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Office of Detention Oversight
National Detention Standards

Enforcement and Removal Operations

ERO Detroit Field Office

Saint Clair County Jail

St. Clair, Michigan

July 17-19, 2018

**COMPLIANCE INSPECTION
for the
SAINT CLAIR COUNTY JAIL
St. Clair, Michigan**

TABLE OF CONTENTS

OVERVIEW

Facility Overview 1
 Findings by Performance-Based National Detention Standards (PBNDS) 2008 Major
 Categories 2

COMPLIANCE INSPECTION PROCESS 3

DETAINEE RELATIONS 4

COMPLIANCE INSPECTION FINDINGS

SAFETY

Environmental Health and Safety 5

SECURITY

Admission and Release 5
 Classification System 6
 Funds and Personal Property 6
 Sexual Abuse and Assault Prevention and Intervention 7
 Special Management Units 7
 Staff-Detainee Communication 8
 Use of Force and Restraints 8

CARE

Medical Care 9

ACTIVITIES

Telephone Access 10

JUSTICE

Detainee Handbook 10
 Law Libraries and Legal Materials 10

CONCLUSION 11

COMPLIANCE INSPECTION TEAM MEMBERS



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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Saint Clair County Jail (SCCJ), in St. Clair, Michigan, from July 17-19, 2018.¹ SCCJ opened in 2005 and is owned by St. Clair County and operated by the St. Clair County Sheriff’s Office. The Office of Enforcement and Removal Operations (ERO) began housing detainees at SCCJ in 2010 under the oversight of ERO’s Field Office Director (FOD) in Detroit, Michigan. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

There are no Deportation Officers (DO) or a Detention Services Manager (DSM) assigned to the facility. A facility administrator is responsible for daily facility operations and is supported by ██████ personnel. The Aramark Corporation provides food services, and medical care is provided by the Lake Huron Medical Center. The facility does not hold any external agency accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	119
Average ICE Detainee Population ³	████
Male Detainee Population (as of 7/27/2018)	████
Female Detainee Population (as of 7/27/2018)	████

In fiscal year (FY) 2014, ODO conducted an inspection of SCCJ and found 31 deficiencies in the following areas: Admission and Release (1), Detainee Handbook (1), Disciplinary System (3), Food Service (1), Funds and Personal Property (1), Grievance System (3), Law Libraries and Legal Material (2), Medical Care (11), Sexual Abuse and Assault Prevention and Intervention (2), Staff-Detainee Communication (2), Suicide Prevention and Intervention (1), and Special Management Units (3).

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

² Data Source: ERO Facility List Report as of July 9, 2018.

³ *Ibid.*

FY 2018 FINDINGS BY PBNDS 2008 MAJOR CATEGORIES

PBNDS 2008 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 - Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 - Security	
Admission and Release	4
Classification System	2
Funds and Personal Property	4
Sexual Abuse and Assault Prevention and Intervention	2
Special Management Units	2
Staff-Detainee Communication	5
Use of Force and Restraints	2
Sub-Total	21
Part 4 - Care	
Food Service	0
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 - Activities	
Telephone Access	4
Sub-Total	4
Part 6 - Justice	
Detainee Handbook	1
Grievance System	0
Law Libraries and Legal Materials	2
Sub-Total	3
Total Deficiencies	32

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

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 22 randomly-selected detainees (21 males and one female) to assess the conditions of confinement at SCCJ. Interview participation was voluntary, and none of the detainees made allegations of mistreatment, abuse, or discrimination. Most detainees reported satisfaction with facility services with the exception of the concerns listed below.

Medical Care: One detainee stated he had high blood pressure, was taking medication to control it, but was unsure if he needed to be put on a low-sodium diet to complement his daily medication.

- Action Taken: ODO reviewed the detainee's medical file and discussed the issue with medical staff. ODO confirmed the detainee was receiving medication for high blood pressure and his blood pressure was controlled. Medical staff spoke to the detainee during the inspection and informed him, all "meats" served at the facility are soy-based and are low in sodium; therefore, the facility only prescribes low-sodium diets to detainees who have a specific medical need. ODO confirmed the detainee was scheduled to see the facility's Nurse Practitioner on July 25, 2018, for a review of his medical treatment.

Detainee Handbook: All of the detainees interviewed stated they did not receive a copy of the local facility handbook during admission.

- Action Taken: ODO interviewed the intake supervisor and determined the facility was not providing a copy of the local facility handbook to detainees during intake. Instead, the facility maintains computer tablets in each housing unit which contained a copy of the local handbook. However, ODO confirmed the copy of the handbook loaded onto the computer tablet was outdated. See the *Compliance Inspection Findings* section of this report for further information.

Staff-Detainee Communication: Five detainees stated their scheduled court dates had been cancelled and they had not been told the reason why the cancellations took place.

- Action Taken: ODO spoke to facility and ERO staff and determined the Executive Office for Immigration Review had cancelled several immigration court dates. ERO indicated they were in the process of rescheduling all cancelled court dates. Prior to ODO's departure from the facility, ERO spoke to each detainee and explained the circumstances and assured them their court dates would be rescheduled.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO's inspection of SCCJ's [REDACTED] which was maintained in the [REDACTED], found it contained locations of all hazardous substances, emergency numbers, and documentation showing semi-annual reviews were accurate and complete. ODO observed binders of Material Safety Data Sheets (MSDSs) in the individual areas where hazardous chemicals were being used and were found to be accurate. However, ODO observed a five-gallon container of bleach and a five-gallon container of water softener in the laundry area, both labeled corrosive, that were not stored securely (**Deficiency EH&S-1**⁶).

ODO found SCCJ's fire prevention, control, and evacuation plan was reviewed and approved by the Charter Township of Port Huron Fire Department on May 21, 2018. However, ODO noted the exit/evacuation diagrams were in English only, and locations of emergency equipment and areas of safe refuge were not included on the diagrams (**Deficiency EH&S-2**⁷).

Corrective Action: Prior to completion of the inspection, the facility updated all exit/evacuation diagrams to include instructions in Spanish, locations of emergency equipment, and areas of safe refuge, and posted them throughout the facility in accordance with applicable fire safety regulations (**C-1**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 25 detention files and found Form I-203, Order to Detain or Release, was not signed by an ERO authorizing official in 11 files (**Deficiency A&R-1**⁸). Additionally, a review of ten detention files of detainees who had been released, found detainees signed for property and funds during release processing; however, five detention files did not contain a signed Form I-203 (**Deficiency A&R-2**⁹). According to the processing supervisor, the facility does not always receive a signed Form I-203 as they are transmitted via email without a signature.

ODO found neither the facility's orientation procedures (**Deficiency A&R-3**¹⁰) or release

⁶ "All toxic and caustic materials must be stored in secure areas, in their original containers, with the manufacturer's label intact on each container." See ICE PBND 2008, Standard, Environmental Health and Safety, Section (VI)(H).

⁷ "In addition to a general area diagram, the following information must be provided on signs: Instructions in English, Spanish and the next most prevalent language at the facility; 'You Are Here' markers on exit maps; and Emergency equipment locations. 'Areas of Safe Refuge' shall be identified and explained on diagrams." Diagram posting will be in accordance with applicable fire safety regulations of the jurisdiction." See ICE PBND 2008, Standard, Environmental Health and Safety, Section (VII)(E).

⁸ "An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/DRO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBND 2008, Standard, Admission and Release, Section (V)(E).

⁹ "A detainee's out-processing begins when release processing staff receive the Form I-203, Order to Detain or Release, signed by an authorizing official." See ICE PBND 2008, Standard, Admission and Release, Section (V)(H)(1).

¹⁰ "Orientation procedures in IGSA's must be approved in advanced by the ICE/DRO office of jurisdiction." See ICE PBND 2008, Standard, Admission and Release, Section (V)(F). **Priority Component.**

procedures were approved by ERO (**Deficiency A&R-4¹¹**). ODO recommends the facility provide a facility-specific orientation video to better orient the detainees to the facility.

Corrective Action: Prior to completion of the inspection, ERO reviewed and approved the SCCJ orientation and release procedures (**C-2**).

CLASSIFICATION SYSTEM (CS)

ODO's review of SCCJ Policy 4.1, *Classification System*, found that it was comprehensive and addressed all the requirements of the standards. Detainees are classified upon arrival by SCCJ classification deputies utilizing the Northpointe/Compas Classification System and Jail Inmate Classification System (JICS). A review of 32 classification files—25 randomly selected files and seven high-level detainee files—confirmed classification was both timely and utilized objective information. However, ODO found that none of the classification files were reviewed for accuracy and completeness by a supervisor (**Deficiency CS-1¹²**).

SCCJ policy requires 30-day reassessments which exceeds the requirement of the standard for 60 to 90-day reassessment after initial assessment. However, ODO reviewed seven classification files of detainees who had been at the facility between the 60 to 90-day period and found they had not gone through the required reassessment (**Deficiency CS-2¹³**). According to the classification deputy and supervisor, reviews are not conducted unless new information is received.

FUNDS AND PERSONAL PROPERTY (F&PP)

Upon admission at SCCJ, detainee property is searched, inventoried, placed in blue hanging property bags, and secured in the property room. Valuables, including foreign currency, are placed in a sealed pouch and then into the detainee's blue property bag rather than in a safe or other secured depository (**Deficiency F&PP-1¹⁴**) and can be accessed by upwards of ■ staff, not just supervisors (**Deficiency F&PP-2¹⁵**). Additionally, small valuables are not recorded on a Form G-589 or its equivalent, and there was no logbook for valuables. ODO also observed baggage was not secured in a tamper-resistant manner (**Deficiency F&PP-3¹⁶**). The only identification on the baggage observed was an airline flight schedule with the detainee's name

¹¹ "ICE/DRO shall approve IGSA release procedures." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H).

¹² "The designated classification supervisor (if the facility has one) or first-line supervisor shall review the intake processing officer's classification files for accuracy and completeness." See ICE PBNDS 2008, Standard, Classification System, Section (V)(D).

¹³ "A Classification Reassessment shall be completed 60 to 90 days after the date of the initial assessment." See ICE PBNDS 2008, Standard, Classification System, Section (V)(B).

¹⁴ "The G-589 shall describe each item of value. Jewelry shall be described in general terms (for example, ring – yellow/white metal with red/white stone), with no mention of brand name or monetary value. The detainee and two processing officers shall sign the G-589, with copies distributed as above. The officers shall then place the valuables (and pink copy of G-589) in a clear envelope, which they shall secure by heat-sealing or other approved techniques for tamper-proofing. The processing officer shall record the issuance of this G-589 in the **G-589 Property Receipt Logbook**. The officer shall then deposit the heat-sealed valuables envelope and G-589 receipts shall be deposited in the drop safe provided." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(G)(2).

¹⁵ "In many facilities, detainee funds are deposited in the detainee's commissary or canteen account. Any facility without a commissary shall provide: Valuable-property envelopes, which can be accessed only by designated supervisor(s); A dedicated safe for the cash box and property envelopes." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(A).

¹⁶ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a manner that is tamper-resistant (such as by a tamperproof numbered tie strap) and shall only be opened in the presence of the detainee." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

and no other identifying information. Lastly, there was no documentation available to demonstrate that an audit of the property stored in the property room was conducted on a daily, weekly or quarterly basis (**Deficiency F&PP-4¹⁷**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

SCCJ has a sexual abuse and assault prevention policy, *Implementation of the Prison Rape Elimination Act (PREA) 2.19*. The policy was revised and approved by the Saint Clair County Sheriff on August 1, 2017. However, the facility's written policy and procedures have not been reviewed and approved by the ICE FOD (**Deficiency SAAPI-1¹⁸**).

ODO toured the facility and found the facility's PREA Sexual Abuse and Assault Zero Tolerance poster in every housing unit. ODO also toured the detainee housing units and determined the ICE Sexual Assault Reporting Poster was not present in seven out of eight housing pods and that the facility does not distribute a copy of the Sexual Assault Awareness Information pamphlet to every detainee as part of their routine screening (**Deficiency SAAPI-2¹⁹**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO's review of documentation found there were 40 instances where detainees were placed in SMU during the year preceding the inspection: 17 were placed on Administrative Segregation (AS) and 23 were sanctioned to Disciplinary Segregation (DS). Documentation reflected DS placements ranged from two to 30 days and AS placements ranged from one to 11 days. ODO reviewed six DS files and eight AS files and confirmed DS and AS orders were completed for detainees when admitted to SMU. However, the date and time of release was recorded on AS orders; but the date and time of release was not recorded on the DS orders (**Deficiency SMU-1²⁰**). Additionally, SCCJ does not have written procedures for the regular review of detainees placed in DS, nor was there documentation showing reviews were being conducted (**Deficiency SMU-2²¹**).

¹⁷ "Where physical custody of, or access to, detainee funds, property envelopes, and large valuables changes with facility shift changes, both [REDACTED] of these items. The property and valuables logbook shall record the date, time, and the name of the officer(s) conducting the inventory. An inventory of detainee baggage and other non-valuable property shall be conducted by the facility administrator's designee at least once each quarter." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

¹⁸ "The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A).

¹⁹ "...ICE/ERO has provided a sexual assault awareness notice to be posted on all housing-unit bulletin boards, as well as a "Sexual Assault Awareness Information" pamphlet to be distributed...." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F).

²⁰ "When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Disciplinary Segregation Order, then forward the completed order to the chief of security for insertion into the detainee's detention file." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2).

²¹ "All facilities shall implement written procedures for the regular review of all Disciplinary Segregation cases, consistent with the following procedures: a. A security supervisor, or the equivalent, shall interview the detainee and review his or her status in Disciplinary Segregation every seven days to determine whether the detainee: Abides by all rules and regulations; and, is provided showers, meals, recreation, and other basic living standards, as required by this Detention Standard." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(3)(a).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO determined [REDACTED] scheduled visits to the detainee living areas were not consistently documented on the Model Protocol Forms (**Deficiency SDC-1**²²) and visitation schedules were not posted in the housing units (**Deficiency SDC-2**²³).

Corrective Action: Prior to completion of the inspection, ERO staff initiated corrective action by implementing a policy for weekly scheduled visits to be documented on the Model Protocol Form and created and posted visitation schedules in each housing unit (**C-3**).

ODO reviewed ERO-provided documentation and the facility's visitor log and determined policy and procedures were not in place to ensure and document ICE supervisory staff conduct frequent unannounced, unscheduled visits to the facility (**Deficiency SDC-3**²⁴).

Corrective Action: Prior to the completion of the inspection, ERO staff initiated corrective action by creating policy and procedures to conduct and document the required supervisory unannounced, unscheduled visits to the facility and implemented it on July 20, 2018 (**C-4**).

The facility's handbook did not advise detainees of the procedures to submit written questions, requests, or concerns to ICE staff, as well as the availability of assistance to prepare such requests (**Deficiency SDC-4**²⁵). ODO also observed Department of Homeland Security (DHS), Office of Inspector General (OIG) Hotline posters were not posted in detainee housing units (**Deficiency SDC-5**²⁶).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by posting the DHS OIG posters in each housing unit (**C-5**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO determined through the facility tour and speaking with senior facility staff, SCCJ does not maintain protective equipment to protect staff in the event of a calculated use-of-force incident (**Deficiency UOF&R-1**²⁷). The facility has also not incorporated into any post orders,

²² "In accordance with the required frequency of liaison visits described above in the section on *Scheduled Contact with Detainees*, Model Program forms shall be: Completed weekly for SPCs, CDFs, and regularly used IGSA facilities, and for each visit to intermittently used IGSA facilities." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(E).

²³ "The Field Office Director shall develop written schedules and procedures for weekly contact visits by ICE/DRO Field Office staff and ensure the schedules are posted in detainee living and other appropriate areas." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(2)(b).

²⁴ "Each field office shall have policy and procedures to ensure and document that the ICE/DRO assigned supervisory staff conduct frequent unannounced, unscheduled visits to the SPC, CDF, and IGSA facility's living and activity areas to informally observe living and working conditions and encourage informal communication among staff and detainees. These unannounced visits shall be conducted at least weekly." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

²⁵ "As required by the ICE/DRO Detention Standard on Detainee Handbook, each facility's handbook (or supplement) shall advise detainees of the procedures to submit written questions, requests, or concerns to ICE/DRO staff, as well as the availability of assistance to prepare such requests." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(3).

²⁶ "In each IGSA and ICE staging area, the facility administrator shall ensure that posters are mounted in appropriate common areas (recreation areas, dining areas, processing areas, etc.)." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(D)(3).

²⁷ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the [REDACTED]"

ACTIVITIES

TELEPHONE ACCESS (TA)

Neither the telephone access rules (**Deficiency TA-1**³¹) nor the procedures to obtain unmonitored calls were posted (**Deficiency TA-2**³²). Postings of telephone numbers listing free services and legal information were also not posted near telephones (**Deficiency TA-3**³³). Facility telephones are maintained and checked weekly by SCCJ staff and not by ERO staff (**Deficiency TA-4**³⁴).

JUSTICE

DETAINEE HANDBOOK (DH)

Detainees housed at the SCCJ receive a copy of the ICE National Detainee Handbook upon admission to the facility. The National Detainee Handbook is provided in English and Spanish. If detainees need additional languages, SCCJ can access other versions of the Handbook available on the ERO website; otherwise, the facility uses the language line to provide interpretation of the contents of the National Detainee Handbook to detainees. The facility does not provide a copy of the local handbook upon admission, as part of the orientation program, to each detainee (**Deficiency DH-1**³⁵). ODO found detainees are given access to the local handbook on computer tablets available to them in their housing pods. The computer tablets nonetheless were found to have English instructions only, with copies of the local handbook in English and Spanish. Furthermore, all computer tablets tested were found to have an outdated (August 25, 2015) version of the local handbook.

LAW LIBRARIES AND LEGAL MATERIALS (LL&LM)

ODO inspected the law library computer and found that it contained a current version of the Lexis/Nexis software and that it is updated on a regular basis by facility staff. However, the policies and procedures governing the use of the computer were not posted in the law library

³¹ “Each facility shall provide telephone access rules in writing to each detainee upon admission and shall post these rules where detainees may easily see them in a language they can understand.” *See* ICE PBNDS 2008, Standard, Telephone Access, Section (V)(C).

³² “Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall: At each monitored telephone, place a notice that states: The procedure for obtaining an unmonitored call to a court, a legal representative, or for the purposes of obtaining legal representation.” *See* ICE PBNDS 2008, Standard, Telephone Access, Section (V)(B).

³³ “Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals listed below. The FOD will ensure that all information is kept current and provided to each facility. Updated lists need to be posted in the detainee housing units.” *See* ICE PBNDS 2008, Standard, Telephone Access, Section (V)(E). **Priority Component.**

³⁴ “In accordance with the Detention Standard on **Staff-Detainee Communication**, designated ICE field office staff members are required to verify the serviceability of all telephones at least weekly. Therefore, Field Office Directors shall ensure that all phones for detainee use are tested at least weekly by visiting ICE staff. To verify the serviceability of all telephones in detainee housing units, ICE/DRO staff shall: Make random calls to test pre-programmed numbers for the OIG, free legal service providers, consulates, attorneys, and other numbers as determined by ICE/DRO; Interview a sampling of detainees regarding telephone services and Review written detainee complaints regarding telephone services. Weekly accuracy checks of consulate phone numbers will be performed by the national phone service provider.” *See* ICE PBNDS 2008, Standard, Telephone Access, Section (V)(A)(4)(b).

³⁵ “Upon admission to the facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility’s local supplement to the handbook.” *See* ICE PBNDS 2008, Standard, Detainee Handbook, Section (V)(4). **Priority component.**

(Deficiency LL&LM-1³⁶).

The facility handbook provides detainees with the procedure for requesting additional time in the law library (beyond the 5 hours per week), the procedure for requesting legal reference materials maintained in the law library, the required access to computers, printers, and other supplies, and that Lexis/Nexis is being used at the facility. However, the local supplement did not provide Lexis/Nexis instructions (**Deficiency LL&LM-2³⁷**).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 15 standards under the PBNDS 2008 and found the facility compliant with three standards. ODO found 32 deficiencies in the remaining 12 standards which is a slight increase in the total number of deficiencies found during ODO's FY 2014 inspection. Despite the increase in deficiencies, ODO found that the number of medical deficiencies decreased significantly from 11 in FY 2014 to only two during this inspection. Also, due to the critical importance of priority components, ODO was pleased to find a decrease these components from 15 to three. ODO identified five instances where the facility initiated corrective action during the inspection. ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2014 (PNDS 2008)	FY 2018 (PNDS 2008)
Standards Reviewed	15	15
Deficient Standards	12	12
Overall Number of Deficiencies	31	32
Deficient Priority Components	15	3
Corrective Action	14	5

³⁶ "These policies and procedures shall also be posted in the law library along with a list of the law library's holdings." See ICE PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(O).

³⁷ "The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: If applicable, that Lexis/Nexis is being used at the facility and that instructions for its use are available." See ICE PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(O)(8).