



U.S. Department of Homeland Security
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 Boston Field Office**

**Strafford County Corrections
Dover, New Hampshire**

September 21-23, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
STRAFFORD COUNTY CORRECTIONS
Dover, New Hampshire

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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 Strafford County Corrections (SCC) in Dover, New Hampshire, from September 21 to 23, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection from March 29 to April 2, 2021. The facility opened in 2004, is owned by Strafford County, and is operated by the Strafford County Board of Commissioners. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCC in 2004 under the oversight of ERO’s Field Office Director (FOD) in Boston (ERO Boston). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned deportation officers to the facility. A superintendent handles daily facility operations and manages █████ support personnel. Strafford County Corrections provides food services and medical care, and Oasis provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	████
Average ICE Population ³	████
Adult Male Population (as of September 20, 2021)	████
Adult Female Population (as of September 20, 2021)	████

During its last inspection, in March 2021, ODO found 56 deficiencies in the following areas: Admission and Release (5); Classification System (13); Emergency Plans (1); Environmental Health and Safety (6); Facility Security and Control (3); Food Service (1); Funds and Personal Property (3); Grievance System (1); Medical Care (7); Special Management Units (6); Staff-Detainee Communication (3); Telephone Access (1); and Use of Force and Restraints (6).

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

² Data Source: ERO Facility List as of September 20, 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/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

PBNS 2008 Standards Inspected ⁴	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	6
Sub-Total	6
Part 2 - Security	
Admission and Release	4
Custody Classification System	6
Facility Security and Control	3
Funds and Personal Property	2
Special Management Units	2
Staff-Detainee Communication	3
Use of Force and Restraints	6
Sub-Total	26
Part 4 - Care	
Food Service	3
Hunger Strikes	0
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	4
Part 5 - Activities	
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	1
Sub-Total	1
Total Deficiencies	37

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

DETAINEE RELATIONS

ODO interviewed 24 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.

Admission and Release: Seven detainees stated they did not receive the ICE National Detainee Handbook upon intake to the facility.

- Action Taken: ODO interviewed facility staff, tested detainee tablets, and found the facility had been issuing the 2016 edition of the ICE National Detainee Handbook. ERO revised the ICE National Detainee Handbook in September 2021. ODO advised the facility to work with ERO Boston to obtain and make available the current edition of the ICE National Detainee Handbook to detainees.

Grievance System: One detainee stated he filed a grievance and never received a response.

- Action Taken: ODO reviewed the detainee's detention file and the facility's grievance logbook and found the detainee filed a grievance on August 6, 2021, stating he had to sleep on a concrete floor while in booking.

The grievance logbook stated the detainee's grievance description as, "Mistreatment in booking," and outcome as, "Inmate given inmate handbook," on August 6, 2021. ODO reviewed the detainee's detention file, interviewed facility staff, and found on July 23, 2021, the detainee did not clear initial facility COVID protocols, refused to return to the quarantine unit, would not accept a cell mate, and threatened staff members. The facility staff removed the detainee from his cell and escorted him to booking, pending a disciplinary board hearing.

ODO observed cells in the booking area and found all cells had raised concrete beds with sleeping mats. ODO was not provided any documentation by the facility that a grievance officer provided a response to the detainee. ODO was unable to determine if the facility did or did not provide a copy of the grievance disposition to the detainee and advised facility staff and ERO that a grievance officer must respond to detainee grievances within 5 days.

Medical Care: One detainee stated medical staff did not examine him and provided medication that did not work for his back and rib pain.

- Action Taken: ODO interviewed the facility's health service administrator (HSA) who conducted a review of the detainee's medical record and found the detainee arrived at the facility on August 24, 2021, and a registered nurse completed the detainee's initial exam on August 27, 2021, with no issues recorded.

On September 16, 2021, the detainee placed a sick call request for back and rib pain. A licensed practical nurse referred the detainee to the facility medical provider for further treatment and instructed the detainee to request Motrin during the daily pill distribution. On September 22, 2021, a physician's assistant (PA) examined the detainee, found musculoskeletal upper back pain, wrote a 30-day prescription for

Meloxicam, an anti-inflammatory pain reliever, and instructed the detainee to return to sick call if the pain persisted.

Medical Care: One detainee stated medical staff did not want to touch his wound nor catheter and required him to request supplies and to change his own bandages.

- Action Taken: ODO interviewed the facility's HSA who conducted a review of the detainee's medical record and found the detainee arrived at the facility on July 22, 2021. A nurse conducted an intake medical screening and noted the detainee's statement that he had an abdominal CAT scan for abdominal pain at his previous facility on July 21, 2021. During sick call on July 26, 2021, the detainee complained of being unable to urinate, and a nurse attempted to catheterize him but with no success. Facility medical staff members transported the detainee to the emergency room where they inserted a suprapubic catheter into him. On July 27, 2021, a registered nurse completed the detainee's initial medical exam, noted the installation of a suprapubic catheter, changed the detainee's bandages, and drained the catheter.

The HSA verified the detainee's medical record stated medical staff was regularly monitoring the detainee's wound for infection, changing the detainee's bandages, and draining his catheter daily. On September 10, 2021, a PA examined the detainee's wound for infection and prescribed antibiotics to prevent infection. On September 16, 2021, a PA ordered an ultrasound to monitor the detainee's progress.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed facility staff, toured the facility, and found tape or paper covered most light fixtures in detainee cells. Additionally, ODO observed air vents covered with dust and other paper items (**Deficiency EHS-16⁵**).

ODO interviewed the fire safety officer, reviewed [REDACTED] fire drill reports, and found the facility neither used nor documented the use of emergency keys during fire drills (**Deficiency EHS-110⁶**). **This is a repeat deficiency.**

ODO interviewed the fire safety officer, reviewed [REDACTED] fire drill reports, and found the facility did not draw nor use emergency keys during fire drills (**Deficiency EHS-111⁷**). **This is a repeat deficiency.**

⁵ "Furniture and fixtures shall be cleaned daily." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (V)(C)(3).

⁶ "Emergency-key drills shall be included in each fire drill and timed." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(3).

⁷ "Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(3).

ODO interviewed facility staff, reviewed the facility's emergency fire exit plans, and found exit maps lacking "You Are Here" markers in two housing units (**Deficiency EHS-112⁸**). **This is a repeat deficiency.**

ODO interviewed facility staff, reviewed the facility's emergency fire exit plans, toured the facility, and found diagrams in two housing units did not identify nor explain "Areas of Safe Refuge" (**Deficiency EHS-113⁹**). **This is a repeat deficiency.**

ODO interviewed facility staff, toured the facility, and found one housing unit without a posted emergency fire exit diagram (**Deficiency EHS-114¹⁰**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed booking and classification staff and found the facility did not train all staff members on the admissions process at the facility (**Deficiency AR-10¹¹**). **This is a repeat deficiency.**

ODO observed the facility provided detainees outdated electronic and paper copies of the ICE National Detainee Handbook. Specifically, the facility provided the 2016 edition of the ICE National Detainee Handbook instead of the current 2021 edition (**Deficiency AR-68¹²**).

ODO reviewed [REDACTED] detainee files and found no signed documentation by the detainee, acknowledging receipt of the facility handbook in [REDACTED] files (**Deficiency AR-73¹³**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee files and found the facility did not maintain receipt of detainee acknowledgement of the facility handbook in [REDACTED] files (**Deficiency AR-74¹⁴**). **This is a**

⁸ "You Are Here" markers on exit maps; and ..." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(E).

⁹ "Areas of Safe Refuge" shall be identified and explained on diagrams." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(E).

¹⁰ "Diagram posting will be in accordance with applicable fire safety regulations of the jurisdiction." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(E).

¹¹ "Staff members shall be provided with adequate training on the admissions process at the facility." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(1).

¹² "1. In accordance with the Detention Standard on Detainee Handbook, every facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(G)(1).

¹³ "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).

¹⁴ "If a form is used instead of a stamp or comparable notation on the back of the I-385, the officer must record the detainee's name and A-number in addition to the above-required information. The form is maintained in the detainee's detention file." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(G)(4).

repeat deficiency.

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed the booking and classification staff and found ERO Boston had not approved the facility's locally established classification system and procedures (**Deficiency CCS-2¹⁵**). **This is a repeat deficiency.**

ODO interviewed facility booking and classification staff and found the facility administrator did not require all facility staff assigned classification duties to be adequately trained in the facility's classification process (**Deficiency CCS-3¹⁶**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee files for detainees who had been housed at the facility long enough to receive a first classification reassessment (60 to 90 days from initial assessment) and found in [REDACTED] out of [REDACTED] files, the facility did not complete a classification reassessment (**Deficiency CCS-13¹⁷**). **This is a repeat deficiency.**

ODO reviewed five detainee files for detainees the facility housed long enough to receive subsequent classification reassessments and found the facility did not conduct a subsequent classification for any of the five detainees (**Deficiency CCS-15¹⁸**). **This is a repeat deficiency.**

ODO reviewed the facility's classification system policy, interviewed staff, and found the facility's classification system did not ensure a detainee may be reassessed and/or reclassified (**Deficiency CCS-40¹⁹**). **This is a repeat deficiency.**

ODO reviewed the facility's detainee handbook and found it did not include an explanation of the classification levels with the conditions and restrictions applicable to each (**Deficiency CCS-53²⁰**). **This is a repeat deficiency.**

¹⁵ "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).*

¹⁶ "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).

¹⁷ "First Reassessment. A Classification Reassessment shall be completed 60 to 90 days after the date of the initial assessment." *See PBNDS 2008, Standard, Classification System, Section (V)(B).*

¹⁸ "Detainees in IGSA facilities shall be offered subsequent classification reassessments at similar intervals." *See ICE PBNDS 2008, Standard, Classification System, Section (V)(B).*

¹⁹ "All facility classification systems shall ensure that a detainee may be reassessed and/or reclassified." *See ICE PBNDS 2008, Standard, Classification System, Section (V)(H).*

²⁰ "The Detainee Handbook Standard section on classification shall include: ...
• An explanation of the classification levels, with the conditions and restrictions applicable to each.
• The procedures by which a detainee may appeal his or her classification."

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

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's visitor logbook and found the front entrance officer did not always log visitor's time of departure nor unusual requests (**Deficiency FSC-18²¹**). **This is a repeat deficiency.**

ODO found the facility's visitor logbook does not have a location to record the detainee's name and A-number, the visitor's relationship to the detainee, immigration status, nor address (**Deficiency FSC-19²²**). **This is a repeat deficiency.**

ODO reviewed the facility's visitor logbook and found the post officer did not require each visitor to sign his or her name in the visitor logbook (**Deficiency FSC-20²³**). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO observed detainee personal property was not stored in a manner that was tamper-resistant and opened only in the presence of the detainee (**Deficiency FPP-56²⁴**). **This is a repeat deficiency.**

ODO interviewed facility booking and classification staff and found the facility did not maintain a logbook for detainee personal property being issued and returned from the property room (**Deficiency FPP-57²⁵**). **This is a repeat deficiency.**

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed six detainee administrative segregation files and found in six out of six files the releasing officer did not indicate the date nor time of release on the Administrative Segregation Order (**Deficiency SMU-105²⁶**). **This is a repeat deficiency.**

²¹ "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).

²² "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).

²³ "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).

²⁴ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a manner that is tamper-resistant (such as by a tamperproof numbered tie strap) and shall only be opened in the presence of the detainee." *See* ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

²⁵ "A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued, and date returned." *See* ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

²⁶ "When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Administrative Segregation Order." *See* ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(2)(g).

ODO reviewed [REDACTED] detainee disciplinary segregation files and found in [REDACTED] files the releasing officer did not indicate the date nor time of release on the Disciplinary Segregation Order (Deficiency SMU-137²⁷). **This is a repeat deficiency.**

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ERO Boston staff assigned to the facility and found ERO does not have a policy to ensure ERO 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-6²⁸). **This is a repeat deficiency.**

ODO interviewed ERO Boston and found the FOD does not have specific written procedures for documenting each visit (Deficiency SDC-18²⁹). **This is a repeat deficiency.**

ODO accompanied ERO Boston to observe staff-detainee communication visits and observed outdated DHS OIG posters displayed throughout the facility (Deficiency SDC-44³⁰).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed one detainee use of force (UOF) after-action review (AAR), interviewed a facility captain and detention officer, and found the facility did not send the report of incident to the FOD (Deficiency UOFR-126³¹). **This is a repeat deficiency.**

ODO reviewed one detainee UOF AAR, interviewed facility staff, and found the facility did not send the FOD a copy of the audiovisual recording for review (Deficiency UOFR-133³²). **This is a repeat deficiency.**

²⁷ "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).

²⁸ "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).

²⁹ "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).

³⁰ "During staff-detainee communication visits, ICE/DRO staff shall verify the presence of posters at designated locations and shall ensure that any missing posters are replaced as soon as possible." *See* ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(D)(4).

³¹ "Within two working days, copies of the report shall be placed in the detainee's A-File and sent to the Field Office Director." *See* ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(O)(1).

³² "The facility administrator shall review the audiovisual recording within four working days of the incident and shall then send the Field Office Director a copy for review." *See* ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(O)(2).

ODO reviewed the facility's UOF policy, interviewed the facility staff, and found the facility does not have approved procedures for an AAR of UOF incidents and applications of restraints (**Deficiency UOFR-140**³³).

ODO reviewed the facility's UOF policy, interviewed the facility staff, and found the facility's incident review process is not modeled after the ICE/DRO process. Additionally, ERO Boston has not reviewed nor approved the facility's incident review process (**Deficiency UOFR-141**³⁴).

ODO reviewed one detainee UOF AAR, interviewed a facility captain and detention officer, and found the facility administrator, the FOD's designee, and the HSA were not part of the AAR (**Deficiency UOFR-142**³⁵). **This is a repeat deficiency.**

ODO reviewed one detainee UOF AAR, interviewed the facility staff, and found the facility administrator did not report the details and findings of appropriate or inappropriate UOF by memorandum to the FOD nor whether they concurred with the AAR team's findings (**Deficiency UOFR-149**³⁶). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO interviewed the facility's food service manager, reviewed five purchase requests for sugar, and found five out of five purchase requests did not specify special-handling requirements for delivery (**Deficiency FS-26**³⁷).

ODO reviewed the facility's common fare menus and found the facility did not provide special menus for the 10 Federal holidays (**Deficiency FS-180**³⁸).

³³ "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).

³⁴ "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).

³⁵ "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).

³⁶ "Within two working days of the After-Action Review Team's submission of its determination, the facility administrator shall report with the details and findings of appropriate or inappropriate use of force, by memorandum, to the Field Office Director and whether he or she concurs with the finding." *See* ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(4).

³⁷ "Mace, nutmeg, cloves, sugar, and alcohol-based flavorings also require special handling and storage.

• The purchase order for any of these items shall specify the special-handling requirements for delivery."

See ICE PBNDS 2008, Standard, Food Service, Section (V)(B)(4)(b).

³⁸ "The Common Fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." *See* ICE PBNDS 2008, Standard, Food Service, Section (V)(G)(2).

ODO interviewed the facility food service manager, viewed all kosher food, and found the facility did not purchase margarine labeled "pareve" or "parve" for the kosher tray (**Deficiency FS-191**³⁹).

MEDICAL CARE (MC)

ODO interviewed the HSA and found the facility did not conduct external peer reviews (**Deficiency MC-196**⁴⁰). **This is a repeat deficiency.**

Corrective Action: The facility provided ODO with policy SCDOC-HR, Provider Peer Review, dated August 1, 2021. The policy requires an external peer review for all independently licensed medical professionals. ODO reviewed the policy and found external peer reviews are scheduled to begin on October 6, 2021 (**C-1**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed 18 detainee files and found in 18 out of 18 files, the facility did not place a copy of the completed grievance disposition in the file (**Deficiency GS-91**⁴¹). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 15 standards under PBND 2008 and found the facility in compliance with 4 of those standards. ODO found 37 deficiencies in the remaining 11 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of SCC on August 6, 2021.

Compliance Inspection Results Compared	FY 2021 (PBND 2008)	FY 2021 (PBND 2008)
Standards Reviewed	20	15
Deficient Standards	13	11
Overall Number of Deficiencies	56	37
Repeat Deficiencies	13	28
Areas Of Concern	0	0
Corrective Actions	0	1

³⁹ "Only bread and margarine labeled "pareve" or "parve" shall be purchased for the kosher tray." See ICE PBND 2008, Standard, Food Service, Section (V)(G)(5).

⁴⁰ "Reviews are conducted at least every two years." See ICE PBND 2008, Standard, Medical Care, Section (V)(X)(3).

⁴¹ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee." See ICE PBND 2008, Grievance System, Section (V)(E).