



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

---

**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
St. Paul Field Office  
Hall County Department of Corrections  
Grand Island, Nebraska**

**May 6–8, 2014**

**COMPLIANCE INSPECTION  
HALL COUNTY DEPARTMENT OF CORRECTIONS  
ST. PAUL FIELD OFFICE**

**TABLE OF CONTENTS**

**INSPECTION PROCESS**

Report Organization.....1  
Inspection Team Members.....1

**EXECUTIVE SUMMARY .....3**

**OPERATIONAL ENVIRONMENT**

Detainee Relations .....6

**ICE 2000 NATIONAL DETENTION STANDARDS**

Detention Standards Reviewed.....7  
Detainee Classification System.....8  
Detainee Grievance Procedures .....9  
Food Service .....11  
Funds and Personal Property .....13  
Medical Care.....14  
Sexual Abuse and Assault Prevention and Intervention.....16  
Special Management Unit – Disciplinary Segregation.....17  
Staff-Detainee Communication .....18  
Telephone Access .....21  
Use of Force.....23

# INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

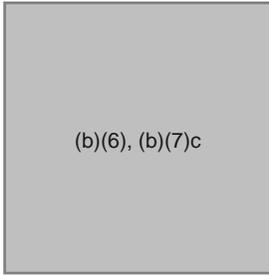
Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

## REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replaced the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

## INSPECTION TEAM MEMBERS



Management Program Analyst (Team Lead)	ODO
Special Agent	ODO
Special Agent	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

## EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Hall County Department of Corrections (HCDC) in Grand Island, Nebraska, from May 6 to 8, 2014. HCDC, which opened in 2008, is owned by the County of Hall and operated by the Hall County Department of Corrections. ERO began housing detainees at HCDC in December 2008 under an intergovernmental service agreement with the County of Hall. Male and female detainees of all security classification levels (Levels I through III) are detained at HCDC for periods in excess of 72 hours. The inspection evaluated HCDC's compliance with the 2000 NDS and the 2011 Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard.

The ERO Field Office Director (FOD) in St. Paul, Minnesota, is responsible for ensuring facility compliance with the 2000 NDS, 2011 SAAPI PBND<sup>1</sup> and ICE policies. An Assistant Field Office

Director (AFOD) and a Supervisory Detention and Deportation Officer (SDDO) from the ERO St. Paul Field Office oversee daily ICE operations at HCDC. No Detention Service Manager is assigned to HCDC.

Capacity and Population Statistics	Quantity
Total Bed Capacity	321
ICE Detainee Bed Capacity	75
Average Daily Population	154
Average Daily ICE Population	13
Average ICE Detainee Length of Stay (Days)	22
Male Detainee Population (as of 05/06/2014)	34
Female Detainee Population (as of 05/06/2014)	0

The Chief Administrator is the highest-ranking official at HCDC and is responsible for oversight of daily operations. (b)(7)e staff members supported HCDC management at the time of the inspection. Aramark Correctional Services operates the food service and Advanced Correctional Healthcare provides medical care at the facility. HCDC holds no accreditations.

In September 2012, ODO conducted an inspection of HCDC under the NDS. ODO reviewed 16 standards and found HCDC compliant with ten standards. ODO found a total of nine deficiencies in the remaining six standards.

During this inspection, ODO reviewed 16 NDS and the 2011 SAAPI standard, and found HCDC compliant with six standards. ODO found a total of 20 deficiencies in the following ten standards: Detainee Classification System (1 deficiency), Detainee Grievance Procedures (3), Food Service (4), Funds and Personal Property (1), Medical Care (1), Sexual Abuse and Assault Prevention and Intervention (1), Special Management Unit – Disciplinary Segregation (1), Staff-Detainee Communication (4), Telephone Access (3), and Use of Force (1). ODO made two recommendations during this inspection.

This report details all deficiencies and refers to the specific relevant sections of the 2000 NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed these deficiencies with HCDC and ERO personnel during the inspection and at a closeout briefing conducted on May 8, 2014.

<sup>1</sup> HCDC signed a contract modification with ICE on December 19, 2012, agreeing to implement the 2011 SAAPI standard.

Upon the admission to HCDC, detainees receive medical, mental health, suicide, and sexual abuse and assault screenings. All incoming detainees receive pat-down searches; strip searches are not performed unless reasonable suspicion is established in accordance with ICE and facility policy. HCDC staff classifies detainees using information provided by ERO. Funds and personal property are counted and stored. Detainees receive clothing, towels, bedding and personal hygiene items. All detainees are issued an ICE National Detainee Handbook and facility handbook in either English or Spanish and are shown an orientation video. ODO found five instances in which detainee identification was stored with property and not provided to ERO.

HCDC has one law library located in a designated room near the detainee housing units. The library is well lit, reasonably isolated from noise, and has a sufficient number of tables and chairs. One desktop computer equipped with LexisNexis, a typewriter, and supplies are available to support legal research and case preparation. Detainees are afforded access a minimum of five hours weekly, and may request additional time if needed.

Detainees at HCDC may submit informal, formal and emergency grievances via kiosks located in all housing units. HCDC staff was unable to provide ODO a 12-month history of grievances, due to detainee and inmate grievance records being commingled. Four detainee grievances were identified for a three-month period and involved the following topics: contraband (2), shower water (1), and commissary funds (1). Deficient areas for detainee grievances procedures includes: 1) HCDC staff failing to record the outcome of oral/informal grievances and placing documentation in detention files; 2) staff failing to maintain any grievance documentation in detention files; and 3) the facility handbook failing to notify detainees of the opportunity to file informal grievances.

Sanitation of the facility was very good at the time of the inspection. Inventories of hazardous substances used in the facility were current and accurate. Fire drills are conducted on a monthly basis in each area of the facility and emergency keys are tested. Exit/evacuation diagrams in both English and Spanish were present in the housing units and throughout the facility. Sharps inventories in the medical department are conducted on each shift. The facility's dedicated barber shop operation meets the requirements of the standard.

Aramark Correctional Services manages food service operations. Kitchen staff consists of civilian and inmate workers. Civilian staff does not undergo pre-employment medical examinations; however, medical clearances are provided for all inmates. HCDC has a satellite feeding system. Food delivery carts do not have locking mechanisms. ODO verified the temperatures of a meal during the inspection and found they were not within the required range. Also, sack meals do not contain all the required items.

Detainees receive health appraisals conducted by the nurse practitioner within 14 days of arrival. The health appraisals include hands-on physical examinations and dental screenings and are completed within the 14-day requirement. Privacy is not maintained during patient encounters. First, local policy requires presence of a correctional officer in examination rooms during health

care visits.<sup>2</sup> Second, nursing staff conducts intake screenings in the presence of detention staff, other personnel, inmates and detainees.

HCDC signed a contract modification with ICE on December 19, 2012, agreeing to implement the 2011 SAAPI standard. Detainees are informed of the SAAPI program through the detainee handbook, a PREA orientation video, and by PREA postings throughout the facility. Staff and volunteers are required to attend pre-service and annual training on the SAAPI program. Facility policies and procedures do not include a requirement that staff announce their presence when entering detainee's living areas of the opposite gender.

No detainees were assigned to administrative or disciplinary special management units (SMU) at the time of the inspection. According to HCDC staff, nine administrative<sup>3</sup> and two disciplinary segregation placements occurred during the 12 months preceding the inspection. Segregation orders were issued and required status reviews were conducted in each instance. The SMU log showed detainees assigned to disciplinary segregation were denied social visitation privileges.

HCDC policy encourages and requires informal, direct and written questions, requests, or concerns to ERO and facility staff be submitted via a kiosk. Supervisory HCDC staff visits the detainee housing units daily, while non-supervisory ERO staff visits weekly. Between November 2013 and May 2014, detainees submitted 131 requests to ICE. Requests are submitted and responded to via the kiosk; however, the log maintained by HCDC staff does not contain all of the information required by the NDS. Also, the facility handbook lacks information and procedures for submitting written questions, requests, or concerns to ICE staff. ERO's visitation schedules are not posted in the detainee housing units.

According to the medical site manager, who is a registered nurse, no detainee suicide attempts or suicide watch placements occurred in the 12 months preceding the inspection. HCDC's policy on suicide prevention and intervention covers training, identification, intervention, housing and hospitalization of at-risk detainees. Detainees identified as at-risk are immediately referred to the medical unit for further evaluation and housed and monitored in accordance with the standard. The contract physician, with consultation by a mental health practitioner, is solely responsible for the release of detainees from suicide watch. HCDC has two padded cells used for suicide watch. Staff training curriculum covers all elements required by the standard.

The telephone availability ratio at HCDC for each housing unit is approximately three detainees per telephone. ODO found ERO inspects the phones weekly, but HCDC does not inspect the telephones regularly. All calls are limited to 15 minutes. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation is not posted in the housing units. The facility offers a TTY if needed.

According to facility staff, three use-of-force incidents involving ICE detainees occurred in the 12 months preceding the inspection. Written documentation and video recordings confirmed compliance with the standard, except for two instances where there was no documentation of the medical services provided in two of the three incidents.

---

<sup>2</sup> This is a repeat deficiency from ODO's June 2011 and September 2012 inspections.

<sup>3</sup> Four of the nine placements involved in the same detainee.

# OPERATIONAL ENVIRONMENT

## DETAINEE RELATIONS

ODO interviewed 16 randomly-selected male detainees of various classification regarding conditions of detention at HCDC. No female detainees were housed at HCDC at the time of the inspection. All detainees interviewed had been housed at the facility from one week to six months. Interview participation was voluntary. None of the detainees reported having witnessed or experienced any abuse, discrimination or mistreatment while at HCDC.

All detainees interviewed received the ICE National Detainee Handbook, facility handbook and hygiene items. Hygiene items are replenished at no cost. None of the detainees expressed complaints about facility services or expressed dissatisfaction with food service or medical care. All agreed they have access to the grievance system, law library, recreation, religious services, visitation, and interpretation services. Detainees stated ERO staff visit the housing units at least once weekly and interact with them.

## ICE 2000 NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 NDS and one 2011 PBNDS, and found HCDC fully compliant with the following seven standards:

1. Access to Legal Materials
2. Admission and Release
3. Detainee Handbook<sup>4</sup>
4. Environmental Health and Safety
5. Special Management Unit – Administrative Segregation
6. Suicide Prevention and Intervention
7. Telephone Access

As the standards above were compliant at the time of the inspection, a synopsis for these standards is not included in this report.

ODO found deficiencies in the following ten standards:

1. Detainee Classification System
2. Detainee Grievance Procedures
3. Food Service
4. Funds and Personal Property
5. Medical Care
6. Sexual Abuse Assault Prevention and Intervention (2011 PBNDS)
7. Special Management Unit – Disciplinary Segregation
8. Staff Detainee Communication
9. Telephone Access
10. Use of Force

Findings for these standards are presented in the remainder of this report.

---

<sup>4</sup> The Detainee Handbook standard was found compliant; however, deficiencies related to the detainee handbook are provided under Deficiencies SDC-3 and DGP-3.

## **DETAINEE CLASSIFICATION SYSTEM (DCS)**

ODO reviewed the Detainee Classification System standard at HCDC to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO toured the booking area and classification department, interviewed staff, and reviewed classification documentation and local policy.

Newly-arrived detainees are classified by HCDC staff using information provided by ERO. ERO provides HCDC staff the information and forms necessary for appropriate classification. HCDC staff collects and verifies additional information that may affect a detainee's housing assignment. HCDC's booking department creates a detention file and detainees are assigned to housing units based on their classification level. ODO reviewed 20 detainee classification files and found none contained the first-line supervisor review and approval required for each classification (**Deficiency DCS-1**). Supervisory review assures classification levels are appropriately and objectively assigned. Documentation was not signed by a supervisor.

The facility's policy and handbook contain the required information and procedures. Procedures are in place to reclassify detainees if necessary.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DCS-1**

In accordance with the ICE NDS, Detainee Classification System section (III)(A)(3), the FOD must ensure "the first-line supervisor will review and approve each detainee's classification."

## DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedure standard at HCDC to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE NDS. ODO reviewed detention files, logbooks, policies, and the detainee handbook, and interviewed staff.

HCDC provides kiosks in all the housing units for both detainees and inmates in general population to electronically submit general and sick call requests, grievances, and commissary orders. To file a grievance, detainees select the appropriate option and input a description of their grievance using a keyboard. Grievances may be sent either to the facility or directly to ICE. Detainees may obtain assistance from others in preparing grievances. The kiosk routes the grievance directly to the appropriate department, based upon the detainee's selection. Medical grievances are automatically routed directly to the medical unit to ensure confidentiality. All grievances and responses are maintained electronically. Responses are provided to detainees within 72 hours. Detainees are individually responsible for routinely checking the kiosk for responses to their grievances. Detainees in SMU do not have access to kiosks; instead, they submit grievances on paper forms.

HCDC staff was unable to provide ODO a 12-month history of grievances, due to detainee and inmate grievance records being commingled. During the inspection, both inmates and detainees were commingled in all housing units and accessed the same kiosks. ODO's log review was limited to the previous three months due to these restrictions, as well as aggregate volume. Four detainee grievances were identified and involved the following topics: contraband (2), shower water (1), and commissary funds (1). None of the grievances appeared to involve staff misconduct. Grievances are received by the grievance coordinator, who responds or forwards the grievance as appropriate. Responses for these four grievances were timely and appropriate.

HCDC's grievance policies and procedures comply with the NDS, with the exception of three areas. First, staff does not document or record the results of oral/informal grievances and maintain a report in detention files (**Deficiency DGP-1**). Second, copies of detainee grievances are not maintained in detention files. ODO reviewed 18 active and ten inactive hard copy detention files and confirmed copies are not maintained in accordance with the standard (**Deficiency DGP-2**). Third, the facility handbook fails to notify detainees of the opportunity to file informal grievances (**Deficiency DGP-3**).

ODO recommends ERO work with HCDC to:

- maintain a grievance log specifically for detainees,
- track the timeliness of grievances responses, and
- develop a method for annotating when detainees receive or check for responses to their grievances in the kiosk (**R-1**).

## **STANDARD/POLICY REQUIRMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DGP-1**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(A)(1), the FOD must ensure, “If an oral grievance is resolved to the detainee’s satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome, however the staff member will document the results for the record and place his/her report in the detainee’s detention file.”

### **DEFICIENCY DGP-2**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(E), the FOD must ensure, “A copy of the grievance will remain in the detainee’s detention file for at least three years.”

### **DEFICIENCY DGP-3**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(G)(1), the FOD must ensure, “The grievance section of the detainee handbook will provide notice of the following:

1. The opportunity to file a grievance, both informal and formal.”

## FOOD SERVICE (FS)

ODO reviewed the Food Service standard at HCDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO interviewed staff, inspected storage areas, observed meal preparation and service, and reviewed policy and relevant documentation.

Aramark Correctional Services manages food service operations. The department is staffed by a food service director and a kitchen supervisor, supported by a crew of (b)(7) county inmates. No ICE detainees are assigned to work in food service.

Medical clearance documentation for all inmate workers was available; however, staff did not undergo any pre-employment medical examination (**Deficiency FS-2**). Though required by the NDS, Aramark management informed ODO medical examinations for their employees are not required by local health department regulations. ODO observed staff and inmate workers wore uniforms, gloves, hairnets and beard nets for facial hair.

ODO confirmed the master cycle menu was certified by a registered dietitian based on a complete nutritional analysis. Although no detainees were receiving medical or religious diets during the inspection, ODO verified procedures for approval and issuance of special diets met the requirements of the NDS.

No knives are used in the kitchen at HCDC and other utensils are properly controlled. The food service manager conducts inspections of the kitchen area weekly. The food service operation is also inspected by the Central District Health Department (CDHD) semi-annually, with the last inspection occurring in December 2013. ODO observed the sanitation in the food service area was very good.

HCDC has a satellite meal operation. ODO observed the preparation and service of the noon meal on May 7, 2014. Food service staff took temperatures of food items as the trays were being prepared using a laser digital food thermometer. Hot items (macaroni, ham casserole and cooked carrots) were 161 and 152 degrees Fahrenheit, respectively, and coleslaw was 41degrees Fahrenheit. The trays were loaded on carts with no locking mechanism or other security features (**Deficiency FS-2**). The carts were transported to the housing unit under the constant supervision of a correctional officer. By the time the trays were issued, the temperatures of the hot foods had dropped slightly below the required temperatures (**Deficiency FS-3**).

ODO inspected the sack meals provided to detainees being transported and found they contained only one sandwich and did not include a fruit item (**Deficiency FS-4**). All other required items were present.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY FS-1**

In accordance with ICE NDS, Food Service, section (III)(H)(3)(a)(b), the FOD must ensure,

- a. “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. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work.
- b. The food service workers' examination shall be conducted in sufficient detail to determine absence of:
  1. Acute or chronic inflammatory condition of the respiratory system.
  2. Acute or chronic infectious skin disease.
  3. Communicable disease.
  4. Acute or chronic intestinal infection.”

### **DEFICIENCY FS-1**

In accordance with ICE NDS, Food Service, section (III)(H)(3)(a)(b), the FOD must ensure,

- a. “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. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work.
- b. The food service workers' examination shall be conducted in sufficient detail to determine absence of:
  1. Acute or chronic inflammatory condition of the respiratory system.
  2. Acute or chronic infectious skin disease.
  3. Communicable disease.
  4. Acute or chronic intestinal infection.”

### **DEFICIENCY FS-2**

In accordance with the ICE NDS, Food Service, section (III)(C)(2)(g), the FOD must ensure, “Food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-feeding carts. Food carts must have locking devices. All food safety provisions (sanitation, safe-handling, storage, etc.) apply without exception to food in transit. Soiled equipment and utensils must be transported to the appropriate.”

**DEFICIENCY FS-3**

In accordance with the ICE NDS, Food Service, section (III)(G)(1), the FOD must ensure, “Foods shall be kept hot enough or cold enough to destroy or arrest the growth of infectious organisms. The FSA shall ensure that staff understand the special handling required by potentially hazardous foods, e.g., meat, cream, or egg dishes. Staff must understand the critical importance of time and temperature in delivering safe food... Foods in the potentially hazardous category should remain under refrigeration until cooking time and, after cooking, maintained at or above 140 degrees F.”

**DEFICIENCY FS-4**

In accordance with ICE NDS, Food Service, section (III)(G)(6)(c)(1), the FOD must ensure, “...each sack shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork). Commercial bread or rolls may be preferable because they include preservatives. To ensure freshness, fresh, facility-made bread may be used only if made on the day of lunch preparation. Sandwiches should be individually wrapped or bagged in a secure fashion, to prevent the food from deteriorating. Meats, cheeses, etc., should be freshly sliced the day of sandwich preparation. Leftover cooked meats shall not be used after 24 hours. In addition, each sack shall include: 1.) One piece of fresh fruit or properly packaged canned fruit (paper cup with lid), complete with a plastic spoon.”

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

ODO reviewed the Funds and Personal Property standard at HCDC to determine if controls are in place to inventory, document, store, and safeguard detainees' personal property, in accordance with the ICE NDS. ODO toured the facility; reviewed local policies, the detainee handbook, and detention files; interviewed staff; and inspected areas where detainee property and valuables are stored.

HCDC has written policies for safeguarding detainee funds and personal property. Property is inventoried and logged during the intake process and documented on a personal property form. Clothing is placed in hanging bags and stored in a secure, well-organized clean room. Valuables are placed in plastic, zippered bags secured with numbered zip ties. The bags are stored in a secure area. ODO inspected five property forms and associated bags and valuables and confirmed all were secure and in their assigned location.

Detainees do not keep money in their possession. Domestic currency is placed in sealed envelopes and deposited into the detainee's commissary account the following business day. Foreign currency is inventoried and secured in a locked cabinet and returned to the detainee upon release or removal. ODO found identity documents are held in detainee property bags and not forwarded to ICE ERO for proper placement in detainee's A-file (**Deficiency F&PP-1**). Identity documents (alien resident card, national consular card, social security card, etc.) were found inside three property bags during the inspection. HCDC staff initiated corrective action during the inspection.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY F&PP-1**

In accordance with the ICE NDS, Funds and Personal Property section (III)(B)(3), the FOD must ensure the "identity documents, such as passports, birth certificates, etc., will be held in the detainee's A-file. Upon request, staff will provide the detainee with a copy of the document, certified by an ICE official to be a true and correct copy."

## MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at HCDC to determine if detainees have access to healthcare and emergency services to meet their health needs in a timely manner, in accordance with the ICE NDS. ODO toured the facility and medical clinic, observed intake screening, interviewed staff, verified all healthcare staff credentials, and reviewed the medical policies, procedures, and detainee medical records.

Advanced Correctional Healthcare (ACH) provides health care at HCDC. HCDC holds no accreditations; however, ACH policies reference adherence to State of Nebraska and National Commission on Correctional Health Care standards. Administrative oversight of clinic operations is provided by the site manager, who is a registered nurse. Medical coverage is provided 24 hours a day, seven days a week by (b)(7)e licensed practical nurses (LPN) and (b)(7)e as-needed LPNs. In addition, a contract physician, nurse practitioner, and (b)(7)e mental health professionals are on site eight hours weekly and on call 24 hours a day, seven days weekly. The physician is the designated clinical medical authority. ODO confirmed all ACH staff and contract providers' licenses and credentials were current and primary source-verified.

Island View Dental of Grand Island provides dental services on site as needed. Healthcare and emergency services unavailable at the facility are provided at St. Francis Hospital located five to ten minutes from the facility.

HCDC's medical unit consists of a waiting room with six chairs, accessible to a toilet and sink; three examination rooms; the site manager's office; three storage rooms for equipment, supplies and biohazard waste; two Americans with Disabilities Act-compliant restrooms for staff and detainees; a linen room; four negative pressure observation cells with a shower; nursing station; and a dental suite with a one chair operatory and equipment room. The clinic is adequately sized and equipped.

ODO found privacy is not maintained during patient encounters (**Deficiency MC-1**). Local policy HCDC 6A-09, Privacy of Care, requires the presence of a correctional officer in examination rooms during health care visits, a practice directly observed by ODO.<sup>5</sup> Further, nursing staff was observed conducting intake screenings while standing at the counter in the booking area in front of detention staff and other personnel, inmates, and detainees. In addition to violating detainee privacy, conducting intake screenings in this area may interfere with the integrity of the screening process. Detainees may be uncomfortable disclosing medical information in the presence of non-medical personnel and therefore, may be deterred from answering questions truthfully. ODO discussed this issue with the Chief Administrator, who was aware of the deficiency, but cited non-correctional staff safety and protection as his primary concerns.

Nursing staff conduct medical and mental health screenings on each detainee upon arrival. Tuberculosis (TB) screening is conducted by purified protein derivative (PPD) skin test, and

---

<sup>5</sup> This deficiency was cited during ODO's June 2011 and September 2012 inspections.

chest X-rays are performed by mobile radiology service, Mobile-X, for detainees with a positive result or past positive PPD. Results are received within three to four hours. Based on a review of 20 detainee medical records, intake screenings and TB testing are completed in accordance with the NDS, and signed consent for treatment statements are obtained.

Detainees receive health appraisals conducted by the nurse practitioner within 14 days of arrival. ODO's medical record review confirmed the health appraisals included hands-on physical examinations and dental screenings and all were completed within the 14-day requirement. Among the 20 records reviewed by ODO, only one documented a chronic condition. ODO verified that a detainee who was hypertensive, received medications and regular provider follow up. The medical record review identified no detainees who were sent to the emergency room or for outside consultations.

Detainees access health care via an electronic kiosk present in each pod. The kiosk services are available in English, Spanish and other languages. Detainees in the SMU complete hard-copy request forms, which are picked up by nursing staff three times daily. ODO's review of 40 sick call requests found all were triaged upon receipt and detainees were seen the day of the request or in less than 48 hours. In conducting sick call, nurses follow nursing protocols approved by the clinical medical authority. HCDC utilizes the Language Link telephonic interpretation service when needed. Detainees are not charged for medical services.

Diamond Pharmacy provides pharmacy services under contract. Orders are sent by way of fax before 4 p.m., and the patient-specific medication arrives in blister packs the next morning. Any medication needed on an immediate basis is filled by the local pharmacy. Nursing staff distribute medications twice daily by way of a medication cart. The medication cart was well organized and secure. ODO's review of five detainee medication administration records found the documentation was clear and complete.

During inspection of the facility, ODO observed first aid kits in each pod, the SMU, the control center and administration area. Automated external defibrillators (AED) were available in the control center, the health services unit, and administration. A review of (b)(7) randomly-selected training records for medical and correctional staff confirmed all had current certification in first aid, cardio pulmonary resuscitation, and AED use. In addition, officers were trained in medical/mental health emergencies, infectious and communicable diseases, hunger strikes, and recognition of acute manifestation of certain chronic illnesses, including seizures, intoxication and withdrawal, drug toxicity and adverse reaction to medication.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY MC-1**

In accordance with the ICE NDS, Medical Care, section (III)(B), the FOD must ensure "Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private."

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

ODO reviewed the Sexual Abuse and Assault Prevention and Intervention standard at HCDC to determine if the facility acts to prevent sexual abuse and assaults on detainees, provides prompt and effective intervention and treatment for victims of sexual abuse and assault, and controls, disciplines, and prosecutes the perpetrators, in accordance with ICE 2011 PBNDS. ODO reviewed policy and procedures, the detainee handbook, staff training records, interviewed staff and detainees; and inspected informational postings throughout the facility.

On December 19, 2012, HCDC signed a contract with ICE to incorporate and comply with the ICE 2011 Performance-Based National Detention Standard on Sexual Abuse and Assault Prevention and Intervention (SAAPI). HCDC has a zero tolerance policy for any form of sexual abuse or assault. The facility's training sergeant is the SAAPI coordinator. All staff, including volunteers, is required to attend pre-service and annual training on the SAAPI program, completion of which was verified by review of (b)(7) training records. ODO's review of the training curriculum confirmed it is comprehensive and inclusive of all required elements in the standard. ODO interviewed the training sergeant, who appeared knowledgeable of the SAAPI program and the handling of any reports or observations concerning possible sexual abuse or assault.

HCDC policy and procedure use a multi-disciplinary team approach when responding to sexual abuse and assault. The team includes a medical practitioner, a mental health practitioner, security staff and an investigator from the assigned investigative entity, as well as representatives from outside entities.

Detainees are screened during the intake process for sexual abuse victimization history, as well as for predatory history to identify potential sexual aggressors. Any information obtained during intake screening relating to history of victimization or predatory sexual behavior is referred to the SAAPI coordinator for review follow-up and/or referral to the medical/mental health staff.

Detainees receive information of the SAAPI program by way of the facility handbook, during a PREA orientation video, and by postings throughout the facility. The postings are in English and Spanish, and include toll-free telephone numbers for reporting incidents.

ODO found HCDC's policies and procedures do not include a requirement that staff announce their presence when entering detainee's living areas of the opposite gender (**Deficiency SAAPI-1**).

### **STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS**

#### **DEFICIENCY SAAPI-1**

In accordance with ICE 2011 PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (II)(14), the FOD must ensure "facility policies and procedures will include a requirement that staff of the opposite gender will announce their presence upon entering detainee living areas."

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

ODO reviewed the Special Management Unit (SMU) – Disciplinary Segregation standard at HCDC to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary reasons, in accordance with the ICE NDS. ODO toured the SMU, interviewed HCDC and ERO staff, and reviewed policies and electronic log books.

HCDC’s SMU for male detainees assigned to disciplinary segregation has six single cells in a bottom tier and six cells on a top tier. The SMU for female detainees is used for both administrative and disciplinary segregation and has five two-person cells. Inspection of the units found they were clean, well lit, and temperature-appropriate.

No detainees were assigned to disciplinary segregation at the time of the review. According to HCDC staff, two detainees were placed on disciplinary segregation status in the 12 months preceding the inspection, one of whom received this sanction on four separate occasions. The maximum term served was ten days, though one sanction was served consecutively for a total of 20 days. Segregation orders were issued and required status reviews were conducted in each instance. The facility’s electronic SMU log confirmed the detainees assigned to disciplinary segregation were afforded recreation, medical care, telephones, and access to legal visitation and materials in accordance with the NDS. However, they are denied social visitation privileges (**Deficiency SMU DS -1**). Per policy, social visits are restricted for detainees housed in disciplinary segregation regardless of the reason for placement on such status.

HCDC’s policy also states detainees will be provided with razors to shave once weekly, prior to a court appearance or upon written request, which is not the case. A deficiency is not cited because ODO found no occasion in which a detainee requested and was denied the opportunity to shave up to three times weekly as required by the NDS. However, ODO recommends the facility revise its policy to allow access to razors three times weekly, without written request (**R-2**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SMU DS-1**

In accordance with the ICE NDS, Special Management Unit - Disciplinary Segregation, section (III)(D)(17), the FOD must ensure “The facility shall follow the ‘Visitation’ standard in setting rules for detainees in disciplinary segregation. As a rule, a detainee retains visiting privileges while in disciplinary segregation. The determining factor if the reason for which the detainee is being disciplined.”

In accordance with the ICE NDS, Visitation, section (III)(H)(5), the FOD must ensure “Detainees ordinarily retain visiting privileges while in administrative or disciplinary segregation status.”

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at HCDC to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility personnel; and if ICE detainees are able to submit written requests to ICE personnel and receive timely responses, in accordance with the ICE NDS. ODO interviewed staff and detainees, and reviewed ERO logbooks and the Facility Liaison Visit Checklists.

The ERO St. Paul Field Office has policies and procedures for staff-detainee communication. No ERO staff members are permanently assigned at the facility. ODO reviewed a log and interviewed HCDC staff to confirm regular unannounced visits by ERO.

Based on interviews with detainees and HCDC staff, Deportation Officers (DO) and Immigration Enforcement Agents (IEA) conduct regular scheduled weekly visits on Thursdays between 8 a.m. and 12 p.m.<sup>6</sup> ERO visits are recorded on Facility Liaison Visit Checklists as required by the June 15, 2007 policy memo titled “Change Notice, National Detention Standards, and Model Protocol.” No visitation schedules were posted in any of the detainee living areas or other areas detainees access (**Deficiency SDC-1**).

Detainees are able to submit written questions, requests, or concerns to ERO and facility staff via a kiosk in each housing unit. Requests may be submitted in English, Spanish and other languages. HCDC staff informed ODO personnel that detainee requests addressed to ERO through the kiosk cannot be seen or reviewed by HCDC staff. Procedures are in place allowing detainees to obtain assistance from others in preparing requests on the kiosk. ERO staff retrieves the requests electronically on a daily basis and provide responses to detainees within 72 hours of receipt. ODO reviewed 131 detainee requests filed via the kiosk between November 1, 2013 and May 5, 2014. The majority of the requests (over 90 percent) pertained to immigration and removal proceedings.

HCDC maintains an electronic request log. The log lacks two required elements: A-number and nationality (**Deficiency-2**). ODO also found detainee requests are not maintained in detention files (**Deficiency SDC-3**). ODO reviewed 15 active and 15 archived detention files, and none contained detainee requests. Facility and ERO staff admitted detainee requests are not maintained in hard copy detention files. According to the NDS, the completed requests are required to be filed in each detainee’s detention file and maintained for at least three years.

The facility handbook does not contain information that states the detainee has the opportunity to submit written questions, requests, or concerns to ERO staff and the procedures for doing so (**Deficiency SDC-4**). The DHS Office of Inspector General Hotline posters are displayed in the housing units.

---

<sup>6</sup> The facility initiated corrective action during the inspection by posting the ERO schedule in the detainee living areas.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SDC-1**

In accordance with the ICE NDS, Staff Detainee Communication, section (III)(2)(b), the FOD must ensure “Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access.”

### **DEFICIENCY SDC-2**

In accordance with the ICE NDS, Staff Detainee Communication, section (III)(2), the FOD must ensure: “All requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain:

- a. The date the detainee request was received;’
- b. Detainee’s name;
- c. A-number;
- d. Nationality;
- e. Officer logging the request;
- f. The date that the request, with staff response and action, is returned shall be recorded;  
and
- g. Any other site-specific pertinent information.

In IGSA’s, the date the request was forwarded to ICE and the date it was returned shall also be recorded.”

### **DEFICIENCY SDC-3**

In accordance with the ICE NDS, Staff Detainee Communication, section (III)(2), the FOD must ensure: “All completed Detainee Requests will be filed in the detainee’s detention file and will remain in the detainee’s detention file for at least three years.”

### **DEFICIENCY SDC-4**

In accordance with the ICE NDS, Staff Detainee Communication, section (III)(3), the FOD must ensure: “The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request.”

## **TELEPHONE ACCESS (TA)**

ODO reviewed the Telephone Access standard at HCDC to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE NDS. ODO interviewed facility staff and detainees; reviewed policy, procedures, and the detainee handbook; and conducted functionality tests on the telephones located in detainee housing units.

ODO verified detainees have reasonable and equitable access to telephones at HCDC. ODO confirmed the telephone listings for pro bono services, the DHS Office of Inspector General, consulates, and embassies were located in each housing unit. The facility also provides a TTY device if needed.

HCDC staff does not inspect the telephones regularly (**Deficiency TA-1**). ERO staff inspects telephones weekly and ODO verified serviceability checks by reviewing ERO logbooks and serviceability worksheets. ODO conducted operational checks of telephones in all detainee housing units and found them to be in good working order.

Detainees may make unmonitored telephone calls to attorneys or legal representatives after submitting a request form or notifying a housing unit officer. HCDC does not restrict the number of calls a detainee places to legal representatives; however calls are limited to 15 minutes (**Deficiency TA-2**). Detainees can continue legal calls at the first available opportunity. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation are not posted in the housing units (**Deficiency TA-3**). Detainees may submit, via the kiosk, requests to make legal calls in an area that affords privacy.

Notifications that calls are subject to monitoring are posted near the telephones, and on a recorded phone message. The facility handbook also notifies detainees that telephone calls are being recorded.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY TA-1**

In accordance with the ICE NDS, Telephone Access, section (III)(D), the FOD must ensure “the facility shall maintain detainee telephones in proper working order. Appropriate facility staff shall inspect the telephones regularly.”

### **DEFICIENCY TA-2**

In accordance with the ICE NDS, Telephone Access, section (III)(F), the FOD must ensure “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.”

### **DEFICIENCY TA-3**

In accordance with the ICE NDS, Telephone Access, section (III)(K)(2), the FOD must ensure “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.”

## USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at HCDC to determine if necessary use of force is utilized only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with ICE NDS. ODO interviewed staff and reviewed policy, use of force documentation, and training records.

The facility's use-of-force policy addresses confrontation avoidance and differentiates between immediate and calculated force. Oleoresin capsicum (OC) spray is HCDC's only intermediate use of force device, and a restraint chair is used instead of four-point restraints. ODO's review of (b)(7) randomly-selected staff training records confirmed completion of training in confrontation avoidance, use of force, application of restraints, reporting procedures, communication techniques, cultural diversity, dealing with the mentally ill, and cell extraction. In addition, the officers had current OC spray certification.

Three use-of-force incidents involving detainees occurred at the facility in the 12 months preceding the inspection. All three were immediate use-of-force incidents, two involving use of OC spray and subsequent placement in the restraint chair. A review of written documentation by security staff and video recordings confirmed substantial compliance with the standard, including the presence of nursing staff during the detainee's placement in the restraint chair and completion of assessments thereafter. However, there was no documentation of the medical services provided in two of the three incidents (**Deficiency UOF-1**). The facility has a medical assessment form on which nurses are required to document the starting and ending time of restraint chair placement, 15-minute checks, any injuries noted, vital signs, and patient actions. Medical staff was able to produce this form in only one case. After-action reviews were completed in accordance with the standard in all three cases, and ERO was notified.

Though there were no calculated use-of-force incidents, ODO confirmed protective gear for use-of-force team members is available, and the facility's policy addresses all requirements of the NDS.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY UOF-1

In accordance with the ICE NDS, UOF section (III)(G)(2), the FOD must ensure "After any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented. Medical staff shall immediately examine any staff member involved in a use-of-force incident who reports any injury and, if necessary, provide initial emergency treatment."