



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
Follow-Up Compliance Inspection

Enforcement and Removal Operations
ERO Saint Paul Field Office

Phelps County Jail
Holdrege, Nebraska

July 19-22, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
PHELPS COUNTY JAIL
Holdrege, Nebraska

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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 follow-up compliance inspection of the Phelps County Jail (PCJ) in Holdrege, Nebraska, from July 19 to 22, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PCJ from March 1 to 4, 2021. The facility opened in 2002 and is owned and operated by Phelps County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in 2003 under the oversight of ERO’s Field Office Director in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2000.

ERO has not assigned deportation officers nor a detention services manager to the facility. A PCJ facility administrator handles daily facility operations and manages support personnel. Summit provides food services, Advanced Correctional Healthcare provides medical care, and Trinity 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	
Average ICE Detainee Population ³	
Male Detainee Population (as of July 19, 2021)	
Female Detainee Population (as of July 19, 2021)	

During its last inspection, in Fiscal Year (FY) 2021, ODO found 18 deficiencies in the following areas: Access to Legal Material (1); Admission and Release (1); Detainee Classification System (1); Detainee Grievance Procedures (2); Food Service (7); Funds and Personal Property (4); Suicide Prevention and Intervention (1); and Telephone Access (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 July 19, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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 well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's Uniform Corrective Action Plan, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁴	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	3
Detainee Classification System	0
Detainee Grievance System	0
Food Service	0
Funds and Personal Property	1
Telephone Access	0
Sub-Total	4
Part 2 – Security and Control	
Emergency Plans	0
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	2
Sub-Total	2
Part 3 – Health Services	
Hunger Strike	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Other Standards Inspected	
NDS 2019 Personal Hygiene ⁵	0
Sub-Total	0
Total Deficiencies	6

⁴ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁵ The Personal Hygiene standard was not inspected in its entirety.

DETAINEE RELATIONS

ODO interviewed four detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Admission and Release: One detainee stated he did not receive the ICE National Detainee Handbook nor the facility's detainee handbook upon admission. The detainee stated he understand English but Nepali is his primary language.

- Action Taken: On July 21, 2021, ODO interviewed the facility administrator and found the facility did not issue an ICE National Detainee Handbook. The facility administrator stated all detainees receive the ICE National Detainee Handbook from ERO Saint Paul during intake processing and also confirmed the detainee received the facility's detainee handbook. In addition, the facility staff provide detainees with language line assistance when necessary to ensure they understand the questions asked during the intake process. ODO reviewed the detainee's detention file and found a signed acknowledgment form, which showed the detainee received a copy of the facility's detainee handbook. ODO requested the facility to translate the handbook for the detainee. On August 2, 2021, the facility provided a translated copy of the handbook to the detainee in Nepali.

Environmental Health and Safety: One detainee stated the water in his housing unit shower was too hot.

- Action Taken: ODO interviewed ERO Saint Paul and the facility administrator. The shower in the housing unit has a cold-water button to help control the water temperature and the sink has a single-handle faucet that adjusts the water temperature. On July 21, 2021, the facility tested the water in the sink and found the temperature to be between 70 to 90 degrees Fahrenheit. On July 22, 2021, the facility administrator submitted a maintenance request to check the water temperature in the shower. The facility maintenance worker stated the hot water temperature was 140 degrees Fahrenheit, but after pushing the cold-water button, the water temperature dropped to 110 degrees Fahrenheit, meeting standard requirements. The facility did not make any water temperature adjustments.

Personal Hygiene: Two male detainees stated female facility staff members do not announce their presence when entering the housing unit.

- Action Taken: ODO reviewed the facility's policy and interviewed the facility administrator. On July 20, 2021, the facility administrator spoke with the female officers and reviewed the facility's policy about inmate/staff relations. The facility administrator informed ODO she spoke with all supervisors via the supervisor messaging system to ensure supervisors realize they are being monitored when entering a housing unit of the opposite gender. In addition, the facility administrator once again reviewed the inmate/staff relations policy with all staff. ODO noted this as an Area of Concern in the *Personal Hygiene* section of the report.

Medical Care: One detainee stated he had eczema on his hand. In addition, he reported he frequently saw the facility's registered nurse (RN) and doctor, and they provided him with different medications for his eczema. He stated his eczema was better, but his hand was still a little red.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility's RN. The RN reported the detainee had eczema the size of a dime on his left hand. On March 9, 2021, the RN examined the detainee's rash and noticed it had cleared but left a slight discoloration. The nurse told the detainee to continue to use the hydrocortisone cream (1%) for a week and to watch for any changes. In addition, the RN informed the detainee to submit a medical request to see the facility's doctor if the eczema returned. On March 16, 2021, the doctor examined the detainee's hand and ordered the detainee to apply hydrocortisone cream (2.5%) two times daily for 30 days. On May 17, 2021, the doctor examined the detainee and prescribed Prednisone (40 milligram) for 7 days with continued use of the hydrocortisone cream (2.5%). On June 28, 2021, the doctor examined the detainee, prescribed Elocon Cream, and directed the detainee to use the cream twice daily for two months. The RN stated the detainee's next scheduled doctor's appointment is at the end of August 2021.

Medical Care: One detainee stated a ball hit him in the back of his neck during recreational time at the end of March 2021. He stated he has neck pain especially when he sleeps and when he rotates his neck. The doctor prescribed medication, but the detainee believes taking too much medication is not good for his health.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility's RN. The facility medical staff examined the detainee's neck on March 31, 2021, and diagnosed him with a muscle strain even though he reported no injury. The medical staff provided the detainee with Prednisone (40 mg) for 7 days. During a follow-up exam on April 5, 2021, the detainee reported a pain level of 3 out of 10 on the pain scale to the RN. The RN provided the detainee Flexeril (10 mg) to use twice per day for 10 days and Tylenol (1000 mg) to use twice per day for 10 days. On April 20, 2021, the doctor examined the detainee for his continued neck pain and prescribed Naprosyn (500 mg) to use twice a day for 21 days and Flexeril (10 mg) to use twice a day for 30 days. On June 28, 2021, the medical staff examined the detainee for the same complaint, and the doctor ordered a six-week prescription of Mobic (an anti-inflammatory) and a round of steroidal medication to reduce inflammation and decrease pain. Additionally, the RN informed the detainee several times he had the option of refusing the medication. The staff scheduled the detainee's next follow-up appointment for the week of September 6, 2021, or sooner, if necessary.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee files and found, in [REDACTED] files, the facility retained the original identity documents with the detainee's personal property and did not forward the identity documents to ERO Saint Paul to be placed in the detainee's non-citizen file (**Deficiency AR-25⁶**). **This is a repeat deficiency.**

ODO interviewed the facility administrator and found ERO Saint Paul did not approve the facility's orientation procedures (**Deficiency AR-54⁷**).

ODO interviewed the facility administrator and found ERO Saint Paul did not approve the facility's release procedures (**Deficiency AR-73⁸**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed [REDACTED] detainee files and found, in [REDACTED] files, the facility retained the original identity documents with the detainee's personal property and did not forward the identity documents to ERO Saint Paul to be placed in the detainee's non-citizen file (**Deficiency FPP-12⁹**).

SECURITY AND CONTROL

USE OF FORCE (UOF)

ODO reviewed the facility's policy, interviewed the facility administrator, and found the facility did not pattern its incident review process after INS. Specifically, the facility administrator reviewed the UOF incident, but the after-action review did not include a four-member team (**Deficiency UOF-102¹⁰**).

ODO interviewed the facility administrator and found ERO Saint Paul did not approve the after-action review procedures (**Deficiency UOF-103¹¹**).

⁶ "Identity documents, such as passports, birth certificates, etc., will be inventoried, then given to a deportation officer/INS for placement in the detainee's A-file." See ICE NDS 2000, Standard, Admission and Release, Section (III)(E).

⁷ "In IGSA's, the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

⁸ "INS will approve the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(2nd J).

⁹ "Identity documents, such as passports, birth certificates, etc., will be held in the detainee's A-file." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(3).

¹⁰ "IGSA will pattern their incident review process after INS." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

¹¹ "INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

HEALTH SERVICES

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed the facility's policy and found the policy does not require the clinical director to authorize the return of a detainee on suicide watch to general population. The RN confirmed she would contact the clinical director to authorize the release of a detainee to general population. During the inspection period, the facility did not place detainees on suicide watch to confirm this procedure. ODO noted this as an **Area of Concern**.

OTHER STANDARDS INSPECTED

NDS 2019 PERSONAL HYGIENE (PH)

During the detainee interviews, two male detainees informed ODO that female officers do not announce their presence when entering the housing unit. Although the facility administrator informed all supervisors they are being monitored when entering a housing unit of the opposite gender and reviewed the inmate/staff relations policy with all staff, ODO noted this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 15 standards under NDS 2000, one standard under NDS 2019, and found the facility in compliance with 13 of those standards. ODO found six deficiencies in the remaining three standards. ODO commends the facility staff for its responsiveness during this inspection. ODO recommends ERO Saint Paul work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of PCJ in March 2021.

Compliance Inspection Results Compared	First FY 2021 (NDS 2000)/ (NDS 2019)	Second FY 2021 (NDS 2000)/ (NDS 2019)
Standards Reviewed	18/2	15/1
Deficient Standards	8	3
Overall Number of Deficiencies	18	6
Repeat Deficiencies	N/A	1
Areas of Concern	14	1/1
Corrective Actions	0	0