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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

Platte County Detention Center  
Platte City, Missouri

November 5-7, 2019

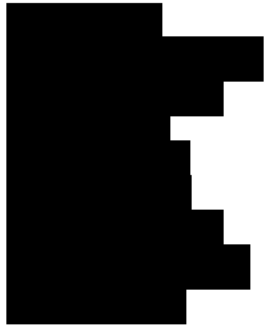
**COMPLIANCE INSPECTION  
of the  
PLATTE COUNTY DETENTION CENTER  
Platte City, Missouri**

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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 Platte County Detention Center (PCDC) in Platte City, Missouri, from November 5 to 7, 2019.<sup>1</sup> The facility opened in 1998 and is owned by the Platte County government and operated by the Platte County Sheriff's Department. The ICE Office of Enforcement and Removal Operations (ERO) began utilizing PCDC as an over 72-hour housing facility for ICE detainees in 2016 under the oversight of ERO's Field Office Director (FOD) in Chicago, Illinois (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2000. Although the facility is not contractually obligated to comply with the Sexual Abuse and Assault Prevention and Intervention (SAAPI) or Disability Identification, Assessment, and Accommodation standards, ODO nevertheless assessed their compliance with them, as they have made efforts to comply with their requirements.

ERO has assigned a part-time Detention Services Manager (DSM) to the facility. A Platte County Sheriff's Department captain handles daily facility operations and is supported by █ personnel. Summit Food Service provides food services, Advance Corrections Healthcare Inc. provides medical care, and Turnkey Corrections provides commissary services at the facility. The facility currently holds no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2,3</sup>	N/A
Average ICE Detainee Population <sup>4</sup>	12
Male Detainee Population (as of 10/21/2019)	7
Female Detainee Population (as of 10/21/2019)	4

This is ODO's first inspection of Platte County Detention Center.

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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 October 21, 2019.

<sup>3</sup> The maximum population is variable, listed "as needed" by ERO. PCDC is obligated to ensure it has bed space for the county and state detainees sent to it. Extra bed space is available to ICE ERO.

<sup>4</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>5</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.

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<sup>5</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>6</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	4
Admission and Release	3
Detainee Classification System	1
Detainee Grievance Procedures	2
Food Service	13
Funds and Personal Property	2
Recreation	1
Religious Practices	0
Staff-Detainee Communication	2
Telephone Access	2
Visitation	0
<b>Sub-Total</b>	<b>30</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	8
Special Management Unit (Administrative Segregation)	2
Special Management Unit (Disciplinary Segregation)	2
Use of Force	8
<b>Sub-Total</b>	<b>20</b>
<b>Part 3 – Health Services</b>	
Medical Care	3
Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>4</b>
<b>PBNS 2011 Standards Inspected</b>	
Sexual Abuse and Assault Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>54</b>

<sup>6</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed four detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Detainees reported satisfaction with facility services except for the concerns listed below.

*Staff-Detainee Communication:* Two detainees had questions regarding the status of their case.

- Action Taken: With the detainees' permission, ODO relayed their names and questions to the onsite Supervisory Detention and Deportation Officer, who had an ERO officer follow up with the detainees two days later during a visit to the facility. ODO observed the ERO officer visiting each of the housing units to allow detainees the opportunity to communicate any questions they might have had.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ACCESS TO LEGAL MATERIAL (ALM)

The facility handbook informs detainees that a law library is available for detainee use; however, it does not mention the procedures for a detainee to request additional time in the law library beyond the five-hour weekly minimum (**Deficiency ALM-1**<sup>7</sup>). The facility handbook also does not address how detainees can request legal materials not maintained in the law library; (**Deficiency ALM-2**<sup>8</sup>) nor does it address the process of informing staff of missing or damaged materials (**Deficiency ALM-3**<sup>9</sup>). Furthermore, the law library policies and procedures and a list of holdings were not posted on the mobile law library cart or in the multipurpose room in which it was used (**Deficiency ALM-4**<sup>10</sup>).

### ADMISSION AND RELEASE (A&R)

The facility provided a copy of the national and local detainee handbook in English and Spanish with each detainee's bedding and clothing. However, the facility did not have any form of site-specific video presentation for their detainee orientation program (**Deficiency A&R-1**<sup>11</sup>). The facility also did not have documentation of approval from ERO Chicago of their orientation process (**Deficiency A&R-2**<sup>12</sup>) or their release process (**Deficiency A&R-3**<sup>13</sup>).

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<sup>7</sup> "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum)...."

See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(4).

<sup>8</sup> "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

5. the procedure for requesting legal reference materials not maintained in the law library...."

See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(5).

<sup>9</sup> "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

6. the procedure for notifying a designated employee that library material is missing or damaged."

See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(6).

<sup>10</sup> "These policies and procedures shall also be posted in the law library along with a list of the law library's holdings." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q).

<sup>11</sup> "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 the "Disciplinary Policy" standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

<sup>12</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>13</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc. INS will approve (sic) the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). Note: The cited standard should be (III)(L). The NDS outline is erroneous.



## DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO's interviews with the facility booking staff indicated detainees are classified by ERO via the Risk Classification Assessment (RCA). At the time of the inspection, there were [REDACTED] detainees housed at the facility. Of the [REDACTED] files reviewed, one file did not include the RCA form (**Deficiency DCS-1<sup>14</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by obtaining a faxed copy of the detainee's RCA, which indicated the facility did house the detainee appropriately (**C-1**).

## DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO found that facility handbook provides notice of the right to file a complaint directly to the U.S. Department of Homeland Security (DHS) Office of Inspector General (OIG) by telephone and in writing. However, the grievance section of the detainee handbook does not provide the procedures for contacting ICE to appeal the decision of the officer-in-charge (OIC) of an Intergovernmental Service Agreement (IGSA) facility (**Deficiency DGP-1<sup>15</sup>**). In interviews with ODO, facility staff indicated that detainees may file grievances without fear of retaliation; however, facility policy shows detainees may be disciplined if the facility determines the detainee filed a grievance in bad faith (**Deficiency DGP-2<sup>16</sup>**).

## FOOD SERVICE (FS)

ODO confirmed the cook supervisor (CS) held a current food handling certification from Platte County Health Department; however, the food service administrator (FSA) and CS have not received training on the ICE detention standards (**Deficiency FS-1<sup>17</sup>**).

The FSA informed ODO that a registered dietician had approved the facility's 28-day master menu. Upon review, however, ODO discovered that a dietician had not signed or dated the menu (**Deficiency FS-2<sup>18</sup>**).

*Corrective Action:* Prior to completion of the inspection, the dietician approved the master

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<sup>14</sup> "All detainees are classified upon arrival, before being admitted into the general population. INS will provide CDF's and IGSA facilities with the data they need from each detainee's file to complete the classification process." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

<sup>15</sup> "The grievance section of the detainee handbook will provide notice of the following: ...

4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(4).

<sup>16</sup> "Staff will not harass, discipline, punish, or otherwise retaliate against a detainee lodging a complaint." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(D).

<sup>17</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>18</sup> "A registered dietitian shall conduct a complete nutritional analysis of every master-cycle menu planned by the FSA. Menus must be certified by the dietitian before implementation. If necessary, the FSA shall modify the menu in light of the nutritional analysis, to ensure nutritional adequacy." See ICE NDS 2000, Standard, Food Service, Section (III)(D)(2).

menu, signed, and dated it (C-2).

The inmate food service workers received a pre-employment medical examination and were medically cleared to work in food service; however, neither the FSA nor the CS had received medical clearance (**Deficiency FS-3<sup>19</sup>**).

The facility does accommodate detainees with a religious diet; however, the facility does not employ a chaplain to review and approve religious diet requests; rather, the facility administrator approves all religious diets and functions as the religious coordinator (**Deficiency FS-4<sup>20</sup>**).

Special diets are not addressed in PCDC's food service policy. Kosher meals are prepared by the FSA and CS and are not purchased labeled, precooked, and heated in their sealed containers (**Deficiency FS-5<sup>21</sup>**).

ODO observed inmates wearing hair restraints and proper beard guards in accordance with the standard; however, inmates are not issued clean white uniforms, rubber soled safety shoes, or rubber boots while working in food service (**Deficiency FS-6<sup>22</sup>**).

ODO noted the temperature of beans being served at the time of distribution was 125 degrees Fahrenheit, 15 degrees below the required holding temperature of 140 degrees (**Deficiency FS-7<sup>23</sup>**).

ODO examined food storage areas and observed food items on pallets stored against the wall, which does not allow space between the wall and the pallet to facilitate pest control measures (**Deficiency FS-8<sup>24</sup>**). ODO observed the chemical for the three-compartment sink is automatically dispensed for proper dilution; however, the hazardous cleaning chemicals were placed, [REDACTED] (**Deficiency FS-9<sup>25</sup>**).

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<sup>19</sup> "All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a).

<sup>20</sup> "Detainees whose religious beliefs require adherence to particular dietary laws will be referred to the Chaplain. After verifying the religious dietary requirement by reviewing files and/or consulting with local religious representatives, the Chaplain will issue specific written instructions." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(1).

<sup>21</sup> "To the extent practicable, a hot entree shall be available to accommodate detainees' religious dietary needs, e.g., kosher and/or halal products. Hot entrees shall be offered three times a week and shall be purchased precooked, heated in their sealed containers, and served hot. Other cooking is not permitted in the common-fare program...With the exception of fresh fruits and vegetables, the facility's kosher-food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher certification agency." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(4)(5).

<sup>22</sup> "Detainee food service workers shall be provided with and use clean white uniforms while working in a food preparation area or on the serving line. Approved rubber soled safety shoes shall be provided and used by all food service personnel working in food service." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(2)(d)(e).

<sup>23</sup> "After being reheated at 165 degrees, the food may be maintained at 140 degrees F on a heated steam line or equivalent warming equipment." See ICE NDS 2000, Standard, Food Service, Section (III)(D)(2)(f). Note: This is an error in the NDS outline. This citation is under the second #2 under food preparation.

<sup>24</sup> "Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures." See ICE NDS 2000, Standard, Food Service, Section (III)(J)(3)(d).

<sup>25</sup> "All toxic, flammable, and caustic materials shall be segregated from food products and stored in a locked and

The food service department maintains a chemical storage area; however, it does not keep a running inventory for each chemical (**Deficiency FS-10<sup>26</sup>**). Labels for spray bottles filled with cleaning solution are not properly affixed to each container identifying the correct content (**Deficiency FS-11<sup>27</sup>**).

The restroom in the food service kitchen had no signs displayed directing food service workers to wash their hands before returning to work (**Deficiency FS-12<sup>28</sup>**).

ODO found coolers, refrigerators, and freezers to be in working order and at the appropriate temperatures but notes that the FSA does not maintain a daily temperature log for the walk-in units and the cooler (**Deficiency FS-13<sup>29</sup>**). Furthermore, the facility policy does not address refrigerator or freezer temperature checks.

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

ODO's review of the facility's policy regarding detainee funds and personal property found that it does not contain any of the required elements of the standard for lost/damaged property in IGSA facilities (**Deficiency F&PP-1<sup>30</sup>**). ODO's review of the detainee handbook confirmed it does not address facility policies and procedures regarding personal property in accordance with the standard (**Deficiency F&PP-2<sup>31</sup>**).

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labeled cabinet or room. Cleaning and sanitizing compounds shall be stored apart from food products." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c)(1).

<sup>26</sup> "All staff members shall know where and how much toxic, flammable, or caustic material is on hand, aware that their use must be controlled and accounted for daily. Detainee-type combination locks shall not be used to secure such material." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(b).

<sup>27</sup> "All containers of toxic, flammable, or caustic materials shall be prominently and distinctively labeled for easy content identification." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c).

<sup>28</sup> "Signs shall be prominently displayed directing all personnel to wash hands after using the toilet." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(9)(a).

<sup>29</sup> "Daily checks of equipment temperatures shall follow this schedule:

- Dishwashers: every meal;
- Pot-and pan-washers: daily, if water in the third compartment of a three-compartment sink is used for sanitation and the required minimum temperature is 80 degrees F;
- Refrigeration/freezer equipment (walk-in-units): site-specific schedule, established by the FSA.

All temperature-check documentation shall be filed and accessible." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(c).

<sup>30</sup> "All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly receipted detainee property, as follows:

1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard;
2. Supervisory staff will conduct the investigation;
3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;
4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim;
5. The [sic] will promptly reimburse detainees for all validated property losses caused by facility negligence;
6. The [sic] will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
7. The senior contract officer will immediately notify the designated INS officer of all claims and outcomes."

*See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H)(1-7).

<sup>31</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

## RECREATION (R)

ODO toured the indoor recreation area and observed that the facility has one large dedicated recreation space with a water fountain, a basketball, and a hoop; however, ODO found that the facility did not have a variety of fixed and moveable equipment in the recreation area (**Deficiency R-1**<sup>32</sup>).

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO found there were no written procedures to route detainee requests to the appropriate ICE official (**Deficiency SCD-1**<sup>33</sup>). ERO Chicago had developed a written visitation schedule; however, ODO found facility staff had not posted the schedule in the [REDACTED] housing units that house ICE detainees (**Deficiency SCD-2**<sup>34</sup>).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by posting the ERO visitation schedule in each housing unit (**C-3**).

## TELEPHONE ACCESS (TA)

The facility allows detainees an unrestricted number of calls to his/her legal representatives; however, they limit the duration of such calls by rule and automatic telephone cut off. Also, the facility places a 15-minute time limit on calls with legal representatives, whereas the standard dictates a minimum time limit of 20 minutes (**Deficiency TA-1**<sup>35</sup>). During a tour of the housing units, ODO observed facility staff had not placed a notice at each monitored telephone stating the procedure for obtaining an unmonitored call to a court or legal representative, or for the purposes of obtaining legal representation (**Deficiency TA-2**<sup>36</sup>).

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1. Which items they may retain in their possession;
  2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
  3. The rules for storing or mailing property not allowed in their possession;
  4. The procedure for claiming property upon release, transfer, or removal;
  5. The procedures for filing a claim for lost or damaged property.”

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(1-5).

<sup>32</sup> “Exercise areas will offer a variety of fixed and movable equipment.” See ICE NDS 2000, Standard, Recreation, Section (III)(G)(1).

<sup>33</sup> “All facilities that house ICE detainees must have written procedures to route detainee requests to the appropriate ICE official.” See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B).

<sup>34</sup> “Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access.” See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(2)(b).

<sup>35</sup> “The facility shall not restrict the number of calls a detainee places to his/her legal representatives, nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call if desired, at the first available opportunity.” See ICE NDS 2000, Standard, Telephone Access, Section (III)(F).

<sup>36</sup> “The facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating: ...

2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.”

## SECURITY AND CONTROL

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

During this inspection, ODO noted cleaning spray bottles were not labeled properly to identify the contents. ODO observed unlabeled bottles in the intake booking and food service areas (**Deficiency EH&S-1<sup>37</sup>**) and found no documentation of any staff training regarding labels, material safety data sheets (MSDS), safe handling procedures, or the importance of accurate labels (**Deficiency EH&S-2<sup>38</sup>**). ODO found that chemical inventories are not maintained for chemicals used in the daily operation in the kitchen (**Deficiency EH&S-3<sup>39</sup>**).

ODO's documentation review found [REDACTED] fire inspections are conducted in each area of the facility and a Fire Prevention, Control and Evacuation Plan has been written and implemented; however, the plan has not been reviewed by the local fire department having jurisdiction (**Deficiency EH&S-4<sup>40</sup>**). ODO interviewed the PCDC captain, reviewed documentation, and learned monthly fire drills are conducted and documented separately in each department; however, emergency key drills are not included in each fire drill (**Deficiency EH&S-5<sup>41</sup>**). ODO observed the general area floor diagrams were posted throughout the facility in English and Spanish; however, the diagrams did not include the locations of emergency equipment (**Deficiency EH&S-6<sup>42</sup>**). The facilities department could not provide the necessary documentation to verify bi-weekly testing of the emergency generator. (**Deficiency EH&S-7<sup>43</sup>**).

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*See ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(2).*

<sup>37</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>38</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)(2)(3)(4).*

<sup>39</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>40</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>41</sup>

[REDACTED] NFPA recommends a limit of [REDACTED]  
*See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).*

<sup>42</sup> "In addition to a general area diagram, the following information must be provided on existing signs: ...

c. Emergency equipment locations."

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

<sup>43</sup> "Power generators will be tested at least [REDACTED]. Other emergency equipment and systems will undergo [REDACTED], with follow-up repairs or replacement as necessary. The [REDACTED] test of the emergency electrical generator will last [REDACTED]. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency. The emergency generator will also receive [REDACTED] testing and servicing from an

The PCDC medical department has not implemented a written program addressing uniform procedures for the safe handling and disposal of used needles and other potentially sharp objects to prevent injury (**Deficiency EH&S-8<sup>44</sup>**).

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

The facility does not have a dedicated area for SMU. Instead, segregated detainees are locked in their cells while the general population is in the dayroom. Furthermore, the facility does not maintain a permanent SMU log; therefore, ODO was unable to determine the number of detainees assigned to SMU during the year preceding the inspection (**Deficiency SMU AS-1<sup>45</sup>**). At the time of the inspection, the facility did not have any past AS orders for ODO to review, and the facility policy did not address the issuance of an AS order. The facility policy also did not require the detainee to be provided a copy of the order upon admission to AS (**Deficiency SMU AS-2<sup>46</sup>**).

ODO notes that initial 72-hour reviews of detainees placed in segregation are not addressed in PCDC's policy, and the facility had no written procedures in place for the regular review of AS cases. ODO cites this as an **Area of Concern**.

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

The facility does not have a dedicated area for SMU. Instead, segregated detainees are locked in their cells while the general population is in the dayroom. Furthermore, the facility does not maintain a permanent SMU log; therefore, ODO was unable to determine the number of detainees assigned to SMU during the year preceding the inspection (**Deficiency SMU DS-1<sup>47</sup>**). At the time of the inspection, the facility did not have any past DS orders for ODO to review, and the facility policy did not address the issuance of a DS order. The facility policy also did not require the detainee to be provided a copy of the order upon admission to DS (**Deficiency SMU DS-2<sup>48</sup>**).

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external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

<sup>44</sup> "An established uniform procedure will be provided for the safe handling and disposal of used needles and other potentially sharp objects to prevent both mechanical injury and the percutaneous transmission of infectious disease organisms, especially the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q).

<sup>45</sup> "A permanent log will be maintained in the SMU. The log will note all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(E).

<sup>46</sup> "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(B).

<sup>47</sup> "A permanent log will be maintained in the SMU. The log will note all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit, Disciplinary Segregation, Section (III)(E)(1).

<sup>48</sup> "A written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize safety, security, or the orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit, Disciplinary Segregation, Section (III)(B).



## USE OF FORCE (UOF)

Documentation provided to ODO showed the facility's written UOF policy is minimal, with many important areas not mentioned or referenced. The facility's UOF policy does not clearly differentiate between immediate and calculated UOF (**Deficiency UOF-1**<sup>49</sup>). ODO found no documentation emphasizing the use of confrontation avoidance (**Deficiency UOF-2**<sup>50</sup>) or covering the UOF in special circumstances, including UOF involving pregnant detainees (**Deficiency UOF-3**<sup>51</sup>). The requirement to obtain advance approval for the use of non-deadly force devices such as [REDACTED] and a [REDACTED] was not found in the documents provided during the inspection (**Deficiency UOF-4**<sup>52</sup>). In addition, the facility did not provide ODO documentation that addresses the UOF [REDACTED] (**Deficiency UOF-5**<sup>53</sup>) or the prohibited acts and techniques when using non-deadly force (**Deficiency UOF-6**<sup>54</sup>). There is no clear indication from the documentation PCDC provided that staff are provided with sufficient guidelines regarding the UOF. Additionally, there are no written procedures on the review of UOF incidents or the after-

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<sup>49</sup> "When a detainee acts violently or appears on the verge of violent action(s), if necessary, staff shall use reasonable force and/or restraints to prevent him/her from harming self, others, and/or property. An "immediate-use-of-force" situation is created when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. In that situation, staff may respond without a supervisor's direction or presence. If a detainee is in an isolated location (e.g., a locked cell, a range) where there is no immediate threat to the detainee or others, the officer(s) shall take the time to assess the possibility of resolving the situation without resorting to force." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(1)(2).

<sup>50</sup> "Before authorizing the calculated use of force, the ranking detention official, a designated health professional, and others as appropriate shall assess the situation. Taking into account the detainee's history and the circumstances of the immediate situation, they will determine the appropriateness of using force. The conferring officials may consider, in their assessment, the detainee's medical/mental history; recent incident reports involving the detainee, if any; and shocks or traumas that may be contributing to the detainee's state of mind (e.g., a pending criminal prosecution or sentencing, divorce, illness, death, etc.). Question-and-answer sessions with staff members familiar with the detainee might yield insight into the detainee's current agitation, even pinpointing the immediate cause. Staff interviews will also help identify those who have established rapport with the detainee, or whose personalities suggest they might be able to reason with the detainee. Staff selected to defuse the situation must be trained in the confrontation-avoidance procedure." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(3).

<sup>51</sup> "Medical staff shall prescribe the precautions required to protect the fetus, including the manner in which the pregnant detainee will be restrained, the advisability of a medical professional's presence when restraints are applied, and the medical necessity of restraining the detainee in the facility hospital or a local medical facility." See ICE NDS 2000, Standard, Use of Force, Section (III)(I)(1).

<sup>52</sup> "The OIC may authorize the use of non-lethal weapons if the detainee:

1. Is armed and/or barricaded; or
2. Cannot be approached without danger to self or others; and
3. A delay in controlling the situation would seriously endanger the detainee or others, or would result in a major disturbance or serious property damage."

See ICE NDS 2000, Standard, Use of Force, Section (III)(H).

<sup>53</sup> "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4).

<sup>54</sup> "The following acts and techniques are prohibited when using nondeadly force:

1. [REDACTED];
2. [REDACTED];
3. [REDACTED];
4. [REDACTED];
5. [REDACTED];
6. [REDACTED];

For further information, see the National Enforcement Standard, 'Use of Nondeadly Force.' See ICE NDS 2000, Standard, Use of Force, Section (III)(N).

action review (AAR) process, to include notification to ERO and ERO approval of all AAR procedures (**Deficiency UOF-7**<sup>55</sup>).

ODO observed that the facility has a [REDACTED] and uses a [REDACTED], neither of which had been reviewed and approved by ERO Chicago for use at the facility (**Deficiency UOF-8**<sup>56</sup>).

*Corrective Action:* Prior to completion of the inspection, ERO Chicago issued a memorandum dated November 6, 2019, granting approval of both the [REDACTED] and the [REDACTED] (C-4).

## **HEALTH SERVICES**

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

ODO reviewed the training documentation for [REDACTED] correctional officers and found [REDACTED] out of [REDACTED] did not have current CPR training (**Deficiency MC-1**<sup>57</sup>). ODO's review of the [REDACTED] paper medical records located at the facility confirmed medical, dental, and mental health intake screening questionnaires are completed within 12 hours of arrival by a correctional officer. However, ODO found no evidence that correctional officers received training on performing medical intake screening (**Deficiency MC-2**<sup>58</sup>). The facility does not have a dentist to conduct dental exams; instead, they are conducted by a Registered Nurse (RN) (**Deficiency MC-3**<sup>59</sup>). Furthermore, there was no documentation that a dentist had trained and authorized the RN to perform dental screening exams.

The medical site manager/RN stated that correctional officers receive annual training on triaging medical complaints and distributing medications when medical staff are not on-site. Training materials and protocols were in accordance with the standard; however, a review of a randomly selected training roster revealed that [REDACTED] out of [REDACTED] staff members did not have current training. ODO cites the lack of current training as an **Area of Concern**.

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<sup>55</sup> "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

<sup>56</sup> "Deviations from the following list of restraint equipment are prohibited: ...

9. Any other INS-approved restraint device."

See ICE NDS 2000, Standard, Use of Force, Section (III)(C)(9).

<sup>57</sup> "Detention 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 OIC and will include the following: ...

2. The administration of first aid and cardiopulmonary resuscitation (CPR)."

See ICE NDS 2000, Standard, Medical Care, Section (H)(2).

<sup>58</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).

<sup>59</sup> "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).



## SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO's review of all medical staff training records showed [REDACTED] out of [REDACTED] had current suicide prevention training; however, there was no training documentation for the contract dentist (**Deficiency SP&I-1**<sup>60</sup>).

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<sup>60</sup> "All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee." *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under the NDS 2000 and 2 standards under the PBNDS 2011 and found the facility in compliance with 4 of those standards. ODO found 54 deficiencies in the remaining 15 standards. ODO commends facility leadership for their responsiveness during this inspection and notes there were four instances in which facility staff initiated immediate corrective action. The facility itself was well maintained, and staff members were knowledgeable in their respective areas.

ODO notes that the written PCDC policies reviewed were short and rather sparse. In many cases, written procedures contained little concrete information, forcing ODO to rely heavily on information gleaned from interviews, since the small detainee population at the facility provided little opportunity for observation. In several instances, ODO noted poor communication between the ERO field office and the facility. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2000)</b>
Standards Reviewed	19
Deficient Standards	15
Overall Number of Deficiencies	54
Deficient Priority Components	N/A
Repeat Deficiencies	N/A
Corrective Actions	4