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Inspections and Detention Oversight Division

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**Office of Detention Oversight
Compliance Inspection**

Enforcement and Removal Operations

ERO Chicago Field Office

Caldwell County Detention Center

Kingston, Missouri

June 6-8, 2017

**COMPLIANCE INSPECTION
for the
CALDWELL COUNTY DETENTION CENTER
KINGSTON, MISSOURI**

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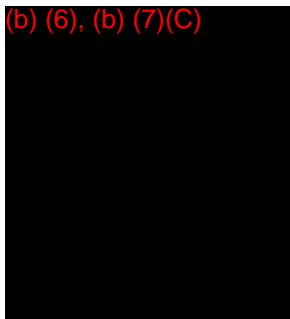
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COMPLIANCE INSPECTION TEAM MEMBERS



Lead Management and Program Analyst	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Caldwell County Detention Center (CCDC) in Kingston, Missouri, from June 6-8, 2017.¹ CCDC opened in July 2004 and is owned by Caldwell County and operated by the Caldwell County Sheriff's Department. The Office of Enforcement and Removal Operations (ERO) began housing detainees at CCDC in 2004 pursuant to an inter-governmental service agreement, under the oversight of ERO's Field Office Director (FOD) in Chicago.

This facility is not assigned a Detention Services Manager or other ERO officers. A CCDC jail administrator is responsible for oversight of daily operations and is supported by (b) personnel. Advance Correctional Health provides detainee medical services, and CBM FOODS provides food services. The CCDF holds no accreditation.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	128
Average Daily ICE Detainee Population ³	27
Male Detainee Population (as of 6/6/2017)	20
Female Detainee Population (as of 6/6/2017)	4

In FY 2014, ODO conducted a compliance inspection of the CCDC under the National Detention Standards (NDS) 2000. ODO reviewed the facility's compliance with sixteen (16) standards and found the facility compliant with three (3) standards. ODO found twenty-five (25) deficiencies in the remaining thirteen (13) standards to include: Access to Legal Material (1), Admission and Release (2), Detainee Classification System (1), Detainee Grievance Procedure (1), Detainee Handbook (2), Environmental Health and Safety (4), Food Service (3), Funds and Personal Property (1), Medical Care (2), Special Management Unit - Administrative Segregation (1), Staff Detainee Communication (4), Telephone Access (2) and Visitation (1).

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

² Data Source: ERO Facility List Report as of April 10, 2017.

³ *Ibid.*

FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	0
Detainee Grievance Procedures	1
Detainee Handbook	0
Food Service	6
Funds and Personal Property	0
Staff-Detainee Communication	0
Telephone Access	0
Sub-Total	9
Part 2 – Security and Control	
Environmental Health and Safety	3
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	1
Use of Force	2
Sub-Total	7
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	1
Sub-Total	3
Total Deficiencies	19

⁴ 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.⁵ 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.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed all female detainees housed at CCDC (three) to assess the conditions of confinement at CCDC. Interview participation was voluntary, and none of the detainees made allegations of abuse, discrimination or mistreatment. The detainees reported being satisfied with most facility services; however, they had few complaints, none of which were conditions affecting the detainees' life, health or safety, which were addressed by facility and ERO staff during the inspection. On two consecutive days during the inspection, ODO visited the ICE male housing unit, and none of the detainees had any concerns or wanted to be interviewed.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO verified detainees acknowledge receipt of the detainee handbook by way of a kiosk-based system. ODO observed that the Know Your Rights video and a video demonstrating use of the kiosk system were played in both Spanish and English in the intake area. However, the detainee orientation process is not supported by a video which informs new arrivals about facility operations, programs, services, and prohibited acts and sanctions (**Deficiency AR-1⁶**).

Detainee funds and the clothing they are wearing are inventoried by staff during the admission process. ODO was informed by ERO and facility staff, all other property is confiscated and inventoried at the ERO sub-office, placed in mesh clothing bags or plastic valuable-bags, and sent to CCDC. Based on a review of detention files and interviews of staff and detainees, ODO determined a copy of the inventory is not provided to the facility or detainees. Further, CCDC staff does not inventory the contents of property bags containing items sent by ERO (**Deficiency AR-2⁷**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

The grievance section of the handbook does not provide notice to detainees of the opportunity to obtain assistance from another detainee or facility staff in preparing a grievance (**Deficiency DGP-1⁸**).

FOOD SERVICE (FS)

ODO's inspection found storage areas were clean and shelving properly spaced from the walls and floors to prevent pest infestations. However, the exit door located in the kitchen leading to the outside staff lounge/picnic area does not have an air curtain as required by the NDS (**Deficiency FS-1⁹**).

Inspection of sack meals found one piece of fruit or a packaged fruit item was not included. In addition, CCDC Food Service Policy P1-6.A concerning contents of sack meals does not

⁶ "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable and the associated sanctions." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1). ***This is a repeat deficiency.***

⁷ "Each facility shall institute procedures for inventory and receipt of detainee funds and valuables (other than baggage and personal property) in accordance with the Funds and Personal Property." See ICE NDS 2000, Standard, Admission and Release, Section (III)(D).

⁸ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following: ...2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(2).

⁹ "Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(10).

mandate that fruit be included in sack meals and is not in compliance with the NDS (**Deficiency FS-2¹⁰**).

ODO's inspection of the food storage areas found temperatures are maintained for food protection; however, the dry storage room was not equipped with a room thermometer to ensure temperatures are maintained at levels preventing food spoilage (**Deficiency FS-4¹¹**).

ODO observed the outlets providing electrical power to countertop areas in the food preparation area do not provide ground fault protection (**Deficiency FS-5¹²**).

ODO's inspection of the food preparation area found overhead pipes above the ventilation hood, servicing the cooking equipment, are exposed (**Deficiency FS-6¹³** and **Deficiency FS-6¹⁴**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

A master index of hazardous substances and a master file of Safety Data Sheets is maintained in the maintenance shop. A review of the master index confirmed storage locations and emergency telephone listings are included; however, there is no documentation the index is reviewed semi-annually (**Deficiency EH&S-1¹⁵**).

CCDC fire drill reports document they are conducted monthly on each shift, and emergency keys are drawn, tested, and timed. The documentation reviewed by ODO confirmed monthly safety inspections are conducted in all areas of the facility; however, weekly fire and safety inspections are not conducted (**Deficiency EH&S-2¹⁶**).

¹⁰ "In addition, each sack shall include: 1. One piece of fresh fruit or properly packaged canned fruit (paper cup with lid), complete with a plastic spoon." See ICE NDS 2000, Standard, Food Service, Section (III)(G)(c)(1).

¹¹ "All food storage units must be equipped with accurate easy-to-read thermometers. New heating and/or refrigeration equipment purchases should include a zone-type thermometer with temperature graduations. Refrigeration equipment shall be designed and operated to maintain temperature of 41 degrees F or below." See ICE NDS 2000, Standard, Food Service, Section (III)(D)(5).

¹² "The maintenance manager shall provide ground-fault protection wherever needed in the food service department, and shall document same for the FSA." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(12)(c)(5).

¹³ "Food and ice will be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection will be continuous, whether the food is in storage, in preparation/on display, or in transit." See ICE NDS 2000, Standard, Food Service, Section (III)(D)(5).

¹⁴ "All facilities shall meet the following environmental standards: ... Overhead pipes removed or covered, to eliminate the food-safety hazard posed by leaking or dusty pipes." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(b).

¹⁵ "The Maintenance Supervisor or designee (sic) will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

¹⁶ "A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

Bio-hazardous medical waste is removed by Stericycle Medical and Infectious Waste Company, headquartered in Peoria, IL. Blood-borne pathogens protection and clean-up kits are available and stored in the booking/medical department supply closet. However, ODO's review of documentation confirmed medical sharps and syringes are not inventoried weekly (**Deficiency EH&S-4¹⁷**).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION (SMU))

The facility's segregation policies mirror the NDS. Because there were no records to review, the Jail Administrator and Assistant Jail Administrator were asked about recreation privileges for detainees assigned to administrative segregation. They confirmed that detainees would be allowed out of their cells one hour per day and during that time, would have access to the shower, telephone, and recreation area. No additional recreation period is offered to meet the one hour a day, five days a week requirement in the standard. According to the aforementioned administrators, recreation is offered around midnight (**Deficiency SMU-AS-1¹⁸**).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION (SMU))

The facility's segregation policies mirror the standard. Because there were no records to review, the Jail Administrator and Assistant Jail Administrator were asked about recreation privileges for detainees assigned to disciplinary segregation. They confirmed that detainees would be allowed out of their cells one hour per day and during that time, would have access to the shower, telephone, and recreation area. No additional recreation period is offered to meet the one hour a day, five days a week requirement in the standard. In addition, recreation is not offered at a reasonable time. According to the afore-mentioned administrators, recreation for all persons in segregation, inmates and detainees, is offered around midnight (**Deficiency SMU-DS-1¹⁹**).

¹⁷ "An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

¹⁸ "Recreation shall be provided to detainees in administrative segregation in accordance with the "Recreation standard." See ICE NDS 2000, Standard, Special Management Unit-AS, Section (III)(D)(8); and "Detainees housed in the SMU shall recreate apart from the general population. The OIC shall develop and implement procedures to ensure that detainees who must be kept apart never participate in activities in the same location at the same time. Detainees in protective custody, for example, shall recreate separately from other detainees. Individual recreation shall be used as necessary to prevent assaults and reduce management problems. Detainees in the SMU shall be offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. This privilege shall be waived only if the detainee's recreational activity would unreasonably endanger safety or security." See ICE NDS, Standard, Recreation, Section (III)(H).

¹⁹ "Recreation shall be provided to detainees in disciplinary segregation in accordance with the "Recreation" standard. The standard provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee's recreation privileges may be withheld temporarily after a severely disruptive incident." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(13).

USE OF FORCE (UOF)

ODO's inspection of protective gear found (b) (7)(E)

(b) (7)(E) Use-of-Force Team members and others participating in calculated use of force incident are to wear protective gear in circumstances of an immediate use-of-force incident (**Deficiency UOF-1**²⁰).

Review of twenty-five (25) staff training files and logs found documentation of training was inconsistent and incomplete. Officers are trained in the use of force team technique; however, there was no documentation officers are trained and certified to (b) (7)(E) nor was there documentation current supervisors were trained in (b) (7)(E) training was documented only in the files of three former staff members. In addition, there was no documentation any staff members received training in communication techniques, cultural diversity, dealing with the mentally ill, application of restraints, and reporting procedures (**Deficiency UOF-2**²¹).

HEALTH SERVICES

MEDICAL CARE (MC)

According to the Jail Administrator, Assistant Jail Administrator and the facility's licensed practical nurse (LPN), correctional staff members have routine health care responsibilities such as collecting patients complaints, evaluating vital signs and documenting objective physical evaluations, contacting the physician if he or she determines it necessary, and verbally relaying the complaint and clinical information such as blood sugar test results and blood pressure readings to the physician. Telephone orders are accepted from the physician, to include orders for prescription medication which are then retrieved from the institution emergency drug supply and administered to the patient. The assistant jail administrator reported this has been CCDC's practice for many years. Records reviewed by ODO did not document this practice. Based on the extent to which health care responsibilities are provided by non-medical personnel, ODO determined the current medical staffing plan is insufficient (**Deficiency MC-1**²²).

The medical department is located in the booking area and consists of a small office with an examination table, desk, counter with sink, overhead storage cabinets, storage closet, and a caged

²⁰ "Use-of-Force Team members and others participating in calculated use of force shall: a. Wear protective gear, and 4. If the circumstances of an immediate use-of-force incident permit, staff will obtain and use appropriate protective equipment (helmets with face shields, gloves, pads, etc.) before intervening." See ICE NDS 2000, Standard, Use of Force, Section (III)(D)(2)(a) and (4).

²¹ "To control a situation involving an aggressive detainee, all staff must be made aware of their responsibilities through ongoing training. All detention personnel shall also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees. Staff will be made aware of prohibited use-of-force acts and techniques." See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

²² "Every facility will provide its detainee population with initial medical screening, cost-effective primary medical care, and emergency care. The OIC will also arrange for specialized health care, mental health care, and hospitalization within the local community. All facilities will employ, at a minimum, a medical staff large enough to perform basic exams and treatments for all detainees. The OIC, with the cooperation of the Clinical Director, will negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility. These arrangements will include securing appropriate custodial officers to transport and remain with the detainee for the duration of any off-site treatment or hospital admission." See ICE NDS 2000, Standard, Medical Care, Section (III)(A).

storage area that is shared with transportation personnel. By ERO memorandum dated March 2016, CCDC was granted a waiver of the NDS requirement to have a waiting room, restroom, and drinking fountain. Within the medical area there are two holding cells used for inmates. Vision into the cells is not possible, as it does not have windows; however, there is no sound barrier which allows patient encounters to be overheard by inmates in the adjoining cells (**Deficiency MC-2²³**). Additionally, ODO observed the door leading from booking to the medical area remains open during patient encounters, further compromising the patient’s right to privacy and doctor-patient confidentiality.

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO was informed there were no detainee suicide attempts or suicide watches in the year preceding the inspection. There is one cell designated for suicide watch at CCDC. Inspection found the cell was clean and well-lit; however, full vision into the cell is obstructed by a partial wall (**Deficiency SP&I-1²⁴**). The facility administrator stated that the County Board recently approved remodeling of the suicide watch cell but the start date had not been scheduled by the end of ODO’s inspection.

CONCLUSION

During this inspection, ODO reviewed the facility’s compliance with 15 standards under the NDS and found the facility compliant with five (5) standards. ODO found nineteen (19) deficiencies in the remaining ten (10) standards and identified two (2) repeat deficiencies. ODO found a slight decrease in the number of deficiencies identified since its last inspection in FY 2014. ODO would like to specifically highlight the deficiencies found under Medical Care as a priority for resolution. ODO recommends ERO work with the facility to remedy all outstanding deficiencies, as applicable and in accordance with contractual obligations.

Compliance Inspection Results	FY 2014 (NDS 2000)	FY 2017 (NDS 2000)
Standards Reviewed ²⁵	17	15
Deficient Standards	13	10
Overall Number of Deficiencies	25	19
Deficient Priority Component	N/A	N/A
Corrective Action	0	0
Repeat Deficiencies	0	3

²³ “Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private.” See ICE NDS 2000, Standard, Medical Care, Section (III)(B). *This is a repeat deficiency.*

²⁴ “If danger to life or property appears imminent, the medical staff has the authority, with written documentation, to segregate the detainee from the general population. A detainee segregated for this reason requires close supervision in a setting that minimizes opportunities for self-harm. The detainee may be placed in a special isolation room designed for evaluation and treatment. The isolation room will be free of objects or structural elements that could facilitate a suicide attempt. If necessary, the detainee may be placed in the Special Management Unit, provided space has been approved for this purpose by the medical staff.” See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).

²⁵ Visitation and Disciplinary Policies were not reviewed in FY2017.