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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  
Follow-Up Compliance Inspection**

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

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

**August 31 – September 2, 2021**

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

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Douglas County Department of Corrections (DCDC) in Omaha, Nebraska, from August 31 to September 2, 2021.<sup>1</sup> This inspection focused on the standards found deficient during ODO's last inspection of DCDC from April 12 to 16, 2021. The facility opened in 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 (ERO Saint Paul). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has not assigned deportation officers nor a detention services manager to the facility. A DCDC director of corrections handles daily facility operations and manages [REDACTED] support personnel. Aramark provides food services, Wellpath provides medical care, and Keefe provides commissary services at the facility. The facility received accreditation 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>	[REDACTED]
Average ICE Detainee Population <sup>3</sup>	[REDACTED]
Male Detainee Population (as of August 31, 2021)	[REDACTED]
Female Detainee Population (as of August 31, 2021)	[REDACTED]

During its last inspection, in April 2021, ODO found 79 deficiencies in the following areas: Admission and Release (7); Classification System (13); Environmental Health and Safety (7); Facility Security and Control (12); Food Service (1); Funds and Personal Property (11); Grievance System (2); Law Libraries and Legal Materials (7); Population Counts (3); Religious Practices (1); Special Management Units (7); Staff-Detainee Communication (5); Telephone Access (1); and Use of Force and Restraints (2).

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

<sup>2</sup> Data Source: ERO Facility List Report as of August 30, 2021.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

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

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

PBNDS 2008 Standards Inspected <sup>4</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	8
Classification System	9
Facility Security and Control	4
Funds and Personal Property	16
Population Counts	3
Special Management Units	0
Staff-Detainee Communication	5
Use of Force and Restraints	4
<b>Sub-Total</b>	<b>49</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	3
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 – Justice</b>	
Grievance Systems	1
Law Libraries and Legal Material	2
<b>Sub-Total</b>	<b>3</b>
<b>Total Deficiencies</b>	<b>57</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed five detainees, who each voluntarily agreed to participate. ODO did not interview the remaining seven detainees who were under COVID protocols. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated his vision remained blurred from pepper spray after a use-of-force incident and the facility's medical staff did not treat him. Additionally, he stated the facility dental staff had not seen him for tooth pain in over 2 months.

- Action Taken: ODO interviewed the facility's health service administrator (HSA) who conducted a review of the detainee's medical record and found medical staff treated the detainee, following a use-of-force incident on May 18, 2021. During sick call on July 6, 2021, the nurse practitioner examined the detainee for blurred vision and noted no vision changes related to exposure and effects from pepper spray.

Regarding the detainee's claim of tooth pain, the HSA noted the detainee arrived at the facility on November 27, 2020, and a registered nurse (RN) completed the detainee's initial health exam on December 8, 2020, with no dental issues noted. During sick call on December 23, 2020, an RN examined the detainee for tooth pain and prescribed ibuprofen for 21 days. On December 28, 2020, medical staff discontinued the prescription due to the detainee's multiple refusals to take the medication. On January 5, 2021, medical staff examined the detainee for tooth pain, prescribed the detainee ibuprofen, and placed the detainee on a dental referral list. On March 4, 2021, the dentist examined the detainee, noting heavy calculus buildup and generalized gingivitis. The facility's medical staff instructed the detainee to submit a sick call request should he need further evaluation. The HSA noted dental staff only performed emergency dental procedures during this period due to COVID-19. The detainee did not make any additional sick call requests after the dental exam.

# **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

## **SECURITY**

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

ODO reviewed [REDACTED] property inventories for detainees with identity documents at admission and found in [REDACTED] inventories, facility staff did not secure the detainee identification documents in the detainee non-citizen file (**Deficiency AR-3<sup>5</sup>**). **This is a repeat deficiency.**

ODO interviewed the facility's admission staff and found the facility did not give identity documents to ERO Saint Paul for placement in the detainee's non-citizen file. Specifically, the facility stored the documents with the detainee's valuables at the facility (**Deficiency AR-37<sup>6</sup>**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee files and found [REDACTED] files did not have an Order to Detain (Form I-203) and [REDACTED] files did not have a Form I-203 bearing the appropriate ICE/ERO authorizing official signature (**Deficiency AR-51<sup>7</sup>**).

ODO reviewed the facility's orientation video and found the video did not include the facility administrator's introduction, the authority/responsibility of security officers, nor the "Know Your Rights" presentations (**Deficiency AR-65<sup>8</sup>**). **This is a repeat deficiency.**

ODO interviewed the accreditation manager and found facility staff did not conduct a question-and-answer session following the orientation video (**Deficiency AR-66<sup>9</sup>**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee files and found in [REDACTED] files, facility staff did not have the detainee acknowledge receipt for the detainee handbook (**Deficiency AR-73<sup>10</sup>**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] released detainee files and found [REDACTED] files did not have an Order to Release (Form I-203a) and [REDACTED] files did not have a Form I-203a signed by an authorizing

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<sup>5</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>6</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>7</sup> "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 PBNDS 2008, Standard, Admission and Release, Section (V)(E).

<sup>8</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; Accessing Know Your Rights presentations." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F)(4).

<sup>9</sup> "Following the video, staff shall conduct a question-and-answer session." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

<sup>10</sup> "As part of the admissions process, the detainee shall acknowledge receipt of the Handbook by signing on a separate form." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(G)(4).



official (**Deficiency AR-77<sup>11</sup>**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] released detainee files and found in [REDACTED] files, the detainee did not sign the inventory sheet (**Deficiency AR-96<sup>12</sup>**).

## **CLASSIFICATION SYSTEM (CS)**

ODO reviewed the facility's classification policy and procedures and found the facility has not developed nor implemented a system for classifying 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 classifications 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 five years (**Deficiency CS-1<sup>13</sup>**). **This is a repeat deficiency.**

ODO reviewed the facility's classification policies and procedures and found all classification procedures did not meet ICE/ERO 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 (**Deficiency CS-2<sup>14</sup>**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] training records for classification staff and [REDACTED] detainee files and found the facility administrator did not ensure ICE/ERO staff provided to the facility the data needed from each detainee's file to complete the classification process nor adequate classification training for the facility staff assigned to this duty. Specifically, [REDACTED] detention files did not have a Record of Deportable/Inadmissible Alien (Form I-213), and [REDACTED] staff training files did not contain documentation of classification-process training (**Deficiency CS-3<sup>15</sup>**). **This is a repeat deficiency.**

ODO reviewed nine training records from the classification staff and found [REDACTED] records had no documentation for classification-process training (**Deficiency CS-4<sup>16</sup>**).

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<sup>11</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>12</sup> "If all property is correctly accounted for, the detainee shall sign the inventory sheet, a copy of which the officer shall place in the detainee's detention file." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(9).

<sup>13</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>14</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 ICE/DRO requirements." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

<sup>15</sup> "Each facility administrator shall require that the facility's classification system ensures that:

- All detainees shall be classified upon arrival and before being admitted into the general population. ICE/DRO staff shall provide CDFs and IGSA facilities the data needed from each detainee's file to complete the classification process.
- All facility staff assigned to classification duties shall be adequately trained in the facility's classification process."

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

<sup>16</sup> "In SPCs and CDFs, every staff member with detainee in-processing responsibilities shall receive on-site training that includes:

ODO reviewed [REDACTED] detainee files and found [REDACTED] files did not have ICE/ERO data needed to complete the classification process. Specifically, four files did not have a Form I-213, or Risk Classification Assessment (RCA), and four files only had the first page of the I-213 (**Deficiency CS-17<sup>17</sup>**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee files and found in [REDACTED] files, ICE/ERO did not provide non-ICE/ERO facilities with the relevant information for the facility to classify ICE/ERO detainees. Specifically, [REDACTED] files did not have a Form I-213, or Risk Classification Assessment (RCA), and four files only had the first page of the I-213 (**Deficiency CS-25<sup>18</sup>**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee files and found facility staff incorrectly classified [REDACTED] detainees with serious histories of violence as minimum security/Level 1 (**Deficiency CS-34<sup>19</sup>**).

ODO reviewed [REDACTED] detainee files and found facility classification staff incorrectly scored [REDACTED] detainees with histories of violent assaults as medium security/Level 2 (**Deficiency CS-35<sup>20</sup>**).

ODO reviewed [REDACTED] detainee files and found facility staff housed [REDACTED] medium security/Level 2 detainees with histories of assaultive behavior with minimum security/Level 1 detainees (**Deficiency CS-39<sup>21</sup>**).

ODO reviewed the facility's classification policy and found the policy allowed staff 24 hours to complete the initial classification, which was outside the standard requirement of 12-hours; however, ODO found classification staff completed all 24 initial classifications within 2-3 hours of admission. ODO noted this as an **Area of Concern**.

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• Techniques for identifying and recording data from A-files and related records needed for classification purposes and

• Procedures for preparing and filing classification forms.” See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

<sup>17</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.” See ICE PBNDS 2008, Standard, Classification System, Section (V)(C).

<sup>18</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>19</sup> “Use of convictions for classification will be limited, as suggested by the following guidelines. 1. Level 1 Classification:

- May not include any detainee with a felony conviction that included an act of physical violence.

- May not include any detainee with an aggravated felony conviction.

- May include detainees with minor criminal records and nonviolent felonies.” See ICE PBNDS 2008, Standard, Classification System, Section (V)(F)(1).

<sup>20</sup> “Level 2 Classification:

- May not include any detainee with a pattern or history of violent assaults, whether convicted or not.” See ICE PBNDS 2008, Standard, Classification System, Section (V)(F)(2).

<sup>21</sup> “When a facility is at capacity and it becomes necessary to house detainees of different classification levels in the same housing unit, the following guidelines shall apply: ...

- Under no circumstance may a Level 2 detainee with a history of assaultive or combative behavior be placed in a Level 1 housing unit.” See ICE PBNDS 2008, Standard, Classification System, Section (V)(G).

## FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's visitor's log and found the entry for a person visiting a detainee did not include the visitor's immigration status (**Deficiency FSC-19<sup>22</sup>**). **This is a repeat deficiency.**

ODO interviewed the facility's lobby sergeant and found visitors did not leave their photo identification cards with the post officer until the end of the visit, marked by the time-out entry in the logbook (**Deficiency FSC-28<sup>23</sup>**). **This is a repeat deficiency.**

ODO interviewed the facility's lobby sergeant and found the facility officer posted at the front entrance did not hold all visitor identification cards at the front entrance as required (**Deficiency FSC-29<sup>24</sup>**). **This is a repeat deficiency.**

ODO interviewed the facility's chief of security and found the facility maintenance supervisor and chief of security did not check the fence monthly nor document the results in the shift supervisor's daily log (**Deficiency FSC-98<sup>25</sup>**). **This is a repeat deficiency.**

## FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's detainee handbook and found the handbook did not notify detainees of the following items: that upon request, they shall be provided an ICE/ERO-certified copy of any identity document in their non-citizen files; the rules for storing or mailing property not allowed in their possession; the procedure for claiming their property upon release, transfer, or removal; nor how to access detainee personal funds to pay for legal services (**Deficiency FPP-15<sup>26</sup>**). **This is a repeat deficiency.**

ODO reviewed four property inventories for detainees with identity documents at admission and found in four out of four inventories, facility staff did not secure the detainee's identification

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<sup>22</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).

<sup>23</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>24</sup> "The post officer holds all visitor identification cards at the main gate front entrance for a range of security reasons:

- To account for visitors in the event of an emergency (for example, medical, fire, hostage situation, or other incident),
- As a check on logbook data; and
- As a disincentive for criminal or disruptive behavior (distributing drugs or other contraband; inciting an internal disturbance or riot), etc." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(c).

<sup>25</sup> "The facility maintenance supervisor and chief of security shall check the fence monthly, 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>26</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; Access to detainee personal funds to pay for legal services." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C).

documents in the detainee's non-citizen file (**Deficiency FPP-23<sup>27</sup>**). **This is a repeat deficiency.**

ODO reviewed fund receipts in [REDACTED] detainee files with funds at admission and found in [REDACTED] out of [REDACTED] files, [REDACTED] admissions officers did not sign the valuables receipts. Specifically, only one officer and the detainee signed the receipts (**Deficiency FPP-37<sup>28</sup>**).

ODO reviewed valuables receipts in [REDACTED] detainee files for detainees with valuables at admission and found in [REDACTED] out of [REDACTED] files, [REDACTED] admissions officers did not sign the valuables receipts. Specifically, only one officer and the detainee signed the receipts (**Deficiency FPP-40<sup>29</sup>**).

ODO observed garment bags for storing detainee clothing and large duffle bags for excess property/luggage and found the facility did not secure all the garment bags and one duffle bag in a tamper resistant manner (**Deficiency FPP-56<sup>30</sup>**).

ODO interviewed the facility's admissions staff and found the facility administrator's designee did not inventory detainee baggage and other non-valuable property quarterly (**Deficiency FPP-64<sup>31</sup>**).

ODO reviewed the funds and valuables log and found the facility staff did not record the date, time, and name of officers conducting the funds and valuables audits (**Deficiency FPP-65<sup>32</sup>**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] released detainee files and found in [REDACTED] files, facility staff did not have released detainees sign for the return of non-valuable property (**Deficiency FPP-69<sup>33</sup>**).

ODO reviewed the facility's policies and found the facility neither had nor followed a policy for loss of or damage to detainee property (**Deficiency FPP-76<sup>34</sup>**). **This is a repeat deficiency.**

ODO reviewed the facility's property policy and found the facility neither had nor followed a policy that addressed investigating and reporting damaged property (**Deficiency FPP-77<sup>35</sup>**). **This**

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<sup>27</sup> "Identity documents, such as passports, birth certificates, are held in each detainee's A-file." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E)(3).

<sup>28</sup> "The two officers and the detainee shall sign all copies." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(G)(1).

<sup>29</sup> "The detainee and two processing officers shall sign the G-589." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(G)(2).

<sup>30</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a manner that is tamper-resistant." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

<sup>31</sup> "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).

<sup>32</sup> "The facility's daily log shall indicate the date, time, and name of the officer(s) conducting the inventory." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

<sup>33</sup> "After the property check, the property shall be returned to the detainee. The detainee shall then sign the blue copy of the G-589, indicating his or her receipt of all personal property due him/her." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(K).

<sup>34</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>35</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." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(L)(3).

**is a repeat deficiency.**

ODO reviewed the facility's property policy and found the facility neither had nor followed a policy with the following requirements: supervisory staff to conduct the investigation; the senior facility contract officer to process all detainee claims for lost property promptly; and to address damage to properly receipted detainee property (**Deficiency FPP-78<sup>36</sup>**). **This is a repeat deficiency.**

ODO reviewed the facility's property policy and found the facility neither had nor followed a policy requiring the deciding official for lost and damaged property to be at least one level higher in the chain of command than the official investigating the claim (**Deficiency FPP-79<sup>37</sup>**). **This is a repeat deficiency.**

ODO reviewed the facility's property policy and found the facility neither had nor followed a policy that addressed promptly reimbursing detainees for all validated property losses caused by facility negligence (**Deficiency FPP-80<sup>38</sup>**).

ODO reviewed the facility's property policy and found the facility neither had nor followed a policy that the facility cannot arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim (**Deficiency FPP-81<sup>39</sup>**).

ODO reviewed the facility's property policy and found the policy did not address a requirement for the senior contract officer to immediately notify the designated ICE/ERO officer of all claims and outcomes (**Deficiency FPP-82<sup>40</sup>**). **This is a repeat deficiency.**

ODO interviewed the facility's records and accounting manager and found facility staff did not turn over abandoned property to ICE/ERO. Specifically, the facility destroyed the property if the detainee did not retrieve the property after 30 days (**Deficiency FPP-83<sup>41</sup>**). **This is a repeat deficiency.**

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<sup>36</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." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(L)(3).

<sup>37</sup> "All CDFs and IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows: The official deciding the claim shall be at least one level higher in the chain of command than the official investigating the claim." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(L)(3).

<sup>38</sup> "All CDFs and IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows: The facility shall promptly reimburse detainees for all validated property losses caused by facility negligence." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(L)(3).

<sup>39</sup> "All CDFs and IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows: The facility may not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(L)(3).

<sup>40</sup> "All CDFs and IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows: 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>41</sup> "All CDFs and IGSA facilities shall report and turn over to ICE/ERO all detainee abandoned property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(M).

## POPULATION COUNTS (PC)

ODO interviewed the facility's captain and observed during formal counts, one facility officer did not perform the detainee count while a second officer observed all detainee movements. Specifically, only one officer conducted counts at the facility (**Deficiency PC-9<sup>42</sup>**). **This is a repeat deficiency.**

ODO interviewed the facility's captain and found upon completion of the first count, facility officers did not change position and count again. Specifically, only one officer was present and conducted the count once (**Deficiency PC-10<sup>43</sup>**). **This is a repeat deficiency.**

ODO interviewed the facility's captain, reviewed the count slips, and found both officers conducting the count did not sign the count slip (**Deficiency PC-32<sup>44</sup>**). **This is a repeat deficiency.**

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ERO Saint Paul staff and found the field office did not have policy and procedures to ensure and document the ICE/ERO assigned supervisory staff conduct frequent, unannounced, and unscheduled visits to the facility's living and activity areas to informally observe living and working conditions and encourage informal communication among staff and detainees (**Deficiency SDC-6<sup>45</sup>**). **This is a repeat deficiency.**

ODO reviewed ERO Saint Paul visitation logs and found ERO Saint Paul did not conduct unannounced visits at least weekly (**Deficiency SDC-9<sup>46</sup>**). **This is a repeat deficiency.**

ODO interviewed ERO Saint Paul staff and found the field office did not have specific written procedures to document each visit (**Deficiency SDC-18<sup>47</sup>**). **This is a repeat deficiency.**

ODO reviewed the ERO Saint Paul detainee request responses and found ERO Saint Paul did not consistently respond to requests within 72 hours. Specifically, ODO reviewed █ detainee ICE requests and found ERO did not respond within the required 72 hours in any of the █ cases. (**Deficiency SDC-28<sup>48</sup>**). **This is a repeat deficiency.**

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<sup>42</sup> "One officer shall count while a second officer observes all detainee movements, to ensure that no detainee shifts from one location to another, to be counted twice." See ICE PBNDS 2008, Standard, Population Counts, Section (V)(A)(2)(a).

<sup>43</sup> "Upon completing the first count the officers shall change positions and count again." See ICE PBNDS 2008, Standard, Population Counts, Section (V)(A)(2)(a).

<sup>44</sup> "Both officers conducting the count must sign the count slip." See ICE PBNDS 2008, Standard, Population Counts, Section (V)(A)(5).

<sup>45</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>46</sup> "These unannounced visits shall be conducted at least weekly." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

<sup>47</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>48</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).

ODO reviewed the ERO Saint Paul detainee request responses and found ERO Saint Paul did not consistently respond to detainee requests, in person nor in writing, within three business days of receipt. Specifically, ODO reviewed [REDACTED] detainee ICE requests and found ERO did not respond within the required 72 hours in any of the [REDACTED] cases (**Deficiency SDC-29<sup>49</sup>**). This is a repeat deficiency.

## **USE OF FORCE AND RESTRAINTS (UOFR)**

ODO reviewed one immediate UOF incident and found the facility did not have ICE/ERO-approved written procedures for after-action review of UOF incidents and application of restraints (**Deficiency UOFR-140<sup>50</sup>**).

ODO reviewed one immediate UOF incident and found the facility did not model its incident review process after ICE/ERO's process nor did the facility's process meet or exceed the requirements of ICE/ERO's process (**Deficiency UOFR-141<sup>51</sup>**).

ODO reviewed one immediate UOF incident and found the HSA and FOD designees were not part of the facility's after-action review team (**Deficiency UOFR-142<sup>52</sup>**).

ODO reviewed one immediate UOF incident and found all four members of the after-action review team did not convene on the workday after the incident. Specifically, the HSA and FOD designees were not part of the facility's after-action review team (**Deficiency UOFR-143<sup>53</sup>**).

## **CARE**

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

ODO reviewed [REDACTED] medical records and found in [REDACTED] records, the facility did not initiate screening for tuberculosis (TB) at intake in accordance with Center for Disease Control and Prevention (CDC) guidelines (**Deficiency MC-19<sup>54</sup>**).

ODO reviewed [REDACTED] medical records and found in [REDACTED] records, the facility did not initiate TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for

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<sup>49</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>50</sup> "All facilities shall have ICE/DRO-approved written procedures for After-Action Review of use-of-force incidents (immediate or calculated) and applications of restraints." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(1).

<sup>51</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).

<sup>52</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>53</sup> "This four-member After-Action Review team shall convene on the workday after the incident." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(2).

<sup>54</sup> "As indicated below in the section on Medical Screening of New Arrivals, screening for tuberculosis is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(C)(2).

non-minimal risk detention facilities. Specifically, the facility initiated the TB screening on one detainee, 2 days after arrival; one detainee, 3 days after arrival; one detainee, 9 days after arrival; one detainee, 11 days after arrival; and two detainees, 12 days after arrival (**Deficiency MC-20<sup>55</sup>**).

ODO reviewed [REDACTED] medical records and found in [REDACTED] records, the facility's clinical medical authority (CMA) did not review the health screening forms within 24 hours or the next business day to assess the priority of treatment as required. Specifically, the CMA stated it was his practice to review the health assessments within 14 days of the detainee's arrival (**Deficiency MC-84<sup>56</sup>**).

## **ACTIVITIES**

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

ODO interviewed the facility's compliance manager and found the facility did not refrain from limiting the duration of detainees' legal calls by an automatic cut-off (**Deficiency TA-53<sup>57</sup>**). **This is a repeat deficiency.**

ODO interviewed the facility's compliance manager and found the facility limited detainees legal telephone calls to 15 minutes instead of the required 20 minutes (**Deficiency TA-54<sup>58</sup>**). **This is a repeat deficiency.**

## **JUSTICE**

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

ODO reviewed the facility's grievance policy and found the facility administrator would not provide the detainee a written decision within 5 days of receiving an appeal. Specifically, the facility's policy stated a decision would be issued within 30 calendar days following the receipt of the appeal (**Deficiency GS-80<sup>59</sup>**). **This is a repeat deficiency.**

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<sup>55</sup> "All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities [symptom screening plus at least one of the following: tuberculin skin test (TST), chest radiography, or QuantiFERON-TB Gold or In-tube test (QFT)]; for CDC guidelines on prevention and control of TB in correctional and detention settings, see [http://www.cdc.gov/tb/pubs/mmwr/Maj\\_guide/Correctional.htm/](http://www.cdc.gov/tb/pubs/mmwr/Maj_guide/Correctional.htm/)." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(C)(2).

<sup>56</sup> "The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine)." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(I)(1).

<sup>57</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." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(F)(1).

<sup>58</sup> "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>59</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).



## LAW LIBRARIES AND LEGAL MATERIAL (LLLM)

ODO reviewed the facility's detainee handbook and found the handbook did not provide detainees with the procedure for requesting additional time in the law library beyond the 5-hours-per-week minimum (**Deficiency LLLM-71<sup>60</sup>**). **This is a repeat deficiency.**

ODO reviewed the facility's detainee handbook and found the handbook did not provide detainees with information on the availability of Lexis Nexis nor the instructions for its use (**Deficiency LLLM-75<sup>61</sup>**). **This is a repeat deficiency.**

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDs 2008 and found the facility in compliance with 7 of those standards. ODO found 57 deficiencies in the remaining 11 standards, which included 37 repeat deficiencies. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of DCDC in April 2021.

Compliance Inspection Results Compared	First FY 2021 PBNDs 2008	Second FY 2021 PBNDs 2008
Standards Reviewed	20	18
Deficient Standards	14	11
Overall Number of Deficiencies	79	57
Repeat Deficiencies	18	37
Areas of Concern	3	1
Corrective Actions	0	0

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<sup>60</sup> "The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: 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>61</sup> "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 Materials, Section (V)(O)(8).