FOD must ensure “the facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating:

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