



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**Hall County Department of Corrections
Grand Island, Nebraska**

August 9-12, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
HALL COUNTY DEPARTMENT OF CORRECTIONS
Grand Island, Nebraska

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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 Hall County Department of Corrections (HCDC) in Grand Island, Nebraska, from August 9 to 13, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of HCDC from March 22 to 25, 2021. The facility opened in 2008 and is owned and operated by the HCDC. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HCDC in 2009 under the oversight of ERO’s Field Office Director in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned any deportation officers nor a detention services manager to the facility. An HCDC warden handles daily facility operations and supervises █ personnel. Summit Food Service provides food and commissary services, and Advanced Correctional Healthcare provides medical care at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	█
Average ICE Detainee Population ³	█
Male Detainee Population (as of August 9, 2021)	█
Female Detainee Population (as of August 9, 2021)	█

During its last inspection, in March 2021, ODO found 25 deficiencies in the following areas: Admission and Release (1); Custody Classification System (1); Funds and Personal Property (1); Special Management Units (3); Staff-Detainee Communication (2); Food Service (2); Hunger Strikes (1); Medical Care (7); Significant Self-Harm and Suicide Prevention and Intervention (2); Disability Identification, Assessment, and Accommodation (3); and Grievance System (2).

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

² Data Source: ERO Facility List Report as of August 9, 2021.

³ *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 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.

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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4 & 5}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admissions and Release	3
Custody Classification System	1
Funds and Personal Property	3
Use of Force and Restraints	0
Special Management Units	1
Staff-Detainee Communication	0
Sub-Total	8
Part 4 – Care	
Food Service	0
Hunger Strikes	1
Medical Care	6
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	7
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	15

⁴ For greater detail on ODO’s findings, see the Follow-Up Compliance Inspection Findings section of this report.

⁵ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Saint Paul and the facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Medical Care: Detainee stated he sent a medical request for his toenail 2 months ago and has not yet seen a doctor.

- Action Taken: ODO reviewed and discussed the detainee’s medical record with the HCDC health services administrator (HSA). After examining the detainee’s toenail on May 23, 2021, and again on July 4, 2021, the facility medical staff found no infection. At ODO’s request, the HSA followed-up with the detainee on September 21, 2021, and the detainee stated he required no further medical treatment for his toenail.

Admission and Release: Three detainees stated they did not receive the ICE National Detainee Handbook nor the facility supplemental handbook.

- Action Taken: ODO reviewed the detainees’ detention files, interviewed the facility compliance officer, and found signed acknowledgements from each detainee indicating their receipt of both the ICE National Detainee Handbook and facility supplemental handbook during the intake processing. On August 16, 2021, the facility provided additional copies of the handbooks to all three detainees.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee files and found in [REDACTED] detainee files, the facility stored original identity documents with personal property (**Deficiency AR-12**⁶).

ODO reviewed the facility’s AR procedures and [REDACTED] detainee files and found the facility did not provide detainees with skin lotion as part of their personal hygiene packs (**Deficiency AR-16**⁷).

ODO reviewed the detainee files for five released detainees and found the facility did not complete all required release procedures. Specifically, the facility did not fingerprint the detainees

⁶ “Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO.” See ICE NDS 2019, Standard, Admissions and Release, Section (II)(C).

⁷ “Staff shall provide detainees with articles necessary for maintaining proper hygiene.” See ICE NDS 2019, Standard, Admissions and Release, Section (II)(E).

(Deficiency AR-28⁸). This is a Repeat Deficiency.

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's CCS policy and a photograph of detainee wristbands and interviewed the intake sergeant and classification corporal. ODO found the facility had an updated CCS policy for using color-coded wristbands to identify detainee classification levels; however, the facility had not implemented the color-coded wristband policy and did not use color-coded wristbands to identify detainee classification levels **(Deficiency CCS-8⁹)**.

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed [REDACTED] detainee files and found in [REDACTED] detainee files, the facility stored the original identity documents with personal property **(Deficiency FPP-10¹⁰)**.

ODO reviewed one facility quarterly inventory of detainee baggage and other non-valuable property and found the inventory documentation did not note the time of the quarterly inventory **(Deficiency FPP-20¹¹)**.

ODO reviewed the facility's detainee handbook and found the handbook did not notify detainees of all facility policies and procedures concerning personal property. Specifically, the handbook did not notify detainees of the following items: the facility will provide a copy, upon request, of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files; the procedures for claiming property upon release, transfer, or removal; nor the procedures to file a claim for lost or damaged property **(Deficiency FPP-34¹²)**. **This is a Repeat Deficiency.**

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed the daily SMU housing record for the only detainee whom the facility housed in the SMU since ODO's last inspection and found the SMU officer(s) did not record whether the

⁸ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc." *See* ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

⁹ "The classification system shall ensure: ...

6. Each facility shall establish a system that readily identifies a detainee's classification level, for example, color-coded uniforms." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).

¹⁰ "Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file, and the original forwarded to ICE/ERO." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (III)(B)(2).

¹¹ "The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

¹² "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

2. That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files; ...

4. The procedures for claiming property upon release, transfer, or removal; and

5. The procedures for filing a claim for lost or damaged property." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2)(4) and (5).

detainee ate all meals (**Deficiency SMU-65¹³**). **This is a Repeat Deficiency.**

CARE

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] medical staff training files and [REDACTED] non-medical staff training files and found in [REDACTED] non-medical staff training files, staff had not received annual hunger strike training (**Deficiency HS-1¹⁴**). **This is a Repeat Deficiency.**

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] medical records, the facility did not conduct a comprehensive health assessment, including a physical examination within 14 days of the detainee's arrival at the facility. Facility medical staff completed the detainee's 14-day health assessment 35 days after the detainee arrived at the facility. Additionally, ODO reviewed the medical files of three detainees who arrived with chronic medical conditions and found facility medical staff did not list observed symptoms in the chronic conditions section of the physical examination documentation (**Deficiency MC-27¹⁵**). **This is a Repeat Deficiency.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] medical records the facility did not conduct an initial dental screening exam within 14 days of the detainee's arrival at the facility (**Deficiency MC-43¹⁶**). **This is a Repeat Deficiency.**

ODO reviewed the medical records of [REDACTED] detainees for whom the facility medical staff administered psychotropic medications and found no informed consent forms signed by the detainees, which included a description of the medications' side effects (**Deficiency MC-93¹⁷**).

ODO interviewed the lead mental health practitioner, reviewed treatment refusal practices, and found detainees refusing to go to their consultative appointments would not listen to a correctional officer instead of a medical or mental health staff member on the risks of declining such treatment (**Deficiency MC-97¹⁸**).

¹³ "The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1).

¹⁴ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

¹⁵ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹⁶ "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

¹⁷ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Medical Care, Section (II)(O).

¹⁸ "If the detainee refuses to consent to treatment, medical staff will explain the medical risks to the detainee of declining treatment and make reasonable efforts to convince the detainee to voluntarily accept treatment in a language or manner that the detainee understands." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

ODO reviewed [REDACTED] detainee medical records and found medical staff members did not document their treatment efforts nor properly document the refusal of treatment in the detainees' medical records. Specifically, medical staff did not complete refusal forms explaining the medical risks of declining treatment and their treatment efforts. Additionally, detainees refusing to go to their consultative appointments would not listen to a correctional officer instead of a medical or mental health staff member to explain the risks of declining treatment (**Deficiency MC-98¹⁹**).

ODO reviewed the facility's detainee handbook and found the facility did not communicate its policy on how a detainee may request and receive his/her medical record (**Deficiency MC-102²⁰**). **This is a Repeat Deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under NDS 2019 and found the facility in compliance with 7 of those standards. ODO found 15 deficiencies in the remaining 6 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Saint Paul 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 HCDC in March 2021.

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2019)
Standards Reviewed	18	13
Deficient Standards	11	6
Overall Number of Deficiencies	25	15
Repeat Deficiencies	4	7
Areas of Concern	2	0
Corrective Actions	0	0

¹⁹ "Medical staff will document their treatment efforts and the refusal of treatment in the detainee's medical record." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

²⁰ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).