



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Chicago Field Office

Montgomery County Jail
Montgomery City, Missouri

December 7-11, 2020

**COMPLIANCE INSPECTION
of the
Montgomery County Jail
Montgomery City, Missouri**

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COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

Inspections and Compliance Specialist

Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

ODO

ODO

ODO

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Creative Corrections

Creative Corrections

Creative Corrections

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), Montgomery City, Missouri.¹ The facility opened in 1997 and is owned and operated by the Montgomery County 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 a deportation officer to the facility. An MCJ warden handles daily facility operations and is supported by █ personnel. Consolidated Food Service provides food services, WellPath provides medical care, and Turnkey provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	28
Average ICE Detainee Population ³	█
Male Detainee Population (as of 12/7/2020)	█
Female Detainee Population (as of 12/7/2020)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 39 deficiencies in the following areas: Admission and Release (2); Disability Identification, Assessment, and Accommodation (22); Food Service (1); Funds and Personal Property (2); Law Libraries and Legal Materials (4); Medical Care (3); Sexual Abuse and Assault Prevention and Intervention (3); Significant Self-harm and Suicide Prevention and Intervention (1); and Special Management Units (1).

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

² Data Source: ERO Facility List Report as of December 7, 2020.

³ *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.⁴

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5&6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Facility Security and Control	1
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	1
Sub-Total	7
Part 4 – Care	
Food Service	2
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	9

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed 10 detainees, who each voluntarily agreed to participate. ODO initially scheduled 12 detainees for interviews; however, two of the detainees scheduled for interviews departed the facility before the start of the inspection. One out of eight remaining detainees volunteered for an interview, but the detainee did not speak English and the Lion Bridge Language Line could not accommodate his native language of Azerbaijani. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with the facility services. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request. The Montgomery County Courts conducted hearings during the entire inspection week and had priority for using the facility's video teleconference equipment/capabilities. As such, the detainee interviews were conducted via telephone.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's orientation agenda and found it did not include a topic on the grievance process (**Deficiency A&R-23⁷**).

ODO reviewed the facility's detainee handbook and found it did not include information on disability accommodations (**Deficiency A&R-27⁸**).

FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the facility's visitor logbook and found the facility did not maintain a separate log of legal visitors, and instead, logged legal visitors and general visitors in a single logbook together (**Deficiency FS&C-16⁹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 12 detainee files and found 4 out of 12 files indicated the detainees had personal property; however, the facility did not list a forwarding address in the detainees' files, which was a repeat deficiency (**Deficiency F&PP-15¹⁰**).

ODO reviewed the facility's detainee handbook and found it did not contain the rules for storing or mailing property not allowed in the detainee's possession (**Deficiency F&PP-34¹¹**).

⁷ "All facilities shall provide detainees an orientation to the facility as soon as practicable, in a language or manner detainees can understand. The orientation must include facility operations, programs and services, grievance process information, and other rules and requirements.

The facility orientation shall also include the following information:

1. Procedures for the detainee to contact the ERO deportation officer handling his/her case; and
2. How to use the telephone system to make telephone calls." *See* ICE NDS 2019, Standard, Admission &

Release, Section (II)(H).

⁸ "The facility handbook will fully describe all policies, procedures, and rules in effect at the facility, in accordance with Standard 6.1 'Detainee Handbook.'" *See* ICE NDS 2019, Standard, Admission and Release, Section (II)(I). "The facility handbook will specify in detail the rules, regulations, policies, and procedures with which every detainee must comply and include information about available services such as: personal hygiene rules, recreation... disability accommodations." *See* ICE NDS 2019, Standard, Detainee Handbook, Section (II)(B).

⁹ "The post officer will maintain the visitor logbook. Logbook entries of persons visiting detainees will be completed in accordance with Standard 5.5 'Visitation.'" *See* ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(1). "The facility shall maintain a log of all general visitors, and a separate log of legal visitors as described below." *See* ICE NDS 2019, Standard, Visitation, Section (II)(C).

¹⁰ "Standard operating procedure shall include obtaining a forwarding address from every detainee for use in the event that personal property is lost or forgotten in the facility after the detainee's release, transfer, or removal." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D). **This is a repeat deficiency.**

¹¹ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(I).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility's SMU policy and procedures and found the facility did not have written procedures, which required the facility administrator to review the status of a detainee the facility placed in disciplinary segregation (DS) after the first 30-days of DS, and every 30-days thereafter, to determine if continued detention in DS is warranted (**Deficiency SMU-52**¹²).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed [REDACTED] facility staff members' training files and found a repeat deficiency. Specifically, [REDACTED] had not completed the required SAAPI training (**Deficiency SAAPI-26**¹³).

CARE

FOOD SERVICE (FS)

ODO requested to review documentation, which demonstrated the facility's FS staff received pre-employment medical examinations; however, the facility had not completed pre-employment medical examinations for their FS staff (**Deficiency FS-86**¹⁴).

ODO interviewed the facility's FS director, reviewed the facility's fire suppression system inspection documentation, and found a qualified contractor last inspected the fire suppression system in October 2019, which exceeded the [REDACTED] inspection requirement (**Deficiency FS-112**¹⁵).

¹² "All facilities shall implement written procedure for the regular review of all disciplinary segregation cases, consistent with the following procedures: The facility administrator shall review the status of a detainee in disciplinary segregation after the first 30 days of segregation, and each 30 days thereafter, to determine whether continued detention in disciplinary segregation is warranted." See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(3)(b).

¹³ "The facility must maintain written documentation verifying employee, volunteer, and contractor training. In addition to the general training provided to all facility employees, the facility shall provide specialized training on sexual abuse and assault and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse and assault. This training must cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. The facility must maintain written documentation verifying specialized training provided to investigators pursuant to this paragraph. See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, (II)(E).

¹⁴ "All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

¹⁵ "An approved, fixed, fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers, and open flame devices. A qualified contractor shall inspect the system every [REDACTED] months. The fire-suppression system shall be equipped with a locally audible alarm and connected to the control room's annunciator panel." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found 9 deficiencies in the remaining 6 standards, which included two repeat deficiencies. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2019)	FY 2021 (NDS 2019)
Standards Reviewed	18	18
Deficient Standards	9	6
Overall Number of Deficiencies	39	9
Repeat Deficiencies	0	2
Areas of Concern	0	0
Corrective Actions	0	0