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U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Atlanta Field Office

Robert A. Deyton Detention Facility  
Lovejoy, Georgia

February 8-12, 2021

**COMPLIANCE INSPECTION**  
**of the**  
**ROBERT A. DEYTON DETENTION FACILITY**  
Lovejoy, Georgia

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## 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 compliance inspection of the Robert A. Deyton Detention Facility (RDDF) in Lovejoy, Georgia, from February 8 to 12, 2021.<sup>1</sup> The facility opened in 2007 and is owned by Clayton County and operated by Geo Group, Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RDDF in 2006 under the oversight of ERO’s Field Office Director (FOD) in Atlanta (ERO Atlanta). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers (DOs) nor a detention services manager at the facility. An RDDF administrator handles the daily facility operations and is supported by ██████ personnel. GEO Group, Inc. provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2019 and the National Commission on Correctional Health Care in June 2020. In June 2020, RDDF was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA Certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	35
Average ICE Detainee Population <sup>3</sup>	████
Male Detainee Population (as of 2/8/2021)	████
Female Detainee Population (as of 2/8/2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 27 deficiencies in the following areas: Admission and Release (5); Disability Identification, Assessment, and Accommodation (1); Environmental Health and Safety (4); Custody Classification System (5); Funds and Personal Property (5); Medical Care (1); Search of Detainees (1); Special Management Units (2); Staff-Detainee Communication (1); Telephone Access (1); and Use of Force and Restraints (1).

<sup>1</sup> This facility holds female and male 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 February 8, 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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5&amp;6</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	5
Custody Classification System	8
Facility Security and Control	0
Funds and Personal Property	3
Sexual Abuse and Assault Prevention and Intervention	7
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>23</b>
<b>Part 4 – Care</b>	
Disability Identification, Assessment, and Accommodation	0
Food Service	0
Hunger Strikes	0
Medical Care	1
Significant Self-harm and Suicide Prevention and Intervention	3
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance Systems	2
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>29</b>

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

<sup>6</sup> 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 10 detainees, who each voluntarily agreed to participate. Two other detainees were at the facility; however, the facility had placed them on a COVID-19 quarantine before the inspection week and they were unavailable for detainee interviews. One detainee changed custody from ICE to the United States Marshals Service on the first morning of the inspection and was no longer available to be interviewed. 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 (VTC); however, the ERO field office and facility were not able to accommodate this request because the facility was using their VTC for court hearings during the inspection. As such, the detainee interviews were conducted via telephone.

*Food Service:* One detainee stated the meals the facility served were based on starch products and the facility did not provide healthy options. Additionally, he stated the facility served Bolognese sauce three times per week.

- Action Taken: ODO interviewed the food service director (FSD) and reviewed the facility's current 35-days cycle menu. The lunch and dinner menus included the following vegetables: green beans, carrots, mixed vegetables, broccoli, cabbage, peas, corn, and cauliflower, and the facility served these vegetables over 42 times during the 35-day cycle. Additionally, ODO found the facility served salad 40 times during the 35-days cycle. The facility's 35-day cycle menu did not list Bolognese sauce; however, the facility's 35-day cycle menu included spaghetti with meat sauce on four occasions. A registered dietician had reviewed the facility's 35-day cycle menu and certified the menu as nutritionally adequate.

*Religious Practices:* One detainee stated he needed a Spanish version of the Holy Bible. He informed ODO he had one in his possession when he arrived; however, the facility had stored it with his personal property. Additionally, he had not requested to retrieve it from his personal property, nor had he asked to borrow one from the facility.

- Action Taken: ODO interviewed the facility administrator who informed ODO the facility was between chaplains and the facility was in the process of hiring a permanent chaplain. In the interim, the facility administrator was handling any religious practices requests, to include communication and coordination with outside clergy to fill the detainees' religious needs. The facility administrator informed ODO the facility had Spanish versions of the Holy Bible available at the facility and would provide a copy to the detainee. On February 9, 2021, the facility administrator confirmed the facility provided a Spanish version of the Holy Bible to the detainee.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and found a repeat deficiency. Specifically, the facility did not place a copy of the detainees' identity documents in 12 out of 12 detainee detention files. Additionally, the facility kept the original identity documents in the detainees' detention files and did not send the identity documents to ERO Atlanta (**Deficiency A&R-12<sup>7</sup>**).

ODO reviewed 12 detainee detention files and found the facility did not issue receipts to any of the detainees for their confiscated identity documents (**Deficiency A&R-13<sup>8</sup>**).

ODO found 6 out of 12 detainee detention files did not include official documentation from ERO Atlanta, which was a repeat deficiency. Specifically, the files did not include an Order to Detain or Release Form (Form I-203) nor a Record of Persons and Property Transfer Form (Form I-216). Additionally, an authorized individual had not signed one Form I-216 (**Deficiency A&R-18<sup>9</sup>**).

ODO reviewed the facility's A&R procedures, 12 detainee detention files, and found if detainees claimed missing or damaged property, the facility did not forward completed missing or damaged property forms to ERO Atlanta, which was a repeat deficiency (**Deficiency A&R-21<sup>10</sup>**).

ODO reviewed the facility's orientation procedures and found a repeat deficiency. Specifically, the facility's orientation procedures and orientation form did not inform detainees of the facility's procedures for contacting the ERO DO handling their case (**Deficiency A&R-24<sup>11</sup>**).

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's classification policy, 12 detainee detention files, and found the facility did not have a formal classification system in place. Additionally, despite having developed a custody classification form, the facility did not use the form, nor did ERO Atlanta approve the form the facility used for ICE detainees (**Deficiency CCS-1<sup>12</sup>**).

ODO reviewed 12 detainee detention files and found a repeat deficiency. Specifically, 12 out of

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<sup>7</sup> "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 Admission and Release, Section (II)(C). **This is a Repeat Deficiency.**

<sup>8</sup> "Detainees will receive a receipt for confiscated identity documents." See ICE NDS 2019, Standard Admission and Release, Section (II)(C).

<sup>9</sup> "Official documentation from ICE/ERO (e.g. Form I-203, I-203a, or I-216) shall accompany each newly arriving detainee." See ICE NDS 2019, Standard Admission and Release, Section (II)(F). **This is a Repeat Deficiency.**

<sup>10</sup> "Facilities shall forward the completed forms to ICE/ERO." See ICE NDS 2019, Standard Admission and Release, Section (II)(G). **This is a Repeat Deficiency.**

<sup>11</sup> "The facility orientation shall also include the following information:

1. Procedures for the detainee to contact the ERO deportation officer handling his/her case." See ICE NDS 2019, Standard Admission and Release, Section (II)(H)(1). **This is a Repeat Deficiency.**

<sup>12</sup> "The facility shall develop and implement a system for classifying detainees in accordance with the guidelines set forth in this Standard." See ICE NDS 2019, Standard Custody Classification System, Section (II)(A).



12 detention files did not contain documentation, which indicated the facility completed a custody classification review of each detainee prior to housing the detainees in the general population (**Deficiency CCS-2**<sup>13</sup>).

ODO found in 2 out of 12 detention files, the facility housed the detainees in a high-custody housing unit prior to assigning the detainees their classification levels (**Deficiency CCS-5**<sup>14</sup>).

ODO reviewed 12 detainee detention files and found 12 out of 12 detainee detention files did not contain documentation of a supervisor's review of each detainees' initial classification, which was a repeat deficiency (**Deficiency CCS-6**<sup>15</sup>).

ODO reviewed the facility's classification policy, 12 detainee detention files, and found the facility did not have an established system to readily identify a detainee's classification level, which was a repeat deficiency (**Deficiency CCS-8**<sup>16</sup>).

ODO reviewed 12 detainee detention files and found a repeat deficiency. Specifically, 12 out of 12 detainee detention files did not contain documentation of a supervisor's review of the intake/processing officer's classification of each detainee, which verified both for accuracy and completeness (**Deficiency CCS-10**<sup>17</sup>).

ODO reviewed the facility's classification policy, their housing unit roster, and 12 detainee detention files. ODO found the facility's classification policy indicated the facility will separate high and low-custody detainees, to the extent possible, instead of keeping detainees housed according to their classification level, in accordance with the standard. Additionally, ODO found one instance where the facility housed a low-custody detainee in the same housing unit as a high-custody detainee (**Deficiency CCS-14**<sup>18</sup>).

ODO reviewed the facility's detainee handbook and found it did not include an explanation of the facility's classification levels, with the conditions and restrictions applicable to each detainee, nor

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<sup>13</sup> "The classification system shall ensure:

1. All detainees are classified upon arrival, before being admitted into the general population. " See ICE NDS 2019, Standard Custody Classification System, Section (II)(A)(1). **This is a Repeat Deficiency.**

<sup>14</sup> "The classification system shall ensure: ...

3. If a detainee cannot be classified without certain information that is missing at the time of processing (e.g., results of criminal-record check), the detainee will be kept apart from the general population pending arrival of that information." See ICE NDS 2019, Standard Custody Classification System, Section (II)(A)(3).

<sup>15</sup> "The classification system shall ensure: ...

4. A supervisor will review each detainee's classification." See ICE NDS 2019, Standard Custody Classification System, Section (II)(A)(4). **This is a Repeat Deficiency.**

<sup>16</sup> "The classification system shall ensure: ...

6. Each facility shall establish a system that readily identifies a detainee's classification level, for example, [REDACTED]." See ICE NDS 2019, Standard Custody Classification System, Section (II)(A)(6). **This is a Repeat Deficiency.**

<sup>17</sup> "A supervisor will review the intake/processing officer's classification file for each detainee for accuracy and completeness." See ICE NDS 2019, Standard Custody Classification System, Section (II)(B). **This is a Repeat Deficiency.**

<sup>18</sup> "All facilities shall ensure detainees are housed according to their classification level." See ICE NDS 2019, Standard Custody Classification System, Section (II)(D).

the procedures for detainees to appeal their classification level (**Deficiency CCS-30<sup>19</sup>**).

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

ODO reviewed 12 detainee detention files and found a repeat deficiency. Specifically, the facility did not place a copy of the detainees' identity documents in 12 out of 12 detainee detention files. Additionally, the facility kept the original identity documents in the detainees' detention files and did not send the identity documents to ERO Atlanta (**Deficiency F&PP-10<sup>20</sup>**).

ODO reviewed the facility's F&PP policy and interviewed the facility's F&PP supervisor. ODO found if detainees claimed missing or damaged property, the facility did not immediately notify ERO Atlanta of all lost and/or damaged personal property claims and their associated outcomes, which was a repeat deficiency (**Deficiency F&PP-32<sup>21</sup>**).

ODO reviewed the facility's detainee handbook and found it did not notify detainees they could request a copy of their identity documents, the rules for storing or mailing property, the procedures for claiming property, nor the procedure for filing a claim for lost or damaged property (**Deficiency F&PP-34<sup>22</sup>**).

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

ODO reviewed the facility's SAAPI policy and found ERO Atlanta had not approved the facility's written SAAPI policies and procedures (**Deficiency SAAPI-14<sup>23</sup>**).

ODO reviewed the facility's SAAPI training records and found the facility completed SAAPI refresher training once per year instead of bi-annually (**Deficiency SAAPI-26<sup>24</sup>**).

ODO reviewed the facility's SAAPI policy, SAAPI training, and found ERO Atlanta had not approved the facility medical staff's training for examining and treating victims of sexual abuse

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<sup>19</sup> "The facility shall include a classification section in its detainee handbook which will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each.
2. The procedures by which a detainee may appeal his or her classification." See ICE NDS 2019, Standard Custody Classification System, Section (II)(H)(1) and (2).

<sup>20</sup> "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 (II)(B)(2). **This is a Repeat Deficiency.**

<sup>21</sup> "The facility will immediately notify ICE/ERO of all claims and outcomes." See ICE NDS 2019, Standard Funds and Personal Property, Section (II)(F)(4). **This is a Repeat Deficiency.**

<sup>22</sup> "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.
3. The rules for storing or mailing property not allowed in their possession;
4. The procedures for claiming property upon release, transfer, or removal; ...
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) thru (5).

<sup>23</sup> "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>24</sup> Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in biannual refresher training thereafter." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

**(Deficiency SA-API-39<sup>25</sup>).**

ODO found that the facility did not provide detainees with the contact information for the facility's SA-API program coordinator nor a procedure for how to contact them **(Deficiency SA-API-48<sup>26</sup>).**

ODO found the facility's written SA-API procedures did not include procedures for administrative investigations, a requirement for investigations to be documented by written report, which include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings. Additionally, there was no requirement to retain administrative investigation reports for as long as the facility detained or employed the alleged abuser, plus 5-years **(Deficiency SA-API-138<sup>27</sup>).**

ODO found the facility's SA-API policy did not have the facility prepare a negative report when the facility had no reports of sexual abuse and assault during its last annual reporting period **(Deficiency SA-API-161<sup>28</sup>).**

ODO reviewed the facility's SA-API program and found the facility did not provide the results and findings from their most recent annual review to ERO Atlanta, which prevented ERO Atlanta from transmitting the results of that annual review to the ICE prevention of sexual assault coordinator **(Deficiency SA-API-162<sup>29</sup>).**

## **CARE**

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

ODO reviewed 12 detainee medical records and found in 3 out of 12 medical records, the facility had not completed the detainees' comprehensive health assessment, including a physical examination and mental health screening, within 14-days of the detainees' arrival at the facility, which was a repeat deficiency. Instead, the facility's medical staff completed the three physicals

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<sup>25</sup> "Facility medical staff shall be trained in procedures for examining and treating victims of sexual abuse in facilities where medical staff may be assigned these activities. This training shall be subject to the review and approval of ICE/ERO." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

<sup>26</sup> "The facility shall provide detainees with the name of the program coordinator or designated staff member and information on how to contact him or her." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).

<sup>27</sup> "The facility shall develop written procedures for administrative investigations, including provisions requiring: ...

f. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and

g. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(f) and (g).

<sup>28</sup> "If the facility has not had any reports of sexual abuse and assault during the annual reporting period, then the facility shall prepare a negative report." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

<sup>29</sup> "The results and findings of the annual review shall be provided to the facility administrator and ICE/ERO for transmission to the ICE PSA Coordinator (this notification must be sent directly to the FOD)." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

examinations between 18 and 20-days of the detainees' arrival (**Deficiency MC-27**<sup>30</sup>).

## **SIGNIFICANT SELF-HARM AND SUICIDIE PREVENTION AND INTERVENTION (SSH&SP&I)**

ODO reviewed the facility's suicide recognition and prevention policy and found if a mental health provider placed a detainee in a suicide-resistant cell, the facility did not require the mental health provider perform welfare checks every [REDACTED]. Instead, the policy required [REDACTED] checks from the mental health provider, on days when the mental health provider was at the facility, and a call to the on-call clinician, on days when the mental health provider is not at the facility (**Deficiency SSH&SP&I-22**<sup>31</sup>).

ODO found if a mental health provider placed a detainee under close observation status, the facility did not require the mental health provider perform welfare checks every [REDACTED]. Instead, the policy required [REDACTED] checks from the mental health provider, on days when the mental health provider was at the facility, and a call to the on-call clinician, on days when the mental health provider is not at the facility (**Deficiency SSH&SP&I-28**<sup>32</sup>).

ODO found the facility's suicide recognition and prevention policy did not require a mental health provider assess the suicidal detainee to determine whether a suicide smock is necessary, and if so, whether to provide underwear to the detainee. Instead, the policy required the facility's medical staff provide all suicidal detainees with suicide clothing and to remove all non-suicide articles of clothing from the detainees, including their undergarments and socks, without an assessment from a mental health provider (**Deficiency SSH&SP&I-35**<sup>33</sup>).

## **JUSTICE**

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

ODO reviewed the facility's GS policy, grievance logs, and found the facility permitted up to 14-business days to provide a response to a detainee's grievance. Additionally, ODO found grievances logged in the facility's grievance log in which the facility's response to those grievances exceeded five-business days (**Deficiency GS-15**<sup>34</sup>).

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<sup>30</sup> "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). **This is a Repeat Deficiency.**

<sup>31</sup> "A mental health provider may place a detainee in a suicide-resistant cells with constant monitoring (one-to-one). ... The monitoring must be documented [REDACTED] or more frequently if necessary. A mental health provider will perform welfare checks every [REDACTED]. See ICE NDS 2019, Standard Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>32</sup> "... A detainee on close observation shall be regularly monitored. The monitoring shall consist of staggered checks at [REDACTED] and be documented. A mental health provider will perform welfare checks every [REDACTED]. See ICE NDS 2019, Standard Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>33</sup> "A mental health provider shall assess the detainee to determine whether a suicide smock is necessary, and if so, whether to provide underwear." See ICE NDS 2019, Standard Significant Self-harm and Suicide Prevention and Intervention, Section (II)(I).

<sup>34</sup> "Barring extraordinary circumstances, grievances shall be addressed within five business days." See ICE NDS 2019, Standard Grievance System, Section (II)(A)(2)(a).

ODO found the facility’s GS policy did not require the facility issue a decision on grievances related to sexual abuse claims within five-days of receipt and instead permitted the facility’s staff to respond to those types of grievances within 90-days of the detainee’s initial filing of the grievance (**Deficiency GS-30**<sup>35</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 29 deficiencies in the remaining seven standards, which included 11 repeat deficiencies. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2019)</b>	<b>FY 2021 (NDS 2019)</b>
Standards Reviewed	19	18
Deficient Standards	11	7
Overall Number of Deficiencies	27	29
Repeat Deficiencies	0	11
Areas of Concern	0	0
Corrective Actions	0	0

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<sup>35</sup> “If a detainee files a grievance related to a sexual abuse claim, the facility shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days.” See ICE NDS 2019, Standard Grievance System, Section (II)(G).