



**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

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO Saint Paul Field Office**

**Phelps County Jail  
Holdrege, Nebraska**

**March 1-4, 2021**

**COMPLIANCE INSPECTION  
of the  
PHELPS COUNTY JAIL  
Holdrege, Nebraska**

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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 Phelps County Jail (PCJ) in Holdrege, Nebraska, from March 1 to 4, 2021.<sup>1</sup> The facility opened in 2003 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 (FOD) in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2000.<sup>2</sup>

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. Facility staff provides food services and medical care, and Trinity Services provides commissary services at the facility. The facility currently holds no accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	20
Average ICE Detainee Population <sup>4</sup>	
Male Detainee Population (as of March 1, 2021)	
Female Detainee Population (as of March 1, 2021)	

This was ODO’s first inspection of Phelps County Jail.

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

<sup>2</sup> ERO Custody Management Division informed ODO on April 1, 2021, PCJ was one of several U.S. Marshals Service Inter-governmental agreement facilities in which ODO should inspect under the NDS 2000 instead of the NDS 2019. ODO inspected PCJ against NDS 2019 before receiving this updated guidance and ODO verified all findings against the NDS 2000 prior to citing as a deficiency in this report.

<sup>3</sup> Data Source: ERO Facility List Report as of March 1, 2021.

<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.

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.

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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&amp;7</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
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
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	1
<b>Sub-Total</b>	<b>17</b>
<b>Part 2 – Security and Control</b>	
Emergency Plans	0
Environmental Health and Safety	0
Population Counts	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 3 – Health Services</b>	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>1</b>
<b>Other Standards Inspected</b>	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
NDS 2019 Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>18</b>

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

<sup>7</sup> 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 12 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.

*Medical Care:* One detainee stated medical staff did not provide the prescribed medication for a rash on his hand and instead instructed him to purchase the medication from the facility's commissary.

- Action Taken: ODO interviewed the facility's registered nurse (RN), who conducted a medical record review. On January 24, 2021, the facility's medical staff received a sick call request stating the detainee's knuckle on his left middle finger was irritated. The RN instructed the detainee to pick up hydrocortisone cream during the facility's next pill call. The RN scheduled a follow-up appointment with the detainee for March 9, 2021.

*Medical Care:* One detainee stated medical staff denied his request for medication for a fingernail fungal infection.

- Action Taken: ODO interviewed the RN, who conducted a medical record review. On February 24, 2021, medical staff received the detainee's sick call request in which the detainee indicated he had thick yellow nails. The facility's medical staff evaluated his condition, prescribed antifungal cream, educated him on its use, and provided the detainee with the antifungal cream during the pill call, which occurred the following day. The physician scheduled a follow-up appointment with the detainee for March 7, 2021.

*Medical Care:* One detainee stated medical staff never examined her for a rash when she submitted a sick call request. Additionally, she stated medical staff denied her request for Tylenol.

- Action Taken: ODO interviewed the RN, who conducted a medical record review. On January 13, 2021, medical staff received a sick call request stating the detainee needed Ibuprofen. Medical staff prescribed the medication and educated the detainee to pick up the medication each morning, as needed, from the pill call. On February 12, 2021, medical staff received a sick call request from detainee complaining of a rash on her armpits. Medical staff examined the detainee on the same day, prescribed an antiperspirant and hydrocortisone cream, and instructed the detainee on the medication's use. The physician scheduled a follow-up appointment with the detainee for March 8, 2021.

*Medical Care:* One detainee stated medical staff never provided him with results from a chest x-ray for shortness of breath and he was not satisfied with the medical care he received. Additionally, the detainee stated he needed a medical diet, which the facility has not provided, and as a result, he buys much of the food he eats from the facility's commissary.

- Action Taken: ODO interviewed the RN, who conducted a medical record review. On November 27, 2020, medical staff received a sick call request from the detainee for white rice. On November 30, 2020, medical staff met with the detainee, advised him on his diet and current cholesterol level, and informed him the physician placed him on a low-cholesterol diet. ODO found no record of the detainee submitting a sick call request for shortness of breath. The detainee had previously screened positive for tuberculosis and on September 29, 2020, the facility's medical staff completed a chest x-ray to screen for pulmonary disease. The RN scheduled a follow-up appointment with the detainee for March 8, 2021, to address any ongoing concerns.

*Medical Care*: One detainee stated the facility's medical staff ignored him and did not provide him with medication after he told them he had trouble sleeping.

- Action Taken: ODO interviewed the RN, who conducted a medical record review. On February 4, 2021, medical staff completed the detainee's intake physical and noted the detainee was a healthy male with no complaints. ODO found no record of the detainee submitting any sick call requests since his arrival at the facility. Per ODO's request, the RN scheduled the detainee for a follow-up appointment for March 8, 2021, to address any ongoing concerns.



# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the facility's detainee handbook and found the handbook did not notify detainees of the scheduled hours to access the law library nor the procedure for requesting additional time in the law library (**Deficiency ALM-51<sup>8</sup>**).

### ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee files and found in 6 out of 12 files, the facility retained the original identity documents with the detainee's personal property and did not forward them to ERO Saint Paul (**Deficiency A&R-12<sup>9</sup>**).

In addition to other translation services, the facility administrator stated the facility's staff used an electronic pocket translator, which translates the staff's spoken words into the detainee's native language and vice-versa. ODO noted this as a **Best Practice**.

### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO interviewed the facility administrator and found the reviewing officer did not ensure detainees were assigned to the appropriate housing unit. Specifically, the intake officer completed all housing unit assignments based on the facility's classification levels, without further supervisory review (**Deficiency DCS-11<sup>10</sup>**).

ODO reviewed 12 detainee files and found in 7 out of 12 files, a supervisor did not sign the detainee's classification. The facility administrator stated a supervising sergeant completed the classification action. Additionally, the classification document used at PCJ did not have a designated space for the supervisory review signature. Without a supervisory signature, ODO was unable to confirm supervisors completed and reviewed the detainees' classification. ODO noted this as an **Area of Concern**.

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<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:

2. the scheduled hours of access to the law library; ...

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)(2) and (4).

<sup>9</sup> "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).

<sup>10</sup> "Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit." *See* ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

## DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the facility's grievance policy and found the facility did not have prescribed procedures applicable to emergency grievances (**Deficiency DGP-3**<sup>11</sup>).

ODO found the facility did not address grievances within five-business days. Specifically, the facility's grievance policy stated the facility administrator will provide a response within 10 days (**Deficiency DGP-15**<sup>12</sup>).

ODO reviewed the facility's detainee handbook and found the facility did not refrain from imposing a time limit on when a detainee may submit a formal grievance regarding an allegation of sexual abuse. Specifically, the detainee handbook placed a time limit of 10 days from the event grieved to file a grievance. ODO noted this as an **Area of Concern**.

## FOOD SERVICE (FS)

ODO found a registered dietitian did not conduct an annual nutritional analysis of every master-cycle food menu planned by the food service administrator (FSA) (**Deficiency FS-32**<sup>13</sup>).

ODO interviewed the FSA and found the common-fare food menu was not based on a 14-day cycle, nor did it include special food menus for the 10 required federal holidays (**Deficiency FS-60**<sup>14</sup>).

ODO interviewed the FSA and found that facility staff did not use disposable plates and utensils for common-fare meals, nor did they set aside reusable plates and utensils for common-fare service only (**Deficiency FS-65**<sup>15</sup>).

ODO interviewed the FSA and found the FSA did not have a documented pre-employment medical examination (**Deficiency FS-86**<sup>16</sup>).

ODO interviewed the FSA and found the FSA did not develop a schedule for routine cleaning of equipment (**Deficiency FS-94**<sup>17</sup>).

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<sup>11</sup> "Each facility shall implement procedures for identifying and handling an emergency grievance." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(B).

<sup>12</sup> "The responsible department head or staff officer will act on the grievance within five working days through informal or formal resolution." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(2)(6).

<sup>13</sup> "A registered dietitian shall conduct a complete nutritional analysis of every master-cycle menu planned by the FSA." See ICE NDS 2000, Standard, Food Service, Section (III)(D)(2).

<sup>14</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>15</sup> "Common-fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common-fare service only." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(8).

<sup>16</sup> "All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination." See ICE NDS 2019, Standard, Food Service, Section (III)(H)(3)(a).

<sup>17</sup> "The FSA shall develop a schedule for the routine cleaning of equipment." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(6).

ODO found the FSA did not develop a cleaning schedule for each food service area nor post the schedule (**Deficiency FS-96**<sup>18</sup>).

ODO found all FS areas and equipment were not grouped by the frequency of cleaning (**Deficiency FS-97**<sup>19</sup>).

## FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 12 detainee files and found in 6 out of 12 files, the facility retained original identity documents with the detainee's personal property and did not forward them to ERO Saint Paul (**Deficiency F&PP-10**<sup>20</sup>).

ODO interviewed the facility administrator and found the facility's standard operating procedures did not include obtaining a forwarding address from every detainee who had personal property (**Deficiency F&PP-15**<sup>21</sup>).

ODO interviewed the facility administrator and found the facility staff did not complete an audit of detainee baggage nor other non-valuable property at least quarterly (**Deficiency F&PP-19**<sup>22</sup>).

ODO reviewed the facility's detainee handbook and found the handbook did not notify detainees of several requirements. Specifically, that upon request, the facility would provide detainees with a copy of any identity document; the procedures for claiming property upon release, transfer, or removal; nor the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-34**<sup>23</sup>).

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ERO Saint Paul staff and found the facility posted neither ERO Saint Paul's contact information nor the scheduled days and hours for detainees to contact field office staff. ODO noted this as an **Area of Concern**.

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<sup>18</sup> "The FSA shall develop a cleaning schedule for each food service area and post it for easy reference." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(d).

<sup>19</sup> "All areas (walls, windows, vent hoods, etc.) and equipment (chairs, tables, fryers, ovens, etc.) will be grouped by frequency of cleaning, e.g., After Every Use, Daily, Weekly, Monthly, Semiannually, or Annually." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(d).

<sup>20</sup> "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).

<sup>21</sup> "Standard operating procedure will include obtaining a forwarding address from every detainee who has personal property that could be lost or forgotten in the facility after the detainee's release, transfer, or removal." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(C).

<sup>22</sup> "An inventory of detainee baggage and other non-valuable property will be conducted by the OIC's designee at least once each quarter." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(F)(8).

<sup>23</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...

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; ...

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)(2)(4) and (5).

ODO found ERO Saint Paul's personnel contact information was not updated at least quarterly (or more frequently if needed) to reflect changes in ERO Saint Paul personnel. ODO noted this as an **Area of Concern**.

### **TELEPHONE ACCESS (TA)**

ODO reviewed photos of the facility's postings and the facility's detainee handbook and found the facility staff did not notify detainees of the procedure for obtaining an unmonitored legal call (**Deficiency TA-41**<sup>24</sup>).

## **SECURITY AND CONTROL**

### **DETAINEE SEARCHES (DS)**

ODO interviewed facility staff who stated the facility would use [REDACTED] [REDACTED] but only with the Sheriff's permission. The facility's policy did not specify the facility could [REDACTED], which ODO noted as an **Area of Concern**.

### **USE OF FORCE (UOF)**

ODO found PCJ did not have any UOF or restraint incidents; however, ODO found the facility did not have a written UOF policy to guide its staff should a UOF incident occur in the future nor did the facility have procedures regarding the use of physical restraints, [REDACTED]. Additionally, there were no procedures to address video documentation of immediate nor calculated UOF incidents. ODO noted this as an **Area of Concern**.

## **HEALTH SERVICES**

### **HUNGER STRIKES (HS)**

ODO reviewed the training files for 2 of the facility's medical staff and 12 correctional officers and found 2 out of 2 medical staff and 2 out of 12 correctional officers did not have hunger strike training during their orientation nor did they have annual refresher training. ODO noted this as an **Area of Concern**.

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

ODO reviewed 12 detainee medical records and found in 1 out of 12 comprehensive health assessments, the clinical medical authority neither reviewed nor signed the health assessment completed by the RN. ODO noted this as an **Area of Concern**.

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<sup>24</sup> "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:

1. that detainee calls are subject to monitoring; and
2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation." See ICE NDS 2000, Standard, Telephone Access, Section (III)(K).

ODO reviewed the medical record for one detainee the facility's medial staff prescribed psychotropic medications and found medical staff did not obtain a separate informed consent document, which included a description of the medications' side effects. ODO noted this as an **Area of Concern**.

## **SUICIDE PREVENTION AND INTERVENTION (SP&I)**

ODO reviewed the training files for [REDACTED] of the facility's medical staff and [REDACTED] correctional officers and found [REDACTED] correctional officers did not have comprehensive suicide prevention training during their orientation nor did they receive annual refresher training (**Deficiency SSH&SP&I-2<sup>25</sup>**).

ODO found [REDACTED] correctional officers did not have a current cardio-pulmonary resuscitation training certification. ODO noted this as an **Area of Concern**.

ODO reviewed the facility's policy and found the facility did not require a mental health provider perform welfare checks every [REDACTED] for detainees placed in a suicide-resistant cell. ODO noted this as an **Area of Concern**.

ODO reviewed the facility's policy and found the facility did not require a mental health provider perform welfare checks every [REDACTED] for detainees placed under close observation status. ODO noted this as an **Area of Concern**.

## **OTHER STANDARDS REVIEWED**

### **NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO found the facility's policy contained verbiage regarding the immediate reporting sexual assault or abuse allegations to the correct chain of command and other outside agencies; however, the facility's policy did not include a requirement to report sexual assault or abuse allegations to ICE/ERO and the FOD. ODO noted this as an **Area of Concern**.

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000, two standards under NDS 2019, and found the facility in compliance with 12 of those standards. ODO found 18 deficiencies in the remaining 8 standards. PCJ was contractually obligated to comply with NDS 2000 and ODO verified each finding against the NDS 2000 standards, prior to citing the findings as deficiencies in this report. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual

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<sup>25</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." See ICE NDS 2000, Suicide Prevention and Intervention, Section (III)(A).

obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020</b>	<b>FY 2021 (NDS 2000)/ (NDS 2019)</b>
Standards Reviewed	N/A	18/2
Deficient Standards	N/A	8
Overall Number of Deficiencies	N/A	18
Repeat Deficiencies	N/A	N/A
Areas of Concern	N/A	14
Corrective Actions	N/A	0