



**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**

**Douglas County Department of Corrections  
Omaha, Nebraska**

**April 12-16, 2021**

**COMPLIANCE INSPECTION**  
**of the**  
**DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS**  
Omaha, Nebraska

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Section Chief	ODO
Contractor	Creative Corrections
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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 Douglas County Department of Corrections (DCDC) in Omaha, Nebraska, from April 12 to 16, 2021.<sup>1</sup> The facility opened in July 1979 and is owned and operated by Douglas County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DCDC in 2006 under the oversight of ERO's Field Office Director (FOD) in Saint Paul, Minnesota (ERO Saint Paul). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned deportation officers (DOs) to the facility. A DCDC director of corrections handles daily facility operations and is supported by [REDACTED] personnel. Aramack provides food services, Wellpath provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2018 and the National Commission on Correctional Health Care in April 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	22
Average ICE Detainee Population <sup>3</sup>	[REDACTED]
Male Detainee Population (as of April 12, 2021)	[REDACTED]
Female Detainee Population (as of April 12, 2021)	[REDACTED]

During its last inspection in Fiscal Year (FY) 2020, ODO found 34 deficiencies in the following areas: Admission and Release (6); Classification System (6); Funds and Personal Property (9); Law Libraries and Legal Material (1); Grievance Systems (2); Special Management Units (2); Staff-Detainee Communication (1); Use of Force and Restraints (5); Food Service (1); and Visitation (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of April 12, 2021.

<sup>3</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>4</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>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBND Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	7
<b>Sub-Total</b>	<b>7</b>
<b>Part 2 – Security</b>	
Admission and Release	7
Custody Classification System	13
Facility Security and Control	12
Funds and Personal Property	11
Population Counts	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	7
Staff-Detainee Communication	5
Use of Force and Restraints	2
<b>Sub-Total</b>	<b>60</b>
<b>Part 4 – Care</b>	
Food Service	1
Medical Care	0
Hunger Strikes	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Religious Practices	1
Telephone Access	1
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 – Justice</b>	
Grievance Systems	2
Law Libraries and Legal Material	7
<b>Sub-Total</b>	<b>9</b>
<b>Other Standards Reviewed</b>	
Federal Performance-Based Detention Standards (FPBDS), Section A.7 Detainees with Disabilities	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>79</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

## 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 attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Staff-Detainee Communication:* 7 out of 12 detainees stated they have never seen ERO Saint Paul officers come to the housing units to discuss their cases with them. Additionally, several detainees claimed ERO Saint Paul took weeks to respond to kites they had submitted to ERO Saint Paul.

- Action Taken: ODO reviewed ICE detainee requests in 12 detainee detention files and found response times exceeded the required 72 hours for 4 ICE detainee requests. Additionally, ODO followed up with an ERO Saint Paul DO, and he stated the staff did not always respond to the paper kites within the required 72 hours. Due to the COVID-19 pandemic, DOs have suspended their in-person scheduled visits and instead, the DOs have responded to detainee requests via email. The facility received and disseminated the DOs responses but did not always complete the process within 72 hours. ERO Saint Paul staff stated the detainees had the option of using the Detainee Reporting Information Line, available 24 hours per day, 7 days per week, in each housing unit if the detainees needed to contact ICE/ERO. ODO cited this as a deficiency in the Staff-Detainee Communication section.

*Law Libraries and Legal Material:* 4 out of 12 detainees stated they could not access the law library but could write a kite<sup>6</sup> to get legal materials pulled for them by the facility staff. The detainees also stated they could not use the law library computer to do case-related legal research for themselves.

- Action Taken: On April 13, 2021, ODO interviewed the facility law librarian who disclosed the law library closed in August 2020 due to the COVID-19 pandemic. The facility had positive COVID-19 cases and, as a result, locked down certain parts of the facility. There were plans to reopen the law library on a limited operating basis; however, the law librarian did not know when. Detainees did not have physical access to the library but were able to send a kite to the law librarian, requesting certain materials. If the detainees requested information from the computer, the law librarian would print the materials for the detainees to use in their cells. Additionally, any books or paper material were delivered to the detainees' cells as requested. Any detainee that requested information from the law library used a request form, which was sent to the facility mail room. The mail room forwarded all request forms to the law librarian within 1 to 3 days, and the librarian processed the request forms daily. Furthermore, detainees in administrative segregation and disciplinary segregation (DS) were not permitted to use the law library in person, but instead had to submit a request form for

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<sup>6</sup> A "kite" is a written request a detainee submits to facility staff.

materials to be delivered to their cells. ODO cited this as a deficiency in the Law Libraries and Legal Materials section.

*Medical Care:* A male detainee reported he submitted a medical request form in early January 2021 for a lump on his neck, pain associated with the lump, and frequent headaches. The facility medical staff advised the detainee the lump was lymphoma, and he stated ERO Saint Paul would not authorize removal of the lump from his neck. He also expressed he first noticed the lump in June/July 2020 when he was first in custody at the facility. The detainee is concerned that he is not receiving proper medical care for his condition.

- Action Taken: ODO reviewed the complaint with the health services administrator (HSA). The review found the detainee was seen by the facility's mid-level provider for his initial complaint of the lump on December 17, 2020. The detainee stated he came to DCDC from the Hardin County facility, where that facility's medical staff examined his lump, but did nothing to treat it. The detainee stated the lump was not painful, but he had experienced more headaches, which he attributed to the lump. The assessment revealed the mass to be soft and appeared to be benign. During the examination, the detainee asked about his neck mass and was advised it was likely lipoma (a non-cancerous fatty lump/tumor); however, the staff awaited his lab test results to rule out any infection(s). Additionally, the lump had not grown since his previous visit. On February 26, 2021, the detainee submitted a sick call request regarding a cyst on his neck, which caused him discomfort. The facility nursing staff examined the detainee on February 28, 2021, at which time he rated his pain as 6 on a pain scale from 1 to 10. During the visit, the staff noted no signs of infection but found the lump to be the size of a golf ball. The staff subsequently placed the detainee on the facility provider's sick call list. The detainee was seen on March 16, 2021, for a 12-week follow-up regarding a fungus infection, which was noted as improving; however, the detainee denied any other complaints during this medical appointment. Since that appointment, the detainee had not submitted any other sick call requests regarding concerns for the lump on his neck. ODO found no documentation concerning the refusal of ERO Saint Paul to remove the lump from the detainee's neck. At the request of ODO, the detainee was seen by a facility doctor on April 14, 2021, for an examination and follow-up concerning the lump on his neck. During which, the doctor diagnosed the lump as a simple non-malignant lipoma and informed the detainee that removal of the lipoma was not necessary.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility compliance captain and accreditation manager and confirmed the facility had not conducted nor documented fire drills since the last quarter of FY 2020. [REDACTED] fire drills are required by the National Fire Protection Association/Life Safety Code 101



**(Deficiency EHS-95<sup>7</sup>).**

ODO interviewed the compliance captain and accreditation manager and confirmed the facility had not conducted nor documented fire drills since the last quarter of FY 2020 in all facility locations, including administrative areas **(Deficiency EHS-106<sup>8</sup>).**

ODO interviewed the compliance captain and the accreditation manager and confirmed the facility had not conducted [REDACTED] in the housing units, medical clinics, and other areas occupied or staffed [REDACTED] since the last quarter of FY 2020 **(Deficiency EHS-107<sup>9</sup>).**

ODO interviewed the compliance captain and the accreditation manager and confirmed the facility had conducted no fire drills since the last quarter of FY 2020. Therefore, the facility did not evacuate detainees from all areas except where security could be compromised, from medical areas where patient health was at risk, or in individual cases where evacuation of patients was not logistically feasible **(Deficiency EHS-108<sup>10</sup>).**

ODO interviewed the compliance captain and the accreditation manager and confirmed the facility had conducted no simulated fire drills in areas where the facility could not evacuate detainees since the last quarter of FY 2020 **(Deficiency EHS-109<sup>11</sup>).**

ODO interviewed the compliance captain and the accreditation manager and confirmed the facility had conducted no fire drills [REDACTED] since the last quarter of FY 2020 **(Deficiency EHS-110<sup>12</sup>).**

Since the facility had not conducted [REDACTED] appropriate staff had not drawn nor [REDACTED] **(Deficiency EHS-111<sup>13</sup>).**

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<sup>7</sup> “Does the facility comply with standards and regulations issued by: local and national fire safety codes, and applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters’ Laboratories or Factory Mutual Engineering Corporation.” See ICE PBNDS 2008, Standard Environmental Health and Safety, Section (VII)(A).

<sup>8</sup> “Fire drills shall be conducted and documented at least quarterly in all facility locations including administrative areas.” See ICE PBNDS 2008, Standard Environmental Health and Safety, Section (VII)(D).

<sup>9</sup> “Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours shall be timed so that employees on each shift participate in an annual drill.” See ICE PBNDS 2008, Standard Environmental Health and Safety, Section (VII)(D)(1).

<sup>10</sup> “Detainees shall be evacuated during fire drills, except: in areas where security would be jeopardized; in medical areas where patient health could be jeopardized; or in individual cases when evacuation of patients is logistically not feasible.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(2).

<sup>11</sup> “Staff shall simulate drills in areas where detainees are not evacuated.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(2).

<sup>12</sup> [REDACTED].” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(3).

<sup>13</sup> [REDACTED].” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(3).

## **SECURITY**

### **ADMISSION AND RELEASE (AR)**

ODO interviewed the facility admission and classification manager and the records and accounting manager and confirmed the facility did not return the detainee's identity documents to ERO Saint Paul for placement in the detainee's non-citizen file. Instead, facility staff inventoried and stored identity documents with the detainee's property at the facility (**Deficiency AR-3<sup>14</sup>**).

ODO interviewed the facility admissions and classification manager and found no requirement for detainees to shower before entering their assigned housing units. Specifically, the facility offered showering as an option, not a requirement (**Deficiency AR-16<sup>15</sup>**).

ODO interviewed the facility admission and classification manager and the records and accounting manager, and confirmed the facility did not make a copy of the detainee's original identification documents for the detainee's detention file nor send the original identification documents to ERO Saint Paul for placement in the detainee's non-citizen file. Instead, staff personnel inventoried and stored identity documents with the detainee's property at the facility (**Deficiency AR-37<sup>16</sup>**).

ODO interviewed the facility records and accounting manager and learned if a newly arrived detainee reports his or her property as lost or left behind, the facility does not complete a Report of Detainee's Missing Property form (Form I-387), which ODO cited as an **Area of Concern**.

ODO interviewed the facility records and accounting manager and learned if a detainee reports missing property to facility staff, the facility neither completes nor forwards a Report of Detainee's Missing Property (Form I-387) to ERO Saint Paul, which ODO cited as an **Area of Concern**.

ODO reviewed the orientation video and found it did not contain the following required elements: the facility administrator's introduction; authority, responsibilities, and duties of the security officers; the availability of pro-bono legal services; how to access and pursue pro-bono legal services in the facility; nor how to access "Know Your Rights" presentations (**Deficiency AR-65<sup>17</sup>**). **This is a repeat deficiency.**

ODO interviewed the facility admission and classification manager and found no formal question-

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<sup>14</sup> "Each detainee's identification documents shall be secured in the detainee's A-file." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(A).

<sup>15</sup> "In SPCs and CDFs, to maintain standards of personal hygiene and to prevent the spread of communicable diseases and other unhealthy conditions within the housing units, every detainee must shower before entering his or her assigned unit." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B).

<sup>16</sup> "Identity documents, such as passports, birth certificates, driver's licenses, shall be inventoried and given to ICE/DRO staff for placement in the detainee's A-file." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(5).

<sup>17</sup> "At a minimum, each video must provide the following material, which may appear in any order as long as the presentation is coherently organized and edited, with smooth transitions between subjects. The facility administrator may supplement the required information with explanations of particular policies, rules, and procedures.

- Facility administrator's introduction;
- Authority, responsibilities, and duties of security officers (ICE/DRO and contract);
- Availability of pro bono legal services, and how to pursue such services in the facility, including

accessing Know Your Rights presentations (location of current listing, etc.);"

See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F)(4).

and-answer session conducted by the facility staff following the orientation video (**Deficiency AR-66<sup>18</sup>**). **This is a repeat deficiency.**

ODO reviewed 14 detainee files and the facility admission policy, interviewed the facility admission and classification manager, and found in 1 out of 14 detainee files, the detainee did not acknowledge receipt of the facility handbook by signing the back of the Non-citizen Booking Record form (Form I-385) nor on an equivalent facility generated form (**Deficiency AR-73<sup>19</sup>**). **This is a repeat deficiency.**

ODO reviewed five released detainee files and found three out of five files did not contain an Order to Detain or Release form (Form I-203) authorizing detainee release (**Deficiency AR-77<sup>20</sup>**).

## **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed the facility's Inmate Classification System and Admissions policies, interviewed the facility classification specialist and the admission and classification manager, and found the facility classification system did not meet all CCS standard requirements. Specifically, the facility did not use the detainee's entire history of convictions nor all disciplinary infractions when making classification decisions. Instead, the facility classification system only considered the detainee's criminal history for the past 10 years, and disciplinary infractions for the past 5 years (**Deficiency CCS-1<sup>21</sup>**). **This is a repeat deficiency.**

ODO an e-mail from the ERO Saint Paul Assistant Field Office Director (AFOD) approving the classification policy; however, ODO found the facility's policy did not meet all ICE requirements. Specifically, the facility did not use the detainee's entire history of convictions nor all disciplinary infractions when making classification decisions, as required by the classification criteria per ICE/ERO. Instead, the facility's classification system only considered the detainee's criminal history for the past 10 years and disciplinary infractions for the past 5 years (**Deficiency CCS-2<sup>22</sup>**).

ODO reviewed 14 detainee files and found in 3 out of 14 files ERO Saint Paul did not provide the data needed for the facility to complete the classification process. Specifically, 3 out of 14 files did not contain a risk classification assessment (RCA). Additionally, one out of the three files did not contain a Record of Deportable Non-Citizen form (Form I-213) (**Deficiency CCS-3<sup>23</sup>**).

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<sup>18</sup> "Following the video, staff shall conduct a question-and-answer session." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

<sup>19</sup> "As part of the admissions process, the detainee shall acknowledge receipt of the Handbook by signing where indicated on the back of the I-385 (or on a separate form)." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(G)(4).

<sup>20</sup> "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 PBNDS 2008, Standard, Admission and Release, Section (V)(H)(1).

<sup>21</sup> "Each facility shall develop and implement a system for classifying detainees in accordance with this Detention Standard." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

<sup>22</sup> "CDFs and IGSA facilities may use similar locally established systems, subject to DRO evaluation, as long as the classification criteria are objective and uniformly applied, and all procedures meet the ICE/DRO requirements." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

<sup>23</sup> "Each facility administrator shall require that the facility's classification system ensures that: ICE/DRO staff shall provide CDFs and IGSA facilities the data needed from each detainee's file to complete the classification process." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

ODO reviewed 14 detainee files and found no supervisory review for any of the classification actions. Specifically, in 14 out of 14 files reviewed, each file contained the signature of the classification specialist who completed the classification action; however, the classification specialist does not qualify as a supervisor (**Deficiency CCS-7<sup>24</sup>**).

ODO reviewed 14 detainee files and found 2 out of 14 detainees who met the requirement for an initial reassessment, but the facility had not reassessed them within 60 to 90 days of their initial assessment (**Deficiency CCS-13<sup>25</sup>**).

ODO interviewed the facility admission and classification manager and classification specialist and found the facility did not use the RCA nor a Form I-213 to classify detainees in accordance with the standard. Specifically, the facility did not use the detainee's entire history of convictions nor all disciplinary infractions when making classification decisions required by the ICE classification criteria. Instead, the facility's classification system only considered the detainee's criminal history for the past 10 years and disciplinary infractions for the past 5 years (**Deficiency CCS-17<sup>26</sup>**). **This is a repeat deficiency.**

ODO reviewed 14 detainee files, interviewed the classification specialist, and found 4 out of 14 files did not contain any facility classification documents (**Deficiency CCS-19<sup>27</sup>**).

ODO interviewed the facility admission and classification manager and classification specialist and found the facility did not assign individual detainee color-coded uniforms to reflect detainee classification levels. Additionally, the facility-issued wristbands did not include the detainee's classification level (**Deficiency CCS-20<sup>28</sup>**). **This is a repeat deficiency.**

ODO interviewed the admission and classification manager and classification specialist and reviewed 14 detainee files and found no supervisory review of classification actions for accuracy and completeness in 14 out of 14 files reviewed (**Deficiency CCS-21<sup>29</sup>**). **This is a repeat deficiency.**

ODO interviewed the facility classification specialist and admission and classification manager

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<sup>24</sup> "Each detainee's classification shall be reviewed and approved by a classification specialist, first-line supervisor, or classification supervisor." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

<sup>25</sup> "First Reassessment. 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).

<sup>26</sup> "The classification officer assigned to intake processing will review the detainee's A-file, work-folder and information provided by ICE/DRO to identify and classify each new arrival according to the Detention Classification System (DCS)." See ICE PBNDS 2008, Standard, Classification System, Section (V)(C).

<sup>27</sup> "In SPCs and CDFs, upon completion of the classification process, the officer shall place all original paperwork relating to the detainee's assessment and classification in the A-file (right side), and a copy in the detention file." See ICE PBNDS 2008, Standard, Classification System, Section (V)(C).

<sup>28</sup> "In SPCs and CDFs, upon completion of the classification process, staff shall assign individual detainee's color-coded uniforms and wristbands as follows:



See ICE PBNDS 2008, Standard, Classification System, Section (V)(C).

<sup>29</sup> "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).

and found no supervisory review of detainee-appropriate housing unit assignments. The classification specialist assigned detainees to housing units according to their custody levels **(Deficiency CCS-22<sup>30</sup>)**.

ODO interviewed the facility's classification specialist and admission and classification manager and confirmed no supervisory review for recommended changes to a detainee's classification as per the standard. Specifically, the classification specialist made the classification changes without supervisory review **(Deficiency CCS-23<sup>31</sup>)**.

ODO reviewed 14 detainee files and found in 3 out of 14 files, ERO Saint Paul did not provide the data needed for the facility to complete the classification process. Specifically, 3 out of 14 files did not contain an RCA. Additionally, one out of three files did not contain a Form I-213 **(Deficiency CCS-25<sup>32</sup>)**.

ODO interviewed the facility's admission and classification manager and classification specialist and confirmed no supervisory review for reclassification actions, to include housing unit assignments and classification level changes for detainees **(Deficiency CCS-44<sup>33</sup>)**. **This is a repeat deficiency.**

The standard requires completion of the initial classification of detainees within 12 hours of their arrival at the facility. Although the facility's classification specialist and admission and classification manager indicated the facility typically completes the initial classification within 2 to 3 hours of the detainee's arrival, the facility's Inmate Classification System policy allows facility staff 24 hours to complete the initial classification. ODO notes this as an **Area of Concern**.

## **FACILITY SECURITY AND CONTROL (FSC)**

ODO reviewed the facility's visitor logs and found facility staff did not record the purpose for individual visits on the (non-professional) electronic log **(Deficiency FSC-18<sup>34</sup>)**.

The facility's visitor logs did not contain the following information: the detainee's non-citizen number, the visitor's immigration status, nor the visitor's address **(Deficiency FSC-19<sup>35</sup>)**.

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<sup>30</sup> "Among other things, the supervisor shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE PBNDS 2008, Standard, Classification System, Section (V)(D).

<sup>31</sup> "The reviewing supervisor may recommend changes in classification due to:

1. Pertinent incidents of any kind (disciplinary, medical, etc.) while in custody;
2. A classification appeal by a detainee or recognized representative (see below); or
3. Specific, creditable, documented and articulated facts that surface after the detainee's admissions

processing." See ICE PBNDS 2008, Standard, Classification System, Section (V)(D).

<sup>32</sup> "As appropriate, ICE/DRO offices shall provide non-ICE/DRO facilities with the relevant information for the facility to classify ICE/DRO detainees." See ICE PBNDS 2008, Standard, Classification System, Section (V)(E).

<sup>33</sup> "Reclassification shall be conducted in accordance with Section (V)(D)." See ICE PBNDS 2008, Standard, Classification System, Section (V)(H).

<sup>34</sup> "Every entry in the logbook shall identify the person or department visited; date and time of visitor's arrival; purpose of visit; unusual requests; and time of departure." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(b)(2).

<sup>35</sup> "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, along with the visitor's relationship to the detainee, immigration status, and address." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

ODO reviewed the facility's FSC procedures and found the facility officer posted at the front entrance did not require a visitor to print and sign his or her name in the visitor's logbook (**Deficiency FSC-20**<sup>36</sup>).

ODO found the facility officer posted at the front entrance did not hold a visitor's photo-identification card until the end of the visit (**Deficiency FSC-28**<sup>37</sup>).

The facility officer posted at the front entrance did not hold all visitor identification cards at the front entrance in accordance with the following security reasons [REDACTED]

[REDACTED] **Deficiency FSC-29**<sup>38</sup>).

The facility's electronic (professional) visitor log did not record every government official's time of arrival and departure from the facility, nor the person or department visited (**Deficiency FSC-31**<sup>39</sup>).

The facility did not require all ERO Saint Paul employees with frequent business at the facility but stationed elsewhere to complete a Personal Data Card (Form G-74) for the front-entrance Form G-74 file (**Deficiency FSC-32**<sup>40</sup>).

ODO reviewed vehicle access procedures and found the facility did not check the validity of the license and insurance of vehicles admitted onto the facility's property (**Deficiency FSC-44**<sup>41</sup>).

The facility's back dock vehicle log did not contain the following information for every vehicle entering the facility's property: tag number, driver's name, firm represented, vehicle contents,

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<sup>36</sup> "The post officer shall require the visitor to print and sign his or her name in the visitor logbook." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

<sup>37</sup> "The visitor must leave his or her photo-identification card with the post officer until the end of the visit, marked by the time-out entry in the logbook." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(c).

<sup>38</sup> "The post officer holds all visitor identification cards at the main gate front entrance for a range of security reasons:

- [REDACTED]

[REDACTED] etc." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(c).

<sup>39</sup> "The post officer shall record every official visitor's arrivals and departures in the visitor logbook, providing the person or department visited; date and time of visitor's arrival; purpose of visit; unusual requests; and time of departure." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(c)(1).

<sup>40</sup> "To save time, all ICE/DRO employees with frequent business at the facility but stationed elsewhere should complete a G-74 for the front-entrance Personal Data Card file." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(c)(1).

<sup>41</sup> "Only if the license (and insurance) is valid may the officer admit the vehicle." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(2)(a).



date, time in, time out, nor the facility employee responsible for the vehicle on-site (**Deficiency FSC-46**<sup>42</sup>).

The facility officer responsible for the oversight of the [REDACTED] [REDACTED] (**Deficiency FSC-47**<sup>43</sup>).

The facility officer responsible for delivery vehicle oversight did not perform the following tasks: [REDACTED] (**Deficiency FSC-51**<sup>44</sup>).

The facility maintenance supervisor and chief of security did not [REDACTED] nor document the results in the shift supervisor's daily log (**Deficiency FSC-98**<sup>45</sup>).

## **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO reviewed the facility detainee handbook and found it did not include all FPP standard requirements. Specifically, the facility detainee handbook did not inform detainees: upon request, the facility would provide them with an ERO Saint Paul certified copy of any identity document placed in their non-citizen file; the rules for storing or mailing property not allowed in their possession; the procedure for claiming property upon release, transfer, or removal; the procedures for filing a claim for lost or damaged property; nor that they may access personal funds to pay for legal services (**Deficiency FPP-15**<sup>46</sup>). **This is a repeat deficiency.**

ODO interviewed the facility admission and classification manager and the records and accounting manager, and confirmed the facility did not make a copy of the detainee's original identification documents for the detainee's detention file nor send the original identification documents to ERO Saint Paul for placement in the detainee's non-citizen file. Instead, staff personnel inventoried and

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<sup>42</sup> "The post officer shall log the following information on every vehicle: tag number, driver's name, firm represented, vehicle contents, date, time in, time out, and facility employee responsible for the vehicle on-site." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(2)(b).

<sup>43</sup> [REDACTED] " See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(2)(c)(1).

<sup>44</sup> "The facility employee responsible for vehicle oversight shall, as escort: [REDACTED] " See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(2)(c)(3).

<sup>45</sup> "The facility maintenance supervisor and chief of security shall [REDACTED], documenting the results in the shift supervisor's daily log." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(F)(2)(4).

<sup>46</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: that, upon request, they shall be provided an ICE/DRO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files; the rules for storing or mailing property not allowed in their possession; the procedure for claiming property upon release, transfer, or removal; the procedures for filing a claim for lost or damaged property; and access to detainee personal funds to pay for legal services." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C).

stored identity documents with the detainee's property at the facility (**Deficiency FPP-23**<sup>47</sup>). **This is a repeat deficiency.**

ODO reviewed the personal property inventory forms in 14 detainee files and found the facility did not document the general condition of the property on 14 out of 14 personal property inventory forms (**Deficiency FPP-54**<sup>48</sup>).

ODO interviewed the facility records and accounting manager, reviewed the property and valuables audit sheets, and found no documented entry for the time of the audit (**Deficiency FPP-60**<sup>49</sup>).

ODO interviewed the facility records and accounting manager, reviewed the facility policy, and found the facility did not have a policy to address damage to properly receipted detainee property (**Deficiency FPP-76**<sup>50</sup>).

ODO interviewed the facility records and accounting manager, reviewed the facility policy, and found the facility did not have a policy to address investigating and reporting damaged property (**Deficiency FPP-77**<sup>51</sup>).

ODO interviewed the facility records and accounting manager, reviewed the facility policy, and found the facility did not have a policy to address supervisory staff conducting the investigation of damaged property (**Deficiency FPP-78**<sup>52</sup>).

ODO interviewed the facility records and accounting manager, reviewed the facility policy, and found that the facility did not have a policy to address damage to properly receipted detainee

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<sup>47</sup> "Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/DRO official to be a true and correct copy." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E)(3).

<sup>48</sup> "The personal property inventory form must contain the following information at a minimum: general condition of the property; signatures of the officer completing the inventory and the detainee." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

<sup>49</sup> "The property and valuable logbook shall record the date, time and the name of the officer(s) conducting the inventory." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

<sup>50</sup> "All CDFs and IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(L)(3).

<sup>51</sup> "All CDFs and IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows: all procedures for investigating and reporting property loss or damage shall be implemented as specified in this standard; supervisory staff shall conduct the investigation; the senior facility contract officer shall process all detainee claims for lost or damaged property promptly; the official deciding the claim shall be at least one level higher in the chain of command than the official investigating the claim; the facility shall promptly reimburse detainees for all validated property losses caused by facility negligence; the facility may not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and the senior contract officer shall immediately notify the designated ICE/DRO officer of all claims and outcomes." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(L)(3).

<sup>52</sup> "All CDFs and IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows: supervisory staff shall conduct the investigation." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(L)(3).





## SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility Special Management Inmates policy, interviewed a facility captain, and reviewed one detainee detention file for a detainee the facility had placed in disciplinary segregation (DS). ODO found the disciplinary hearing officer had not completed nor signed a DS order before the facility placed the detainee in DS (**Deficiency SMU-131**<sup>60</sup>).

ODO found nothing to indicate the facility provided a copy of the DS order to the detainee within 24 hours of placing the detainee in DS (**Deficiency SMU-132**<sup>61</sup>).

ODO found the DHO had not completed a DS order, which detailed the reasons for placing the detainee in DS before placing the detainee in DS (**Deficiency SMU-133**<sup>62</sup>).

ODO found the DHO had not completed a DS order nor did the facility attach all relevant documentation to the order for the one detainee the facility had placed in DS (**Deficiency SMU-134**<sup>63</sup>).

ODO found nothing to indicate the facility provided a copy of the DS order to the detainee within 24 hours of placing the detainee in DS (**Deficiency SMU-135**<sup>64</sup>).

ODO found the DHO had not completed a DS order nor did the facility nor did the facility maintain the DS order on file in the SMU until the facility released the detainee from SMU (**Deficiency SMU-136**<sup>65</sup>).

ODO found a DS order that was incomplete due to the releasing officer not indicating the date and time of release on the order nor did he forward the order to the chief of security (**Deficiency SMU-137**<sup>66</sup>).

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<sup>60</sup> “A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or the orderly operation of the facility or the safety of another detainee.” See ICE PBNDs 2008, Standard, Special Management Units, Section (V)(D)(2).

<sup>61</sup> “A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or the orderly operation of the facility or the safety of another detainee.” See ICE PBNDs 2008, Standard, Special Management Units, Section (V)(D)(2).

<sup>62</sup> “The IDP chairman shall prepare the Disciplinary Segregation Order (Form I-883 or equivalent), detailing the reasons for placing a detainee in Disciplinary Segregation, before his or her actual placement.” See ICE PBNDs 2008, Standard, Special Management Units, Section (V)(D)(2)(a).

<sup>63</sup> “All relevant documentation must be attached to the order.” See ICE PBNDs 2008, Standard, Special Management Units, Section (V)(D)(2)(a).

<sup>64</sup> “A copy of the completed Disciplinary Segregation Order shall be given to the detainee within 24 hours of placement in Disciplinary Segregation, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.” See ICE PBNDs 2008, Standard, Special Management Units, Section (V)(D)(2)(b).

<sup>65</sup> “The order shall be maintained on file in the SMU until the detainee is released from the SMU.” See ICE PBNDs 2008, Standard, Special Management Units, Section (V)(D)(2)(b).

<sup>66</sup> “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)(b).

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed SDC policies and procedures and found no policies nor procedures, which ensured ERO Saint Paul supervisory staff to conducted frequent, unannounced and unscheduled visits to the facility living and activity areas to informally observe living and working conditions and encourage informal communication among staff and detainees (**Deficiency SDC-6<sup>67</sup>**). **This is a repeat deficiency.**

ERO Saint Paul staff had not conducted [REDACTED] to the facility due to the COVID-19 pandemic since March 2020 (**Deficiency SDC-9<sup>68</sup>**).

The FOD did not have a specific written procedure for documenting each unannounced visit to the facility (**Deficiency SDC-18<sup>69</sup>**).

ODO reviewed ERO Saint Paul detainee requests in 12 detainee detention files and found ERO Saint Paul exceeded the 72-hour response time frame for 4 detainee requests (**Deficiency SDC-28<sup>70</sup>**).

ODO reviewed 12 detainee detention files and found 4 out of 12 detainee detention files contained detainees' requests to ERO Saint Paul staff, which were either not forwarded to ERO Saint Paul or ERO Saint Paul staff did not provide a written response within 3 business days (**Deficiency SDC-29<sup>71</sup>**).

## USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility UOF policy, interviewed a facility captain and the AFOD, and found the facility did not model their after-action review (AAR) process after the ICE/ERO review process. Specifically, neither the HSA nor FOD designee were part of the AAR team. Additionally, the review process consisted of individual supervisor reviews and not a team review (**Deficiency UOFR-141<sup>72</sup>**). **This is a repeat deficiency.**

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<sup>67</sup> "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." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

<sup>68</sup> "These unannounced visits shall be conducted [REDACTED] See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

<sup>69</sup> "Each Field Office Director shall have specific written procedures for documenting each visit." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(2)(b).

<sup>70</sup> "The staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

<sup>71</sup> "Each detainee request shall be forwarded to the ICE/DRO office of jurisdiction within two business days and answered as soon as possible and practicable, in person or in writing, but no longer than within three business days of receipt." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(1)(b).

<sup>72</sup> "IGSAs shall model their incident review process after ICE/DRO's process and submit it to ICE/DRO for DRO review and approval. The process must meet or exceed the requirements of ICE/DRO's process." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(1).

ODO reviewed the facility's AAR procedures and found the facility's AAR team did not include the HSA nor FOD designee (**Deficiency UOFR-142** <sup>73</sup>). **This is a repeat deficiency.**

## **CARE**

### **FOOD SERVICE (FS)**

ODO reviewed the facility Kitchen Security Officer Post Order and the FS department's chemical inventory sheets and found inaccurate inventory entries for 7 out of 12 chemicals, and therefore, a loss of daily accountability and control (**Deficiency FS-381** <sup>74</sup>).

## **ACTIVITIES**

### **RELIGIOUS PRACTICES**

ODO interviewed the facility chaplain and found for detainees who were not members of faiths represented by the facility chaplain, the facility did not allow those detainees to conduct their own services (**Deficiency RP-39** <sup>75</sup>).

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

ODO reviewed the facility TA policy and facility detainee handbook, interviewed the assistant administrator and telephone technician, and found the facility limited detainee telephone calls to 15 minutes instead of the required 20 minutes (**Deficiency TA-54** <sup>76</sup>).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the facility grievance policy and found it did not include a level of review by facility medical personnel when detainees appealed their medical grievances to the facility medical director (**Deficiency GS-62** <sup>77</sup>). **This is a repeat deficiency.**

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<sup>73</sup> "The facility administrator, the assistant facility administrator, the Field Office Director's designee, and the Health Services Administrator shall conduct the After-Action Review." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(2).

<sup>74</sup> "Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. All food service staff shall know where and how much toxic, flammable, or caustic material is on hand and be aware that their use must be controlled and accounted for [REDACTED]." See ICE PBNDS 2008, Standard, Food Service, Section (V)(J)(11).

<sup>75</sup> "Detainees who are members of faiths not represented by clergy may conduct their own services, provided they do not interfere with facility operations." See ICE PBNDS 2008, Standard, Religious Practices, Section (V)(F).

<sup>76</sup> "A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call at the first available opportunity if desired." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(F)(1).

<sup>77</sup> "In the case of medical grievances, each facility shall establish procedures for appeal of a denial by medical personnel." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(D).

ODO found the facility grievance policy requires the facility deputy director to respond to a grievance appeal within 15 days and not within 5 working days as required by the standard (**Deficiency GS-80<sup>78</sup>**). **This is a repeat deficiency.**

## **LAW LIBRARIES AND LEGAL MATERIAL (LLLM)**

ODO interviewed the facility law librarian and found the facility did not have a flexible law library schedule, permitting all detainees to use the law library on a regular basis (**Deficiency LLLM-4<sup>79</sup>**). **This is a repeat deficiency.**

The facility did not allow detainees to use the law library for a minimum of 5 hours per week (**Deficiency LLLM-5<sup>80</sup>**).

ODO interviewed the facility law librarian and found detainees housed in the facility's AS and DS did not have the same physical access to the law library as those in the general population (**Deficiency LLLM-55<sup>81</sup>**). **This is a repeat deficiency.**

ODO reviewed the facility detainee handbook and found no procedure to request additional time in the law library (**Deficiency LLLM-71<sup>82</sup>**).

ODO reviewed the facility detainee handbook and found no procedure to notify a designated employee that the law library material was missing or damaged (**Deficiency LLLM-73<sup>83</sup>**).

ODO reviewed the facility detainee handbook, interviewed the facility law librarian, and found no information that informed detainees the facility provided Lexis Nexis for use at the facility. Additionally, ODO found no instructions on how to use Lexis Nexis (**Deficiency LLLM-75<sup>84</sup>**).

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<sup>78</sup> "The facility administrator, or designee, shall provide the detainee a written decision within five days of receiving the appeal." *See* ICE PBNDS 2008, Standard, Grievance System, Section (V)(D)(2).

<sup>79</sup> "Each facility administrator shall devise a flexible schedule that:

Permits all detainees, regardless of housing or classification, to use the law library on a regular basis." *See* ICE PBNDS 2008, Standard, Law Libraries and Legal Materials, Section (V)(C).

<sup>80</sup> "Each detainee shall be permitted to use the law library for a minimum of five hours per week and may not be forced to forego his or her minimal recreation time to use the law library, consistent with the security needs of the institution and the detainee. (See the Detention Standard on Recreation.)" *See* ICE PBNDS 2008, Standard, Law Libraries and Legal Materials, Section (V)(C).

<sup>81</sup> "Detainees housed in Administrative Segregation or Disciplinary Segregation units shall have the same law library access as the general population, unless compelling security concerns require limitations." *See* ICE PBNDS 2008, Standard, Law Libraries and Legal Materials, Section (V)(L).

<sup>82</sup> "The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

4. The procedure for requesting additional time in the law library (beyond the 5-hours-per-week minimum)." *See* ICE PBNDS 2008, Standard, Law Libraries and Legal Materials, Section (V)(O)(4).

<sup>83</sup> "The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

6. The procedure for notifying a designated employee that library material is missing or damaged." *See* ICE PBNDS 2008, Standard, Law Libraries and Legal Materials, Section (V)(O)(6).

<sup>84</sup> "The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

8. 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 Materials, Section (V)(O)(8).

ODO interviewed the facility law librarian who confirmed the facility had not posted in the law library a copy of their law library policies and procedures nor a list of the law library holdings (**Deficiency LLLM-76**<sup>85</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2008, 1 standard under FPBDS, and found the facility in compliance with 6 of those standards. ODO found 79 deficiencies in the remaining 14 standards, which included 18 repeat deficiencies. Additionally, ODO cited three **Areas of Concern**. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2008)/ (FPBDS)	FY 2021 (PBNDS 2008) / (FPBDS)
Standards Reviewed	17/1	20/1
Deficient Standards	10	14
Overall Number of Deficiencies	34	79
Repeat Deficiencies	17	18
Areas of Concern	0	3
Corrective Actions	0	0

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<sup>85</sup> "These policies and procedures shall also be posted in the law library along with a list of the law library's holdings." See ICE PBNDS 2008, Standard, Law Libraries and Legal Materials, Section (V)(O).