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U.S. 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

Montgomery County Jail  
Montgomery City, Missouri

July 13-16, 2020

**COMPLIANCE INSPECTION  
of the  
MONTGOMERY COUNTY JAIL  
Montgomery City, Missouri**

**TABLE OF CONTENTS**

|  |           |
|--|-----------|
| <b>FACILITY OVERVIEW .....</b>   | <b>4</b>  |
| <b>COMPLIANCE INSPECTION PROCESS .....</b>                                   | <b>5</b>  |
| <b>FINDINGS NATIONAL DETENTION STANDARDS 2019<br/>MAJOR CATEGORIES .....</b> | <b>6</b>  |
| <b>DETAINEE RELATIONS .....</b>  | <b>7</b>  |
| <b>COMPLIANCE INSPECTION FINDINGS .....</b>                                  | <b>9</b>  |
| <b>SAFETY .....</b>  | <b>9</b>  |
| Environmental Health and Safety .....  | 9         |
| <b>SECURITY .....</b>  | <b>9</b>  |
| Admission and Release .....  | 9         |
| Funds and Personal Property .....  | 9         |
| Use of Force and Restraints .....  | 9         |
| Special Management Units .....   | 10        |
| Sexual Abuse and Assault Prevention and Intervention .....                   | 10        |
| <b>CARE .....</b>  | <b>10</b> |
| Food Service .....   | 10        |
| Medical Care .....   | 10        |
| Significant Self-harm and Suicide Prevention and Intervention .....          | 11        |
| Disability Identification, Assessment, and Accommodation .....               | 11        |
| <b>JUSTICE .....</b>   | <b>15</b> |
| Grievance System .....   | 15        |
| <b>CONCLUSION .....</b>  | <b>15</b> |

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## COMPLIANCE INSPECTION TEAM MEMBERS



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Montgomery County Jail (MCJ) in Montgomery City, Missouri, from July 13 to 16, 2020.<sup>1</sup> The facility opened in 1997 and is owned and operated by Montgomery Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCJ in 1998 under the oversight of ERO's Field Office Director (FOD) in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility. The MCJ jail administrator handles daily facility operations and is supported by █ personnel. Consolidated Food provides food services, Turnkey Corrections provides commissary, and Advanced Correctional Healthcare provides medical services at the facility.

| Capacity and Population Statistics           | Quantity |
|--|----------|
| ICE Detainee Bed Capacity <sup>2</sup>       | 31       |
| Average ICE Detainee Population <sup>3</sup> | 24       |
| Male Detainee Population (as of 7/6/2020)    | 25       |
| Female Detainee Population (as of 7/6/2020)  | 0        |

During its last inspection, in Fiscal Year (FY) 2017, ODO found 4 deficiencies in the following areas: Funds and Personal Property (2); Telephone Access (1); and Environmental Health and Safety (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of July 6, 2020.

<sup>3</sup> *Ibid.*

## 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 longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is 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. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

| NDS 2019 Standards Inspected <sup>5</sup>                     | Deficiencies |
|---|--------------|
| <b>Part 1 – Safety</b>  |              |
| Environmental Health and Safety                               | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Part 2 – Security</b>                                      |              |
| Admission and Release   | 2            |
| Custody Classification System                                 | 0            |
| Funds and Personal Property                                   | 2            |
| Use of Force and Restraints                                   | 0            |
| Special Management Units                                      | 1            |
| Staff-Detainee Communication                                  | 0            |
| Sexual Abuse and Assault Prevention and Intervention          | 3            |
| <b>Sub-Total</b>  | <b>8</b>     |
| <b>Part 4 – Care</b>  |              |
| Food Service  | 1            |
| Medical Care  | 3            |
| Significant Self-harm and Suicide Prevention and Intervention | 1            |
| Disability Identification, Assessment, and Accommodation      | 22           |
| <b>Sub-Total</b>  | <b>27</b>    |
| <b>Part 5 – Activities</b>                                    |              |
| Recreation  | 0            |
| Religious Practices   | 0            |
| Telephone Access  | 0            |
| Visitation  | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Part 6 – Justice</b>                                       |              |
| Grievance Systems   | 0            |
| Law Libraries and Legal Material                              | 4            |
| <b>Sub-Total</b>  | <b>4</b>     |
| <b>Total Deficiencies</b>                                     | <b>39</b>    |

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

## DETAINEE RELATIONS

ODO interviewed 9 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the facility was not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Admissions and Release:* Six detainees stated they did not receive an ICE Detainee Handbook or a facility detainee handbook.

- **Action Taken:** ODO reviewed each of the detainee's file and verified all detainees signed documentation acknowledging receipt of the ICE Detainee Handbook and facility handbook during intake processing. ODO notes the facility handbook is also available to the detainees on the kiosk located inside the housing units.

*Admissions and Release:* One detainee claimed MCJ assigned him the wrong name upon intake processing.

- **Action Taken:** ODO interviewed the ERO investigator who investigated this complaint. ERO took the detainee's fingerprints and ran them through the database, and the database confirmed the name assigned to the detainee upon intake processing is correct. ERO found no credibility to the detainee's claim.

*Searches of Detainees:* One detainee stated he had been stripped searched during the intake processing.

- **Action Taken:** ODO reviewed MCJ's Admission and Release policy which states all detainees shall be screened upon admission to include screening with a metal detector and a thorough pat search. The detainee's booking sheet in his detention file stated he was physically searched and screened with a metal detector during intake processing. ODO interviewed the jail administrator who stated no detainees are strip searched at MCJ. ODO also noted the detainee never submitted a grievance stating he had been strip searched during the intake process.

*Staff Detainee Communication:* Nine detainees stated ICE staff do not interact with them in the housing unit.

- **Action Taken:** ODO interviewed the deportation officer who stated due to COVID-19, ICE staff conducted weekly visits remotely from April 6, 2020, through July 6, 2020. During that time, detainees were able to contact ICE through request forms or phone. Since July 6, 2020, ICE staff resumed weekly on-site visits to detainee housing units.

*Medical Care:* One detainee stated he was receiving a muscle relaxer for headaches. He claims the muscle relaxer was discontinued without medical services informing him and as a result, his headaches have continued.

- Action Taken: ODO notes the detainee intake process was done on May 13, 2020, and his health appraisal was completed by the medical doctor on May 27, 2020. On July 9, 2020, the detainee signed up for sick call requesting an Ibuprofen tablet for his headache. Per a review of the detainee's chart, he was never seen by the medical department for his request. Based on this information, ODO requested the medical department see the detainee. The health services administrator scheduled the detainee for a July 15, 2020, medical visit with the medical doctor.

*Correspondence and Other Mail:* One detainee claimed facility staff opened his legal correspondence not in his presence on one occasion.

- Action Taken: ODO reviewed the detainee handbook which states all incoming personal mail shall be opened and inspected for contraband in front of the ICE detainee. ODO interviewed the jail administrator who stated one of the facility clerks opened the detainee's legal correspondence thinking it was paper service mail from an attorney. Upon the facility clerk seeing it was for a detainee, the clerk advised the jail administrator of the matter and the detainee was advised of the proper procedures of handling legal correspondence.



# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO found detainee identity documents, such as birth certificates, are not being copied for the detention file by the facility before providing the originals to ERO (**Deficiency A&R-1<sup>6</sup>**).

ODO found the facility provides hygiene kits to detainees during intake; however, the kit does not contain all the required items. The kit is missing a comb, or equivalent, and a container of skin lotion (**Deficiency A&R-2<sup>7</sup>**).

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO observed identity documents, such as birth certificates, are not being copied for the detention file by the facility before providing the originals to ERO (**Deficiency F&PP-1<sup>8</sup>**).

ODO determined in all 11 files reviewed, a forwarding address is not obtained from every detainee who has personal property (**Deficiency F&PP-2<sup>9</sup>**).

### USE OF FORCE AND RESTRAINTS (UOF&R)

MCJ policy and procedures manual provide guidance on the use of [REDACTED] on detainees; however, during an interview with the facility administrator, on July 14, 2020, it was stated MCJ does not use or maintain [REDACTED] equipment. Due to the potential for confusion and misinterpretation by MCJ employees, ODO notes this as an **Area of Concern**.

MCJ policy and procedures manual does not contain specific guidance regarding the use of [REDACTED], or [REDACTED], and provides only limited guidance on the use of the authorized [REDACTED]. The absence of this critical guidance and information from the policy is an **Area of Concern**.

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<sup>6</sup> " Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO. Detainees will receive a receipt for confiscated identity documents. Upon request, staff will provide the detainee with a copy of the document." See National Detention Standards 2019, Standard, Admission and Release, Section (II)(C).

<sup>7</sup> " During intake, detainees shall be given the opportunity to shower, where possible, and be issued clean institutional clothing, bedding, towels, and personal hygiene items." "Each detainee shall receive, at a minimum, the following items: 1. One bar of bath soap, or equivalent; 2. One comb or equivalent; 3. One tube of toothpaste; 4. One toothbrush; 5. One bottle of shampoo, or equivalent; and 6. One container of skin lotion. See National Detention Standards (NDS), 2019, Standard, Admission and Release, Section (II)(B) and NDS 2019, Standard, Personal Hygiene, (II)(F), (2 & 6).

<sup>8</sup> " Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file, and the original forwarded to ICE/ERO. Upon request, facility staff will provide the detainee with a copy of the document." See ICE National Detention Standards 2019, Standard, Funds and Personal Property (II)(B)(2).

<sup>9</sup> " Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property." See ICE National Detention Standards 2019, Standard, Admission and Release, Section (II)(C)(1).

## **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed MCJ's policy, Disciplinary System, and found it allows for a maximum sanction of 60-days disciplinary segregation for violations of a single prohibited act; however, the standard states the maximum sanction is 30-days in disciplinary segregation per incident, except in extraordinary circumstances (**Deficiency SMU-1<sup>10</sup>**).

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO requested training records from the facility showing all volunteers and other contractors who have contact with detainees and who have been trained on their responsibilities under SAAPI; however, the facility failed to provide this documentation (**Deficiency SAAPI-1<sup>11</sup>**).

ODO requested verification of the specialized training of facility investigators, in which the facility did not provide the specialized training records for investigators (**Deficiency SAAPI-2<sup>12</sup>**).

ODO interviewed the jail administrator and found the ERO Sexual Abuse and Assault Awareness Notice is not posted on the housing unit bulletin boards in English or Spanish (**Deficiency SAAPI-3<sup>13</sup>**).

## **CARE**

### **FOOD SERVICE (FS)**

ODO's review of food service documentation found the facility was unable to provide documentation of pre-employment medical examinations for staff (**Deficiency FS-1<sup>14</sup>**).

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

ODO reviewed six sick call signup requests submitted in the week preceding the inspection and found one out of six were not triaged within 24-hours of receipt (**Deficiency MC-1<sup>15</sup>**).

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<sup>10</sup> " The maximum sanction is 30 days in disciplinary segregation per incident, except in extraordinary circumstances. After the first 30 days, and each 30 days thereafter, the facility administrator shall send a written justification for the continued segregation to ICE/ERO." See ICE National Detention Standards 2019, Standard, Special Management Units, Section (II)(B)(1).

<sup>11</sup> " The facility must maintain written documentation verifying employee, volunteer, and contractor training. "See ICE National Detention Standards 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

<sup>12</sup> " The facility must maintain written documentation verifying specialized training provided to investigators pursuant to this paragraph." See ICE National Detention Standards 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

<sup>13</sup> "ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a "Sexual Assault Awareness Information" pamphlet to be distributed. " See ICE National Detention Standards 2019, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(2<sup>nd</sup> 3).

<sup>14</sup> "All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work." See ICE National Detention Standards 2019, Standard, Section (II)(I)(3)(a).

<sup>15</sup> "The facility shall have procedures to ensure that all request slips are received and triaged by the medical staff within

ODO reviewed [REDACTED] training records and confirmed [REDACTED] medical staff did not have current cardio-pulmonary resuscitation certifications (**Deficiency MC-2<sup>16</sup>**).

ODO reviewed the medical record of one detainee enrolled in the mental health chronic care clinic with prescribed psychotropic medication and determined the detainee did not have a consent form for psychotropic medication and medication education, prior to the initiation of treatment (**Deficiency MC-3<sup>17</sup>**).

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SPI)**

ODO reviewed training records for medical staff and confirmed there was no evidence of suicide prevention for [REDACTED] medical staff (**Deficiency SSH&SPI-1<sup>18</sup>**).

### **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)**

ODO interviewed the jail administrator and determined the facility has not developed a process, which includes reasonable timeliness, for reviewing detainees' requests for accommodations related to a disability and for providing accommodations, modifications, and reassessments (**Deficiency DIA&A-1<sup>19</sup>**).

ODO interviewed the jail administrator and determined the facility has not designated a disability compliance coordinator (**Deficiency DIA&A-2<sup>20</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining a process that allows detainees to identify as having a disability and/or request a reasonable accommodation at any point during their detention (**Deficiency DIA&A-3<sup>21</sup>**).

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24 hours of receipt of the request. Request slips shall be provided in English and Spanish, at a minimum." See ICE National Detention Standards 2019, Standard, Medical Care, Section (II)(I).

<sup>16</sup> "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the facility and will include the following: b. The administration of first aid and cardiopulmonary resuscitation (CPR)." See ICE National Detention Standards 2019, Standard, Medical Care, Section (II)(K)(b).

<sup>17</sup> "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances. " See ICE National Detention Standards 2019, Standard, Medical Care, Section (II)(O).

<sup>18</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See ICE National Detention Standards 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

<sup>19</sup> "The facility shall develop a process, which includes reasonable timelines, for reviewing detainees' requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessments. See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(B)(1).

<sup>20</sup> " The facility or public entity shall designate a Disability Compliance Coordinator to assist facility personnel in ensuring compliance with this standard and all applicable federal, state, and local laws related to accommodation of detainees with disabilities." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(B)(2).

<sup>21</sup> " A detainee may identify him or herself as having a disability and/or request a reasonable accommodation at any

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining a process that shows how staff identify detainees with impairments that are open, obvious, and apparent and review the need for accommodations (**Deficiency DIA&A-4<sup>22</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy, procedure, or process for placing a detainee with an assistive device apart from general population due to security concerns related to the use of assistive devices (**Deficiency DIA&A-5<sup>23</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining the effective communication requirement in its reasonable accommodation process (**Deficiency DIA&A-6<sup>24</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining how it determines what types of auxiliary aids or services are necessary, and whether it gives primary consideration to requests of the detainee with a disability (**Deficiency DIA&A-7<sup>25</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining how it provides detainees with disabilities with necessary accommodations in an expeditious manner (**Deficiency DIA&A-8<sup>26</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining the medical and mental health treatment requirements (**Deficiency DIA&A-9<sup>27</sup>**).

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point during detention." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation (II)(C).

<sup>22</sup> " Further, it is incumbent upon facility staff to identify detainees with impairments that are open, obvious, and apparent." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(C).

<sup>23</sup> "Detainees with disabilities shall generally be permitted to keep assistive devices...Placement apart from the general population due to security concerns related to the use of any such item must be based on individualized review, and the justification for the placement must be documented, whether the detainee is placed in an SMU, medical clinic, or elsewhere.." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(D)(2).

<sup>24</sup> "... at all stages of the reasonable accommodation process, the facility must take appropriate steps to allow for effective communication with detainees with disabilities to afford them an equal opportunity to participate in, and enjoy the benefits of, the facility's programs and activities." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(E).

<sup>25</sup> "In determining what types of auxiliary aids or services are necessary, the facility shall give primary consideration to the request of the detainee with a disability." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(E).

<sup>26</sup> " The facility shall provide detainees with disabilities with necessary accommodations in an expeditious manner. In many situations, the facility will be able to immediately grant a detainee's request for an accommodation." See ICE Based National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(F)(1).

<sup>27</sup> "Many detainees with disabilities will receive medical and/or mental health treatment from the facility's clinical medical authority. Where a detainee with a disability is fully able to access the facility's programs and activities through the provision of appropriate medical or mental health treatment, further interactive process may not be necessary." See ICE National Detention Standards 2019, Standard, Admission and Release, Section (II)(F)(2).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining the interactive process requirements (**Deficiency DIA&A-10<sup>28</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining the interactive process to include a good faith attempt to interview the detainee and determine the nature of the detainee's disability (**Deficiency DIA&A-11<sup>29</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining the interactive process requirement that it documents a detainee's decision to decline participation in the facility's disability accommodation process (**Deficiency DIA&A-12<sup>30</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining the interactive requirement that the facility issues a written decision within a reasonable time of the request or referral for a disability accommodation (**Deficiency DIA&A-13<sup>31</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining how it approves detainee disability accommodation requests which requires ICE/ERO approval, and whether the facility informs the detainee of the decision and the status of the request (**Deficiency DIA&A-14<sup>32</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining the final review process of any denial by the multidisciplinary team of a detainee request for accommodation related to a disability by the facility administrator (**Deficiency DIA&A-15<sup>33</sup>**).

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<sup>28</sup> "Requests or referrals that require an interactive process include (1) detainees with mobility impairments; (2) detainees with communication impairments; (3) detainees whose initial requests for accommodations or assistance have been denied; (4) detainees who have filed grievances about the accommodation of their disabilities or impairments; (5) detainees whose requests are complex or best addressed by staff from more than one discipline (e.g., security, programming, medical, or mental health, etc.); and (6) detainees whose cases are otherwise determined by facility staff to be appropriate for review." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(F)(3).

<sup>29</sup> "Given the importance of considering information from the detainee, the interactive process shall include a good faith attempt to interview the detainee and determine the nature of the detainee's disability, any difficulties the detainee experiences in accessing the facility or its programs or services, and the detainee's specific requests or needs for accommodation, if any." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(F)(3)(a).

<sup>30</sup> "If a detainee declines such an invitation, the facility will document this declination." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(F)(3)(a).

<sup>31</sup> "The facility will issue a written decision within a reasonable time of the request or referral." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(F)(3)(b).

<sup>32</sup> "Where the facility approves a request for an accommodation, but the recommended accommodation requires approval from ICE/ERO (i.e., expenditures on medical treatment, medication, and durable medical equipment that require IHSC authorization), the facility will inform the detainee of the decision and the status of the request with ICE/ERO and shall consider whether to provide an interim accommodation." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(F)(3)(b).

<sup>33</sup> "Any denial of a request for accommodation related to a disability must be approved by the facility administrator or assistant facility administrator." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(F)(3)(c).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining the process of how detainees are notified of the outcome for their disability accommodation request (**Deficiency DIA&A-16<sup>34</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining how staff are notified of a detainee accommodation request to ensure its successful implementation (**Deficiency DIA&A-17<sup>35</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining the permissible reasons for the facility to deny an accommodation to a detainee who has been determined to have a disability (**Deficiency DIA&A-18<sup>36</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure outlining the notification of a detainee with a communication or mobility impairment process (**Deficiency DIA&A-19<sup>37</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy or procedure to show the facility notifies ICE/ERO in writing, within 72 hours of any denial of any accommodation's requests (**Deficiency DIA&A-20<sup>38</sup>**).

ODO interviewed the jail administrator and determined the facility does not have a policy, procedure, or process in place describing how the facility would provide additional information to ICE/ERO should ICE/ERO choose to review the facility's denial of a detainees disability accommodation request (**Deficiency DIA&A-21<sup>39</sup>**).

ODO interviewed the jail administrator and the deportation officer and determined the facility's orientation program does not notify and inform detainees about the facility's disability

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<sup>34</sup> "The facility will provide the detainee with written notification of the facility's final decision on his or her request for accommodation, regardless of whether an accommodation was granted or denied, and regardless of whether the accommodation requires further approval by ICE/ERO." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(F)(3)(d).

<sup>35</sup> "Where an accommodation is granted, all relevant facility staff, including facility security staff, receive timely notification and, as needed, instructions for successful implementation of the accommodation." See ICE Perform National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(F)(3)(e).

<sup>36</sup> "Permissible reasons for the facility to deny an accommodation to a detainee who has been determined to have a disability include: (1) the detainee is not denied access to the facility's programs or activities because of a disability; (2) there is not a nexus between the disability and the requested accommodation; (3) the requested accommodation would fundamentally alter the nature of the program, service, or activity; (4) the requested accommodation would result in an undue financial and administrative burden; or (5) the detainee poses a direct threat to staff or other detainees." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(G).

<sup>37</sup> "The facility shall notify ICE/ERO as soon as practicable, but no later than 72 hours, after the facility has completed its interactive process to assess the needs of any detainee with a communication or mobility impairment. See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(H)(1).

<sup>38</sup> "The facility shall notify ICE/ERO in writing within 72 hours of any denial of any accommodation's requests." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(H)(2).

<sup>39</sup> "ICE/ERO may review the facility's denial of a request for an accommodation. The facility shall provide additional information as needed to further ICE/ERO's review and shall cooperate with ICE/ERO on any additional steps that may be necessary." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(H)(2).

accommodations policy including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand (**Deficiency DIA&A-22**<sup>40</sup>).

## **JUSTICE**

### **LAW LIBRARIES AND LEGAL MATERIALS**

ODO reviewed the policy and interviewed the jail administrator and determined the facility has not designated an officer to ensure that writing material and paper provided by the facility are properly stocked (**Deficiency LL&LM-1**<sup>41</sup>).

ODO reviewed the policy and interviewed the jail administrator and determined the facility does not have an employee designated to update legal materials, inspect them weekly, maintain them in good condition, and replace them promptly as needed (**Deficiency LL&LM-2**<sup>42</sup>).

ODO interviewed the jail administrator and determined facility staff does not assist detainees who are illiterate, limited English proficient with legal research (**Deficiency LL&LM-3**<sup>43</sup>).

ODO interviewed the jail administrator and determined the facility does not have a reasonable accommodation process for detainees with disabilities (**Deficiency LL&LM-4**<sup>44</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 9 of those standards. ODO found 39 deficiencies in the remaining 9 standards. ODO commends facility staff for their responsiveness during this inspection. ODO noted two areas of concern. ODO recommends ERO work with the facility to resolve any issue or deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>40</sup> "The facility orientation program shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(I).

<sup>41</sup> "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 National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(B).

<sup>42</sup> "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." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(E).

<sup>43</sup> "Having the facility's law librarian assist the detainee with legal research." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(J)(1).

<sup>44</sup> "in the case of detainees with disabilities, consistent with the procedures outlined in Standard 4.7 "Disability Identification, Assessment, and Accommodation," providing reasonable accommodations and/or auxiliary aids and services identified through the facility's reasonable accommodation process." See ICE National Detention Standards 2019, Standard, Disability, Assessment, and Accommodation, Section (II)(J)(5).

| <b>Compliance Inspection Results Compared</b> | <b>FY 2017<br/>(NDS 2000)</b> | <b>FY 2020<br/>(NDS 2019)</b> |
|---|-------------------------------|-------------------------------|
| Standards Reviewed                            | 15                            | 18                            |
| Deficient Standards                           | 3                             | 9                             |
| Overall Number of Deficiencies                | 4                             | 39                            |
| Repeat Deficiencies                           | 0                             | 0                             |
| Corrective Actions                            | 3                             | 0                             |