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ICE Inspections  
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**Office of Detention Oversight  
Special Review  
2023-003-163**

**Enforcement and Removal Operations  
ERO New Orleans Field Office**

**Madison County Jail  
Canton, Mississippi**

**August 22-24, 2023**

**SPECIAL REVIEW  
of the  
MADISON COUNTY JAIL  
Canton, Mississippi**

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## SPECIAL REVIEW 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 special review of the Madison County Jail (MCJ) in Canton, Mississippi, from August 22 to 24, 2023.<sup>1</sup> The facility opened in January 1991 and is owned by Madison County and operated by the Madison County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees in 2018 under the oversight of ERO’s Field Office Director in New Orleans (ERO New Orleans). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of August 21, 2023. MCJ was inspected against NDS 2000, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A major handles daily facility operations and manages [REDACTED] support personnel. Summit Foods provides food services, Vital Core provides medical care, and Premier Services, LLC provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of August 22, 2023)	[REDACTED]
Adult Female Population (as of August 22, 2023)	[REDACTED]

This was ODO’s first compliance inspection of MCJ.

<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> Data Source: ERO Facility List as of August 21, 2023.

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

## SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for longer than 72 hours, to assess compliance with ICE NDS. 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 *Special Review Findings* section of this report.

Beginning fiscal year (FY) 2022, ODO will conduct special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each review, 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 its decision-making to better allocate 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.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Detainee Services</b>	
Detainee Handbook	0
Food Service	17
<b>Sub-Total</b>	<b>17</b>
<b>Part 2 - Security and Control</b>	
Environmental Health and Safety	52
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>52</b>
<b>Part 3 - Health Services</b>	
Hunger Strikes	0
Medical Care	3
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>3</b>
<b>Other Standards Reviewed</b>	
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>72</b>

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

<sup>6</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

## DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2022 ADP of 1, meeting the ODO requirement for special reviews.

## SPECIAL REVIEW FINDINGS

### DETAINEE SERVICES

#### FOOD SERVICE (FS)

ODO interviewed the facility manager and found the facility training officer did not devise and provide appropriate training to all FS personnel on detainee custodial issues. Specifically, ODO found the facility provided no formal training (**Deficiency FS-13<sup>7</sup>**).

ODO interviewed the food service director (FSD), completed an on-site inspection of the FS area, and found knives the facility used in the FS areas did not have a steel shank through which a metal cable could be mounted (**Deficiency FS-20<sup>8</sup>**).

ODO interviewed the FSD, conducted an on-site inspection of the FS area, and found the facility's tool control officer did not mount a metal cable to the knives the facility used in the FS areas (**Deficiency FS-21<sup>9</sup>**).

ODO reviewed the facility's FS menus and interviewed the FSD and found:

- The facility had no common fare menus (**Deficiency FS-194<sup>10</sup>**);
- No common fare menus certified as exceeding minimum daily nutritional requirements (**Deficiency FS-195<sup>11</sup>**); and
- No available ceremonial-meal schedule nor one developed by the facility for next year (**Deficiency FS-226<sup>12</sup>**).

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<sup>7</sup> "The facility training officer will devise and provide appropriate training to all food service personnel in detainee custodial issues. Among other things, this training will cover INS's detention standards." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(1).

<sup>8</sup> "To be authorized for use in the food service department, a knife must have a steel shank through which a metal cable can be mounted." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(2).

<sup>9</sup> "The facility's tool control officer is responsible for mounting the cable to the knife through the steel shank." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(2).

<sup>10</sup> "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(2).

<sup>11</sup> "The menus must be certified as exceeding minimum daily nutritional requirements." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(2).

<sup>12</sup> "The Chaplain, in consultation with the local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the next calendar year, providing it to the OIC." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(10).

ODO conducted an on-site inspection of the FS area and found the hood system contained dirt and grease build-up and there was no documentation available to show when the hood system was last cleaned (**Deficiency FS-312**<sup>13</sup>).

ODO interviewed the FSD, toured the FS area, and found corrosive cleaner used for the three-compartment sink under the sink and unsecured (**Deficiency FS-391**<sup>14</sup>).

ODO interviewed the FSD and found:

- No established system for intermediate storage of received hazardous substances and keeping them secure from time-of-receipt to time-of-issue (**Deficiency FS-394**<sup>15</sup>);
- FS staff did not obtain and file for reference Material Safety Data Sheets (MSDSs) on all flammable, toxic, and caustic substances used in the facility (**Deficiency FS-395**<sup>16</sup>);
- The facility did not inform staff and detainee workers regarding the hazards of flammable, toxic, and caustic substances used in the facility (**Deficiency FS-396**<sup>17</sup>); and
- The facility did not forward copies of all MSDSs to the health services department, with a set available in each FS work area (**Deficiency FS-397**<sup>18</sup>).

ODO toured the FS area and found facility staff did not clean the hood system after each use to prevent grease build-up. Specifically, ODO observed significant dirt and grease build-up on the hood system (**Deficiency FS-411**<sup>19</sup>).

ODO interviewed the FSD requested to review FS area inspection records and found the following deficiencies:

- The facility had no documentation of weekly FS area inspections nor written inspection procedures (**Deficiency FS-413**<sup>20</sup>);

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<sup>13</sup> “All facilities shall meet the following environmental standards: ...

d. Ventilation hoods, to prevent grease buildup and wall/ceiling condensation that can drip into food or onto food-contact surfaces.”

*See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(d).

<sup>14</sup> “All toxic, flammable, and caustic materials shall be segregated from food products and stored in a locked and labeled cabinet or room.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c)(1).

<sup>15</sup> “A system for intermediate storage of received hazardous substances shall secure the materials from time of receipt to time of issue.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c)(3).

<sup>16</sup> “The FSA shall obtain and file for reference Material Safety Data Sheets (MSDSs) on all flammable, toxic, and caustic substances used in the facility.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c)(4).

<sup>17</sup> “The FSA shall obtain and file for reference Material Safety Data Sheets (MSDSs) on all flammable, toxic, and caustic substances used in the facility. Food service staff and detainee workers shall be informed of the hazards associated with these items.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c)(4).

<sup>18</sup> “The FSA shall forward copies of all MSDSs to the health services department, with a set available in each food service work area.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c)(4).

<sup>19</sup> “Hood systems shall be cleaned after each use to prevent grease build-ups, which constitute fire risks.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(12)(f).

<sup>20</sup> “The facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-



- No daily recording of refrigerator and water temperatures (**Deficiency FS-414**<sup>21</sup>); and
- No documented corrective actions reported to the facility officer in charge (**Deficiency FS-417**<sup>22</sup>).

ODO interviewed the FSD and facility manager and found no annual inspections by an independent and external source to ensure FS facilities and equipment meet governmental health and safety codes (**Deficiency FS-416**<sup>23</sup>).

## **SECURITY AND CONTROL**

### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed the facility major and facility manager, reviewed the facility’s EHS program and facility Policy 4.09, “Control of Tools and Hazardous Materials,” and found the following deficiencies:

- No established system for storing, issuing, and maintaining inventories and accountability for hazardous materials (**Deficiency EHS-1**<sup>24</sup>);
- No running inventory of hazardous (flammable, toxic, or caustic) substances used and stored in each area of the facility (**Deficiency EHS-2**<sup>25</sup>);
- No separate inventory records for each substance, with entries for each logged on a separate card (**Deficiency EHS-3**<sup>26</sup>);
- Records not filed alphabetically, by substance (**Deficiency EHS-4**<sup>27</sup>);
- No self-contained file of corresponding MSDSs in every area of the facility using hazardous substances (**Deficiency EHS-5**<sup>28</sup>);

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preparation areas.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

<sup>21</sup> “Staff shall check refrigerator and water temperatures daily, recording the results.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

<sup>22</sup> “Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the OIC.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(b).

<sup>23</sup> “An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

<sup>24</sup> “Every facility will establish a system for storing, issuing, and maintaining inventories of and accountability for hazardous materials. Adopting such a system may require changes in facility storage methods, inventory maintenance, and record keeping. The system’s effectiveness will depend on staff and detainees following instructions precisely and taking prescribed precautions, including using safety equipment.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III).

<sup>25</sup> “Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>26</sup> “Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>27</sup> “That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>28</sup> “Every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety

- No ready and continuous access to the MSDSs for the substances which staff and detainees used while in their assigned work area (**Deficiency EHS-6<sup>29</sup>**);
- No review by facility staff of the latest issuance from the manufacturers of the relevant substances and updating the MSDS files as necessary (**Deficiency EHS-7<sup>30</sup>**);
- No MSDS file in each area which includes a list of all areas where hazardous substances are stored, along with a plant diagram and legend (**Deficiency EHS-8<sup>31</sup>**);
- No copy of the plant diagram and legend and all MSDSs contained in the file, forwarding updates upon receipt, to the maintenance supervisor or designate (**Deficiency EHS-9<sup>32</sup>**);
- No compilation of a master index by the facility maintenance supervisor for all hazardous substances in the facility, including locations, along with a master file of MSDSs (**Deficiency EHS-10<sup>33</sup>**);
- The facility maintenance supervisor or designate does not maintain this information in the safety office (or equivalent), with a copy forwarded to the local fire department (**Deficiency EHS-11<sup>34</sup>**);
- No documentation of semiannual reviews in the MSDS master file (**Deficiency EHS-12<sup>35</sup>**);
- No keeping of a master index which is required to include a comprehensive and up-to-date list of emergency phone numbers (i.e., fire department and poison control center) (**Deficiency EHS-13<sup>36</sup>**);
- No hazardous substances issued only under the supervision of a designated officer (**Deficiency EHS-15<sup>37</sup>**);

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Data Sheets (MSDSs). The MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

<sup>29</sup> “Staff and detainees will have ready and continuous access to the MSDSs for the substances with which they are working while in the work area.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

<sup>30</sup> “Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

<sup>31</sup> “The MSDS file in each area should include a list of all areas where hazardous substances are stored, along with a plant diagram and legend.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

<sup>32</sup> “Staff will provide a copy of this information and all MSDSs contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor or designate.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

<sup>33</sup> “The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

<sup>34</sup> “He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

<sup>35</sup> “Documentation of the semiannual reviews will be maintained in the MSDS master file.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

<sup>36</sup> “The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

<sup>37</sup> “Issuance: Flammable, caustic, and toxic substances (hazardous substances) will be issued (i.e., drawn from supply points to canisters or dispensed) only under the supervision of the designated officer.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(E)(1).

- No hazardous substances issued in single day increments (**Deficiency EHS-16<sup>38</sup>**);
- No current inventory records for hazardous substances before, during, and after each use (**Deficiency EHS-18<sup>39</sup>**);
- The facility did not store and use only as prescribed on the label, liquids or aerosols labeled “Flammable” or Combustible” (**Deficiency EHS-19<sup>40</sup>**);
- Lighting fixtures and electrical equipment installed in flammable-liquid storage rooms did not meet National Electrical Code requirements (**Deficiency EHS-20<sup>41</sup>**);
- Hazardous material storage rooms did not meet the standard requirements relating to physical makeup (**Deficiency EHS-21<sup>42</sup>**);
- Facility staff did not construct, locate, nor label hazardous material storage cabinets as per the standard (**Deficiency EHS-22<sup>43</sup>**);
- Facility staff did not refrain from entering hazardous materials storage rooms except in secure conditions and only under supervision of authorized staff (**Deficiency EHS-23<sup>44</sup>**);
- Facility staff did not use portable containers, approved and listed as safety cans by a nationally recognized testing laboratory (**Deficiency EHS-24<sup>45</sup>**);
- Facility staff did not retain excess hazardous liquids in original containers, tightly closed, in the storage room or cabinet (**Deficiency EHS-25<sup>46</sup>**);

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<sup>38</sup> “Amounts: A hazardous substances will be issued in single-day increments, i.e., the amount needed for one day’s work.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(E)(2).

<sup>39</sup> “Accountability: Inventory records for a hazardous substance must be kept current before, during, and after each use.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(E)(4).

<sup>40</sup> “Any liquid or aerosol labeled “Flammable” or “Combustible” must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(F)(1).

<sup>41</sup> “Lighting fixtures and electrical equipment installed in flammable-liquid storage rooms must meet National Electrical Code requirements for same in hazardous locations.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(F)(2).

<sup>42</sup> “Every hazardous-material storage room will:

- a. Be of fire-resistant construction and properly secured;
- b. Have self-closing fire doors at each opening;
- c. Be constructed with either a four-inch sill or a four-inch depressed floor; and
- d. Have a ventilation system (mechanical or gravity flow) within 12 inches of the floor, which provides at least six air changes per hour.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(F)(3)(a-d).

<sup>43</sup> “Every storage cabinet will:

- a. Be constructed according to code and securely locked at all times;
- b. Stand clear of open passageways, stairways, and other emergency exit areas;
- c. Be conspicuously labeled: “Flammable-Keep Fire Away”; and
- d. Contain either 60 gallons, maximum, of Class I and/or Class II liquids or 120 gallons, maximum, of Class III liquids.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(F)(4)(a-d).

<sup>44</sup> “Storage rooms and cabinets cannot be entered except under secure conditions, under the supervision of authorized staff.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(F)(5).

<sup>45</sup> “A portable container that is not the original shipping container must be an approved safety can, listed or labeled by a nationally recognized testing laboratory. Each will bear a legible label that identifies its contents.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(F)(6).

<sup>46</sup> “Excess liquids will remain in original containers, tightly closed, in the storage room or cabinet.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(F)(7).

- Facility staff did not follow MSDS directions in disposing of excess flammable or combustible liquids, and the facility had no MSDSs on file (**Deficiency EHS-32**<sup>47</sup>);
- Facility staff did not have MSDSs and could not follow the methods described on the MSDS in the case of a chemical spill (**Deficiency EHS-33**<sup>48</sup>);
- The facility did not store all toxic and caustic materials in secure areas, in their original containers, and with the manufacturer’s label intact on each container (**Deficiency EHS-34**<sup>49</sup>);
- Authorized staff did not draw nor dispense a substance according to the MSDS, because the facility had no MSDSs on file (**Deficiency EHS-35**<sup>50</sup>);
- Facility staff did not return unused amounts of toxic and caustic substances to the original container nor to another suitable, clearly labeled container (**Deficiency EHS-36**<sup>51</sup>);
- The facility officer in charge (OIC) did not individually assign the following responsibilities:
  - Identify the hazardous nature of materials used at the facility (**Deficiency EHS-52**<sup>52</sup>). **This is a priority component;**
  - Require the use of properly labeled containers for hazardous materials (**Deficiency EHS-53**<sup>53</sup>). **This is a priority component;**
  - Teach staff the meaning of classification codes and MSDSs (**Deficiency EHS-54**<sup>54</sup>). **This is a priority component;** and
  - Place correct labels on smaller containers used to house chemicals, solvents, or other hazardous materials (**Deficiency EHS-55**<sup>55</sup>). **This is a priority**

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<sup>47</sup> “Staff will follow MSDS directions in disposing of excess flammable or combustible liquids.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(F)(11).

<sup>48</sup> “Likewise, staff will follow the method provided in the MSDS in case of a chemical spill.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(F)(12).

<sup>49</sup> “All toxic and caustic materials must be stored in secure areas, in their original containers, with the manufacturer’s label intact on each container.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(G)(1).

<sup>50</sup> “Authorized staff only will draw/dispense these substances, in accordance with the applicable Material Safety Data Sheet(s).” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(G)(2).

<sup>51</sup> “Staff will either return unused amounts to the original container(s) or, under certain circumstances, to another suitable, clearly labeled container in the storage area.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(G)(3).

<sup>52</sup> “The OIC will individually assign the following responsibilities associated with the labeling procedure:

1. Identifying the hazardous nature of materials adopted for use.”

*See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J)(1).

<sup>53</sup> “The OIC will individually assign the following responsibilities associated with the labeling procedure: ...

2. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material.”

*See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J)(2).

<sup>54</sup> “The OIC will individually assign the following responsibilities associated with the labeling procedure: ...

3. Teaching staff the meaning of the classification code and the MSDS, including the safe handling procedures for each material; and impressing on staff the need to ensure containers are properly labeled.”

*See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J)(3).

<sup>55</sup> “The OIC will individually assign the following responsibilities associated with the labeling procedure: ...

4. Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label.”

*See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J)(4).

**component;**

- The facility maintenance supervisor did not ensure the facility had and complied with the latest edition of the Report on Carcinogens issued by the U.S. Public Health Service (**Deficiency EHS-56**<sup>56</sup>);
- No policies on hand to address the required standards and regulations issued by the Environmental Protection Agency and the Occupational Safety and Health Administration, among others, pertaining to fire safety codes (**Deficiency EHS-57**<sup>57</sup>).  
**This is a priority component;**
- No weekly fire and safety inspections by a qualified departmental staff member (**Deficiency EHS-60**<sup>58</sup>);
- No monthly fire and safety inspections by the facility maintenance staff (**Deficiency EHS-61**<sup>59</sup>);
- Facility staff did not draft written inspection reports and forward them to the OIC for review (**Deficiency EHS-62**<sup>60</sup>); and
- No inspection reports and records of corrective actions maintained by facility maintenance supervisor nor designee (**Deficiency EHS-63**<sup>61</sup>).

ODO interviewed the facility major and facility manager, reviewed facility policy 12.02, “Disaster Plan,” dated March 2003, and found the facility had not developed a fire prevention, control, and evacuation plan with all required elements (**Deficiency EHS-64**<sup>62</sup>).

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<sup>56</sup> “Chemical agents, substances, mixtures, and exposures listed in the biennial Report on Carcinogens issued by the U.S. Public Health Service, in accordance with the Public Health Service Act; the Maintenance Supervisor or designate will ensure the facility has and complies with the provisions of the latest edition.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(K).

<sup>57</sup> “Every facility will comply with standards and regulations issued by the Environmental Protection Agency (EPA) and OSHA, the American Correctional Association’s “mandatory” standards, local and national fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters’ Laboratories or Factory Mutual Engineering Corporation.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(1).

<sup>58</sup> “A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

<sup>59</sup> “A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

<sup>60</sup> “Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

<sup>61</sup> “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)(L)(2).

<sup>62</sup> “Every institution will develop a fire prevention, control, and evacuation plan to include, among other things, the following:

- a. Control of ignition sources;
- b. Control of combustible and flammable fuel load sources;
- c. Provisions for occupant protection from fire and smoke;
- d. Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc.;
- e. Monthly fire inspections;
- f. Installing fire protection equipment throughout the facility, in accordance with NFPA 10, Standard for Portable Fire Extinguishers;

ODO interviewed the facility major and facility manager, reviewed policy 4.09, “Control of Tools and Hazardous Materials,” dated May 2002, and facility policy 12.02, “Disaster Plan”, dated March 2003, and found:

- The facility had no documented monthly fire drills (**Deficiency EHS-65<sup>63</sup>**);
- The facility had no timed fire drills so that each shift could participate in a drill annually (**Deficiency EHS-66<sup>64</sup>**);
- The facility did not evacuate detainees during fire drills (**Deficiency EHS-67<sup>65</sup>**);
- The facility did not simulate fire drills in areas where detainees were not evacuated (**Deficiency EHS-68<sup>66</sup>**);
- The facility did not have timed emergency-key drills during fire drills (**Deficiency EHS-69<sup>67</sup>**); and
- The facility did not draw emergency keys and use them to unlock emergency exit doors not in daily use during fire drills (**Deficiency EHS-70<sup>68</sup>**).

ODO conducted an on-site observation and found no exit diagrams written in both English and Spanish, nor were there exit diagrams that contained “You are Here” markers and emergency equipment locations (**Deficiency EHS-71<sup>69</sup>**).

ODO conducted an on-site observation and found the exit diagrams did not identify and explain “Areas of Safe Refuge” (**Deficiency EHS-72<sup>70</sup>**).

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g. Accessible, current floor plans (buildings and rooms); prominently posted evacuation maps/plans; exit signs and directional arrows for traffic flow; with a copy of each revision filed with the local fire department;

h. Conspicuously posted exit diagram conspicuously posted for and in each area.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(3)(a-h).

<sup>63</sup> “Monthly fire drills will be conducted and documented separately in each department.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

<sup>64</sup> “Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours will be timed so that employees on each shift participate in an annual drill.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(a).

<sup>65</sup> “Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

<sup>66</sup> “Staff-simulated drills will take place instead in the areas where detainees are not evacuated.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

<sup>67</sup> “Emergency-key drills will be included in each fire drill and timed.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

<sup>68</sup> “Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

<sup>69</sup> “In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. “You Are Here” markers;
- c. Emergency equipment locations.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(a-c).

<sup>70</sup> “New signs and sign replacements will also identify and explain ‘Areas of Safe Refuge.’” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5).

ODO interviewed the facility major, facility manager, health services administrator (HSA), and medical reviewer and found no sanitation consultant who conducted special investigations and comprehensive surveys of environmental health conditions nor any advisory, consultative, inspection and training services regarding environmental health conditions (**Deficiency EHS-129**<sup>71</sup>).

ODO interviewed the HSA and medical reviewer and found:

- No recommendations from the HSA and medical reviewer provided to the facility major concerning environmental health conditions (**Deficiency EHS-131**<sup>72</sup>);
- No daily visual inspections by the HSA and medical reviewer of the medical facility, noting the condition of floors, walls, windows, horizontal surfaces, and equipment (**Deficiency EHS-133**<sup>73</sup>);
- No suitable cleanup kit for use in cases of spills of blood and body fluids (**Deficiency EHS-168**<sup>74</sup>); and
- County trustee workers cleaned away blood spills and body fluids with approved germicidal cleaners, but without suitable cleanup kits and proper protective equipment (**Deficiency EHS-169**<sup>75</sup>).

## HEALTH SERVICES

### MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records, interviewed the HSA, and found in [REDACTED] out of [REDACTED] records, a staff member completed initial medical and mental health screenings without proper training to perform this function (**Deficiency MC-21**<sup>76</sup>). **This is a priority component.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the initial medical and mental health screenings did not include observation and interview items related to possible

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<sup>71</sup> “The sanitation consultant will conduct special investigations and comprehensive surveys of environmental health conditions. Advisory, consultative, inspection and training services regarding environmental health conditions will also be provided through the sanitarian consultant.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

<sup>72</sup> “In consultation with the sanitarian consultant, they will provide recommendations to the INS OIC concerning environmental health conditions.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

<sup>73</sup> “The HSA or designee will make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, and equipment.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(2).

<sup>74</sup> “A suitable cleanup kit will be maintained for use in cases of spills of blood and body fluids.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(3).

<sup>75</sup> “To prepare a cleanup kit for blood and body fluid spills, package the following materials 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.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(3)(a).

<sup>76</sup> “All new arrivals shall receive initial medical and mental health screening immediately upon their arrival by a health care provider or an officer trained to perform this function.” See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

mental disabilities, including mental illness and mental retardation (**Deficiency MC-22<sup>77</sup>**). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, the detainees did not receive tuberculosis screenings by purified protein derivative (Mantoux method) or chest X-ray upon arrival (**Deficiency MC-24<sup>78</sup>**). **This is a priority component.**

## CONCLUSION

During this special review, ODO assessed the facility’s compliance with 10 standards under NDS 2000 and found the facility in compliance with 7 of those standards. ODO found 72 deficiencies in the remaining 3 standards. ODO found a significant number of deficiencies relating to the facility not maintaining MSDSs nor establishing a system for storing, issuing, and maintaining inventories and accountability for hazardous substances. Five deficiencies found in Environmental Health and Safety were priority components and three deficiencies found in Medical Care were priority components. This is ODO’s first inspection of MCJ, and therefore ODO performed no trend analysis of this facility. ODO recommends ERO New Orleans work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2023 Special Review (NDS 2000)
Standards Reviewed	N/A	10
Deficient Standards	N/A	3
Overall Number of Deficiencies	N/A	72
Priority Component Deficiencies	N/A	8
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	0
Facility Rating	N/A	Failure

<sup>77</sup> “This screening shall include observation and interview items related to the detainee’s potential suicide risk and possible mental disabilities, including mental illness and mental retardation.” See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

<sup>78</sup> “All new arrivals shall receive TB screening by PPD (Mantoux method) or chest X-ray.” See ICE NDS 2000, Standard, Medical Care, Section (III)(D).