



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

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## Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
ERO Chicago Field Office  
Kenosha County Detention Center  
Kenosha Wisconsin

September 12-14, 2017

**COMPLIANCE INSPECTION  
for the  
KENOSHA COUNTY DETENTION CENTER  
Kenosha, Wisconsin**

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**COMPLIANCE INSPECTION TEAM MEMBERS**



Lead Inspections and Compliance Specialist	ODO
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## FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), conducted a compliance inspection of the Kenosha County Detention Center (KCDC) in Kenosha, Wisconsin from September 12-14, 2017<sup>1</sup>. The KCDC opened in November of 1998 and is owned by Kenosha County and operated by the Kenosha County Sheriff's Department under the ICE National Detention Standards 2000. The Office of Enforcement and Removal Operations (ERO) began housing detainees at KCDC in April of 2002, pursuant to an Intergovernmental Service Agreement (IGSA), under oversight of the ERO Field Office Director (FOD) in Chicago.

A Detention Services Manager is assigned to the facility. The Facility Director is responsible for oversight of daily operations and is supported by [REDACTED] local law enforcement personnel. Kenosha County provides food services and the Kenosha Visiting Nurse Association provides medical care. The KCDC is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention Standard. The facility does not hold any accreditations.

Capacity and Population Statistics	Quantity
Average ICE Detainee Population <sup>2</sup>	[REDACTED]
Male Detainee Population (as of 8/10/2017)	[REDACTED]
Female Detainee Population (as of 8/10/2017)	[REDACTED]

In FY 2014, ODO conducted a compliance inspection of the KCDC reviewing a total of 19 standards. As a result, ODO found 2 deficiencies in the following standards: Food Service (1) and Medical Care (1).

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<sup>1</sup> This facility holds male and female detainees with low, medium low, medium high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> *Ibid.*

## FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>3</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedures	0
Detainee Handbook	3
Food Service	0
Funds and Personal Property	0
Staff-Detainee Communication	1
Telephone Access	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	2
Special Management Unit (Disciplinary Segregation)	1
Use of Force	1
<b>Sub-Total</b>	<b>4</b>
<b>Part 3 – Health Services</b>	
Medical Care	5
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>5</b>
<b>Total Deficiencies</b>	<b>13</b>

<sup>3</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

# COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten and where detainees are housed for over 72-hours to assess compliance with ICE National Detention Standards (NDS) 2000 or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being<sup>4</sup>. ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection; these corrective actions are annotated with “C” under the Inspection Findings section of this report.

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

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

There were eight detainees who voluntarily agreed to be interviewed by ODO. No detainee alleged mistreatment, abuse, or discrimination. Many of the detainees interviewed reported satisfaction with facility services except as cited below:

*Access to Legal Material:* Three detainees stated they did not have access to the law library.

- Action Taken: ODO discussed the issue with facility leadership and found the female housing unit lacks a dedicated library room. However, library access is provided via a portable law library station accessible to all female detainees upon submission of a detainee request form. At ODO's request, the facility explained the process for requesting the use of the portable law library to all female detainees. ODO confirmed the facility handbook describes the process for requesting access to the law library. ODO recommends facility staff review orientation practices to ensure detainees have a good understanding of how to access these services.

*Detainee Handbook:* Four detainees claimed they did not understand English or Spanish and did not understand the facility handbook provided to them. The detainees spoke Guinea, Napoli, Russian and Chinese.

- Action Taken: ODO reviewed the detainees' files, which revealed the detainees were issued and signed for the National Detainee Handbook and facility handbook in either English or Spanish. ODO brought this issue to the attention of facility staff who indicated they were unaware the detainees did not understand the handbooks. See the Compliance Inspection Findings: Detainee Handbook section of this report for further information.

*Sexual Assault Awareness and Prevention Intervention:* Seven detainees claimed when officers of the opposite sex enter the housing units they do not consistently announce their presence.

- Action Taken: Although the KCDC has not signed a contract modification binding them to the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention Standard, ODO considers it a best practice for staff of the opposite sex to announce their presence when entering housing units. ODO advised the on-site Supervisory Detention and Deportation Officer SDDO accordingly.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### **DETAINEE HANDBOOK (DH)**

ODO's review of the detainee handbook and subsequent interviews with facility staff revealed the absence of information about educational opportunities available at the facility (**Deficiency DH-1<sup>5</sup>**).

Although the handbook lists and classifies prohibited actions/behaviors with the facility's disciplinary procedures and sanctions, ODO's review of one detainee's disciplinary file found he was found guilty and serving a sanction for a rule which had not been identified in the handbook as a prohibited act (**Deficiency DH-2<sup>6</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by removing the charge from the detainee's disciplinary record and the concurrent sanction he was serving. However, the detainee remained in a disciplinary segregation status due to other unrelated sanctions/charges (**C-1**).

Each KCDC facility handbook is printed in the required English and Spanish versions. Staff informed ODO the facility provides translation assistance to detainees exhibiting literacy or language problems and upon request. However, during detainee interviews, detainees speaking Guinea, Napoli, Mandarin Chinese and Russian stated they were provided handbooks in languages they did not understand. Each detainee claimed they were not provided interpretation or translation services (**Deficiency DH-3<sup>7</sup>**).

### **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO's review of the facility handbook in relation to Staff Detainee Communication found that it did not contain information stating detainees had the opportunity to submit written questions, requests, or concerns to ERO staff or the procedures for doing so (**Deficiency SDC-1<sup>8</sup>**).

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<sup>5</sup> "The overview will briefly describe individual programs and services and associated rules. Among others, these include recreation, visitation, education, voluntary work, telephone use, correspondence, library use, and the canteen/commissary." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(B).

<sup>6</sup> "The handbook will list detainee rights and responsibilities. It will also list and classify prohibited actions/behavior along with disciplinary procedures and sanctions." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(D).

<sup>7</sup> "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." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(E).

<sup>8</sup> "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, Staff Detainee Communication (III)(B)(3).

## **SECURITY AND CONTROL**

### **SPECIAL MANAGEMENT UNIT ADMINISTRATIVE SEGREGATION (AS)**

A log is maintained by the SMU officers to record segregation activities such as meals served, recreation opportunities, and medical visits. ODO's review of the SMU logs found one instance with no documentation of acceptance/refusal of the lunch meal (**Deficiency AS-1<sup>9</sup>**). The log was recently updated to include a comment section to more comprehensively capture any refusals as well as the officer's signature.

A review of 25 randomly selected detainee segregation files found there were seven that contained disciplinary sanctions in the year preceding the inspection. The detainees had been placed on administrative segregation pending a disciplinary hearing; however, administrative segregation orders were not completed in accordance with the standard (**Deficiency AS-2<sup>10</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by updating their current incident report form to document and identify the detainees' placement in administrative segregation as pending a disciplinary hearing and to reflect that the detainee was served with a segregation order (**C-2**).

### **SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION (DS)**

ODO reviewed 25 randomly selected detainee files and found seven files containing disciplinary infractions which resulted in the detainee's placement into a disciplinary segregation status. The sanctions imposed ranged from one to 21 days of disciplinary segregation. ODO's review of the seven files found that in four cases, the SMU logs did not document whether all meals, recreation, or opportunities to shower were accepted/refused (**Deficiency DS-1<sup>11</sup>**). The log was recently updated to include a comment section to more comprehensively capture any refusals, as well as the officer's signature.

### **USE OF FORCE (UOF)**

ODO reviewed videos and files of five use of force incidents. Each file contained detailed incident reports from all staff involved; however, in two cases there was no documentation verifying medical personnel examined the detainee after the incident (**Deficiency UOF-1<sup>12</sup>**).

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<sup>9</sup> "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 Units Administrative Segregation, Section (III)(E)(1).

<sup>10</sup> "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 impractical. 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 Units Administrative Segregation, Section (III)(B).

<sup>11</sup> "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 Units Disciplinary Segregation, Section (III)(E)(1).

<sup>12</sup> "After any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented." See ICE NDS 2000, Standard, Use of Force, Section (III)(G)(2).

## **HEALTH SERVICES**

### **MEDICAL CARE (MC)**

Detainees are screened for tuberculosis (TB) by way of purified protein derivative (PPD) skin testing by the nursing staff, with chest X-rays performed for detainees with positive screens. ODO's review of 28 medical records found six detainees had not been screened for TB during their admissions process (**Deficiency MC-1**<sup>13</sup>).

Detainees receive hands-on physical examinations conducted by trained Registered Nurses (RN) at KCDC. ODO's review of 28 medical records confirmed physical examinations were conducted within 14 days of arrival and were reviewed by the provider. The provider reviews and signs off on the dental screening examinations, which are instead completed by RNs (**Deficiency MC-2**<sup>14</sup>)(R-1). Although the RNs have been trained to conduct dental screenings; the standard requires a mid-level provider or physician conduct the screening in the absence of a dentist.

Nurses are responsible for administering medications, which are delivered to the housing units by way of medication carts. ODO's inspection found the medication carts were well organized, and documentation reflects the carts were inventoried three times a day between shifts. ODO reviewed ten medication administration records (MAR) and found five did not document all administered medication (**Deficiency MC-3**<sup>15</sup>). On four MARs, staff did not document medication administration for two to four doses, and on one MAR there were seven instances where medication administration was not documented.

There were three detainees receiving psychotropic medication at the time of the inspection, none of whom had signed informed consents specific to the psychotropic medication prescribed (**Deficiency MC-4**<sup>16</sup>).

Detainees access medical services by completing sick call request forms available in English and Spanish and handing them to the correctional officer in the housing units. The officers review the forms and sign them to verify the request is not of an urgent or emergent nature. The forms are then placed in the facility's mailbox to be picked up by medical personnel. The mail boxes, however, are accessible by non-medical personnel who then triage the medical complaints; this

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<sup>13</sup> "All new arrivals receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained." See ICE NDS 2000, Standard, Medical Care, Section (III)(D). **This is a repeat deficiency.**

<sup>14</sup> "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or a nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

<sup>15</sup> "Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees." See ICE NDS 2000, Standard, Medical Care, Section (III)(I).

<sup>16</sup> "As a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances. If a detainee refuses treatment, the INS will be consulted in determining whether forced treatment will be administered, unless the situation is an emergency. In emergency situations, the INS shall be notified as soon as possible." See ICE NDS 2000, Standard, Medical Care, Section (III)(L).

practice compromises confidentiality (**Deficiency MC-5**<sup>17</sup>). Additionally, this practice it is not consistent with the procedure outlined within the detainee handbook, which instructs detainees to complete the sick call request and hand it to a nurse during one of the three scheduled pill calls. Per the handbook, the nurse is to review the request at the time of receipt to ensure it is not of an urgent or emergent nature.

## **BEST PRACTICES**

KCDC's use of mental health assessment forms and extensive, comprehensive documentation, in conjunction with prompt and regular monitoring of detainees referred to the mental health clinic, ensures detainees identified as needing mental health treatment are provided with a high quality of care.

## **CONCLUSION**

During this inspection, ODO reviewed the facility's compliance with 15 standards under the NDS 2000. In all, ODO found the facility compliant with nine (9) standards and found thirteen (13) total deficiencies—one of which was a repeat deficiency. Unfortunately, this is a significant increase in the number of deficiencies identified since ODO's last inspection in FY 2014, despite the fact that more standards were reviewed in 2014. ODO recommends ERO work with the facility to remedy all remaining deficiencies, as applicable and in accordance with contractual obligations.

<b>Inspection Results Compared</b>	<b>FY 2014 (NDS 2000)</b>	<b>FY 2017 (NDS 2000)</b>
NDS Standards Reviewed <sup>18</sup>	19	15
Deficient Standards	2	6
Overall Number of Deficiencies	2	13
Corrective Actions	0	2
Repeat Deficiencies	0	1

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<sup>17</sup> “All medical providers shall protect the privacy of detainee’s medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well-being of detainees.” See ICE NDS 2000, Standard, Medical Care, Section (III)(M).

<sup>18</sup> In FY2014 and FY2017 ODO reviewed the same Core Standards; however, in FY2014 the following four additional standards were reviewed: Detention Files, Disciplinary System, Hunger Strikes, and Terminal Illness, Advance Directives, and Death.