



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

Chippewa County Correctional Facility  
Sault Sainte Marie, Michigan

September 21-24, 2020

**COMPLIANCE INSPECTION**  
**of the**  
**Chippewa County Correctional Facility**  
Sault Sainte Marie, Michigan

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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 Chippewa County Correctional Facility (CCCF), from September 21 to 24, 2020.<sup>1</sup> The facility opened in 1954 and is owned and operated by Chippewa County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCCF in 2004 under the oversight of ERO’s Field Office Director (FOD) in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers nor a detention services manager to the facility. A CCCF warden handles daily facility operations and is supported by █ personnel. Chippewa County provides food services, Well Path provides medical care, and Trinity Food Service provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	37
Average ICE Detainee Population <sup>3</sup>	█
Male Detainee Population (as of 9/21/2020)	█
Female Detainee Population (as of 9/21/2020)	█

During its last inspection, in Fiscal Year (FY) 2017, ODO found 23 deficiencies in the following areas: Access to Legal Material (1); Admissions and Release (3); Food Service (3); Funds and Personal Property (1); Staff-Detainee Communication (1); Environmental Health and Safety (4); Special Management Unit (Administrative Segregation) (2); Special Management Unit (Disciplinary Segregation) (1); and Medical Care (7).

<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 September 21, 2020.

<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</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	1
Funds and Personal Property	3
Use of Force and Restraints	0
Special Management Units	10
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>14</b>
<b>Part 4 – Care</b>	
Food Service	2
Medical Care	9
Personal Hygiene <sup>6</sup>	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>12</b>
<b>Part 5 – Activities</b>	
Recreation	1
Religious Practices	0
Telephone Access	0
Visitation	1
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 – Justice</b>	
Detainee Handbook <sup>7</sup>	1
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>30</b>

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

<sup>6</sup> The deficiency cited under the Personal Hygiene standard was identified while reviewing the Admission and Release Standard, the Personal Hygiene standard was not reviewed in its entirety.

<sup>7</sup> The deficiency cited under the Detainee Handbook standard was identified while reviewing the Admission and Release Standard, the Detainee Handbook standard was not reviewed in its entirety.

## DETAINEE RELATIONS

ODO interviewed 10 detainees, who each voluntarily agreed to participate. There was a total of 14 detainees at the facility; however, four detainees declined an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Medical Care:* Nine out of 10 detainees stated the facility's medical staff took up to five days to see them after they submitted their sick call requests.

- Action Taken: ODO found the facility's medical staff did not review sick call requests daily, excluding weekends, and the facility's medical staff typically evaluated the detainees within five-days of the detainees' request for sick call. Additionally, the facility's sick call procedure required detainees to submit their sick call requests to a housing unit deputy instead of to the facility's medical staff, violating confidentiality, which ODO cited as a deficiency under the Medical Care section of this report.

*Medical Care:* One detainee stated he had high-blood pressure (BP), problems with his vision, and the facility had not provided him with a dental evaluation, nor dental treatment, since he arrived at this facility.

- Action Taken: ODO reviewed the detainee's dental and medical records and spoke with the facility's medical staff. ODO found the facility's medical staff diagnosed him with three decaying teeth during his initial dental examination when he arrived at the facility. On two occasions, the detainee reported pain in his dental area for which the facility's medical staff evaluated him and treated him with antibiotics and Tylenol. The facility's medical staff scheduled the detainee to have the three decaying teeth extracted by a dentist. Since the detainee has high BP, the facility scheduled three separate appointments to remove one tooth per appointment. The dentist completed the first two teeth extractions on June 24, 2020, and September 22, 2020. The facility's medical staff had to delay the third appointment due to COVID-19 restrictions, and they will re-schedule the appointment as soon one becomes available.

The facility's medical staff evaluated the detainee routinely in their chronic care clinic for his high BP. The facility's medical staff prescribed him medication to manage his high BP and they administered the medication daily.

The facility's medical staff evaluated the detainee's vision and recommended an outside provider evaluate his vision; however, the appointment was not determined to be an emergency. The facility's medical staff informed ODO they added the detainee to their list for outside appointments and once the COVID-19 restrictions are lifted, they will schedule the appointment.

*Medical Care:* One detainee stated he had an infected toe and the facility's medical staff had not followed-up with him since his initial appointment on July 20, 2020.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility's medical staff. ODO found the detainee reported a problem with his toe to the facility's medical staff on August 7, 2020. The facility's medical staff evaluated his toe on August 10, 2020, and found he had an ingrown toenail. The facility's medical staff prescribed him oral antibiotics, instructed him to soak his toe in water, and submitted a referral for a podiatrist to conduct a toe wedge removal. The facility's medical staff determined the detainee's appointment was a non-emergency and they postponed the appointment due to COVID-19 restrictions. ODO requested the facility's medical staff follow-up with the detainee and provide him with a status of his appointment.



# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's sharps inventories for the previous 12-months and found the facility's health services administrator did not reconcile the inventories weekly (**Deficiency EH&S-1<sup>8</sup>**).

## SECURITY

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the detainee detention files for five detainees with relevant events documented, which would have required reclassification; however, the facility did not conduct reclassifications for all five detainees (**Deficiency CCS-1<sup>9</sup>**).

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

ODO reviewed 13 detainee detention files for detainees the facility documented as having personal property and found the facility did not obtain a forwarding address from all 13 detainees (**Deficiency F&PP-1<sup>10</sup>**).

ODO found one out of 13 detention files did not include documentation, which indicated the facility provided the detainee a receipt for the detainee's personal property the facility held (**Deficiency F&PP-2<sup>11</sup>**).

ODO reviewed the facility's detainee handbook and found it did not include procedures for detainees to claim their property upon their release, nor for filing a claim for lost or damaged property (**Deficiency F&PP-3<sup>12</sup>**).

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<sup>8</sup> "a. Inventory: A perpetual/running inventory will be kept of those items that pose a security risk, such as s [REDACTED] [REDACTED] This inventory will be reconciled [REDACTED] by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

<sup>9</sup> "All facility classifications systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events. Reclassification assessments shall consider, among other factors, the detainee's risk of victimization or abusiveness. Subsequent reclassification assessments shall be completed any other time when warranted based upon the receipt of additional, relevant information, or following an incident of abuse or victimization. A detainee may request reclassification at any time." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

<sup>10</sup> "Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(1).

<sup>11</sup> "Each facility shall have a written standard procedure for inventory and receipt of detainee funds and valuables. Each detainee shall be given a receipt for all property held until release." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(2).

<sup>12</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...  
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)(4) and (5).

## SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the detainee detention files for 12 detainees the facility placed in administrative segregation (AS) and found 6 out of 12 files did not document a supervisor conducted a review within 72-hours of the facility placing the detainees in AS (**Deficiency SMU-1<sup>13</sup>**).

ODO reviewed the facility's disciplinary hearing sanctions policy and reviewed the detainee detention files for four detainees the facility placed in disciplinary segregation. ODO found the facility's policy did not allow for the deduction of a detainee's pre-disciplinary detention time from the institution discipline panel's time ordered for disciplinary segregation. Additionally, the facility did not give four out of four detainees credit for their pre-disciplinary detention time (**Deficiency SMU-2<sup>14</sup>**).

ODO reviewed the detainee detention files for two detainees who served more than seven days in disciplinary segregation and found the facility did not conduct a seven-day review for either detainee (**Deficiency SMU-3<sup>15</sup>**).

ODO requested to review the facility's SMU log, interviewed the jail administrator, and found the facility did not maintain a permanent SMU log (**Deficiency SMU-4<sup>16</sup>**).

ODO reviewed the SMU records for 12 detainees the facility housed in their SMU and found 12 out of 12 SMU records did not contain an officer's printed name and signature (**Deficiency SMU-5<sup>17</sup>**).

ODO found the facility's medical staff did not sign 12 out of 12 SMU records, after visiting the detainees in SMU (**Deficiency SMU-6<sup>18</sup>**).

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<sup>13</sup> "a. A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted..." See ICE NDS 2019, Standard, Special Management Units, Section, (II)(A)(3)(a).

<sup>14</sup> "... A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Panel (IDP), or its equivalent, after a hearing in which the detainee has been found to have committed a prohibited act and only when alternative dispositions would inadequately regulate the detainee's behavior.

1. Duration...

Time served in pre-disciplinary hearing detention shall be deducted from any time ordered by the IDP."

See ICE NDS 2019, Standard, Special Management Units, Section, (II)(B)(1).

<sup>15</sup> "A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days." See ICE NDS 2019, Standard, Special Management Units, Section, (II)(B)(3)(a).

<sup>16</sup> "1. Permanent SMU Log: A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.). The SMU log shall record the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date (for detainees in disciplinary segregation), the authorizing official, and date released. These logs shall also be used by supervisory staff and other officials to record their visits to the unit." See ICE NDS 2019, Standard, Special Management Units, Section, (II)(D)(1).

<sup>17</sup> "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU.

a. The special housing unit officer shall immediately record: ...

3) The officer that conducts the activity shall print his or her name and sign the record."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(3).

<sup>18</sup> "b. The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU..." See ICE NDS 2019, Standard, Special Management Units, Section, (II)(D)(2)(b).

ODO reviewed the facility's medical care policy, interviewed the facility's medical staff and the Wellpath regional representative, and found the facility restricted the number of times a detainee housed in the special housing unit was permitted to request sick call to three times per week (**Deficiency SMU-7<sup>19</sup>**).

ODO found [REDACTED] minute observation checks routinely exceeded [REDACTED] minutes, and on several occasions, went up to three hours between checks (**Deficiency SMU-8<sup>20</sup>**).

ODO reviewed the training records for [REDACTED] facility staff members assigned SMU duties and found [REDACTED] training records did not indicate the staff members were trained in identifying signs of mental health decompensation, techniques for appropriate interactions with mentally ill detainees, the impact of isolation, nor de-escalation techniques (**Deficiency SMU-9<sup>21</sup>**).

ODO reviewed the facility's SMU policy, 12 detainee SMU housing unit records, and found the facility's SMU policy indicated the facility's medical staff would conduct medical rounds three times per week, instead of daily as required by the standard. Additionally, 9 out of 12 SMU housing unit records did not include any documentation the facility's medical staff conducted medical rounds with the detainees (**Deficiency SMU-10<sup>22</sup>**).

ODO reviewed facility's SMU policy and found it directed the facility's staff to review each detainee's placement in AS after 30-days, and then in 30-day increments thereafter, instead of every 10-days as required by the standard. ODO found no instances in which the facility housed a detainee in AS beyond 30-days and noted the facility's policy contradicting the standard as an **Area of Concern**.

## **CARE**

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

ODO reviewed the facility's FS menus for Calendar Year 2020 and found the facility's FS staff did not complete special common fare menus for the 10 federal holidays (**Deficiency FS-1<sup>23</sup>**).

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<sup>19</sup> "Generally, these detainees shall receive the same privileges available to detainees in the general population, consistent with any safety and security considerations for detainees and facility staff." See ICE NDS 2019, Standard, Special Management Units, Section (II)(J)(1).

<sup>20</sup> "SMU staff shall observe and log observations at least every [REDACTED] minutes on an irregular schedule. For cases that warrant increased observation, the SMU staff shall observe detainees accordingly." See ICE NDS 2019, Standard, Special Management Units, Section, (II)(K).

<sup>21</sup> "Security staff assigned to SMU shall receive training in relevant topics, such as: 1. Identifying signs of mental health decompensation; 2. Techniques for appropriate interactions with mentally ill detainees; 3. The impact of isolation; and 4. De-escalation techniques." See ICE NDS 2019, Standard, Special Management Units, Section, (II)(L).

<sup>22</sup> "... Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU. ... Health care visits shall be recorded on the SMU housing record or comparable form." See ICE NDS 2019, Standard, Special Management Units, Section, (II)(M).

<sup>23</sup> "Facilities must make available a 'common fare' menu, which serves as the foundation to which modifications may be made to accommodate the religious diets of various faiths (e.g., for the inclusion of halal flesh-food options)...The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays. The menus must be certified as exceeding minimum daily nutritional requirements, meeting or exceeding U.S. recommended daily allowances (RDAs)." See NDS 2019, Standard, Food Service, Section (II)(F)(2).

ODO interviewed the facility's food service administrator and the jail administrator, and found the facility had not prepared a religious ceremonial-meal schedule, nor did they provide one to the jail administrator (**Deficiency FS-2<sup>24</sup>**).

## **MEDICAL CARE (MC)**

ODO reviewed [REDACTED] medical staff members credential files and found all [REDACTED] credential files lacked primary source verification of the medical staff members' medical licenses (**Deficiency MC-1<sup>25</sup>**).

ODO reviewed 12 detainee medical files and found in 5 out of 12 medical files, the on-call nurse practitioner (NP) provided telephonic orders to a facility deputy to administer medications to the detainees. The on-call NP did not follow-up the telephonic orders with a written medication order, nor were the orders signed by the prescribing physician, as required by the Code of Federal Regulations (**Deficiency MC-2**).

ODO reviewed 12 detainee medical files and found in all 12 medical files, the facility's intake medical screening form did not include tuberculosis symptom specific questions, in accordance with the Centers for Disease Control guidelines (**Deficiency MC-3<sup>26</sup>**).

ODO found one out of 12 detainee medical files documented a significant language barrier with the detainee, which prevented the detainee's understanding of the medical treatment plan and patient care instructions; however, ODO found nothing to indicate the facility used a professional translation service to ensure clear communication with the detainee (**Deficiency MC-4<sup>27</sup>**).

ODO found a registered nurse (RN) routinely completed detainees' initial 14-day dental screenings; however, there was no training record, which indicated a dentist trained the RN on how to complete the dental screenings (**Deficiency MC-5<sup>28</sup>**).

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<sup>24</sup> "The chaplain, in consultation with local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the subsequent calendar year, providing it to the facility administrator..." See NDS 2019, Standard, Food Service, Section (II)(F)(7).

<sup>25</sup> "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license." See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

<sup>26</sup> "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Center of Disease and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." See ICE NDS 2019, Standard Medical Care, Section (II)(D)(1)

<sup>27</sup> "Facilities shall provide appropriate interpretation and language services for LEP detainees related to medical and mental health care. When appropriate staff interpretation is not available, facilities will make use of professional interpretation services..." See ICE NDS 2019, Standard, Medical Care, Section (II)(G).

<sup>28</sup> "An initial dental screening exam shall be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner or registered nurse. Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

ODO reviewed the facility's detainee handbook and found the facility instructed detainees to submit their medical requests to a housing unit deputy and not facility medical staff, which did not allow detainees the opportunity to request health care services (**Deficiency MC-6<sup>29</sup>**).

ODO reviewed the detainee medical files for two detainees the facility's medical staff had prescribed psychotropic medications and found both files did not have a signed consent form for the administration of psychotropic medications (**Deficiency MC-7<sup>30</sup>**).

ODO reviewed 12 detainee medical files and found all 12 medical files contained pre-completed transfer forms with clearance to travel; however, there was nothing to indicate the facility notified ERO Detroit in writing, as required by the standard (**Deficiency MC-8<sup>31</sup>**).

ODO reviewed the detainee medical file for one female detainee and found her initial medical assessment did not address pregnancy, use of contraception, reproductive history, menstrual cycle, nor history of breast and gynecological problems (**Deficiency MC-9<sup>32</sup>**).

## **PERSONAL HYGENE (PH)**

ODO reviewed the contents of the hygiene kit the facility provided to detainees and found it did not include skin lotion (**Deficiency PH-1<sup>33</sup>**).

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<sup>29</sup> "...The facility will have a mechanism that allows detainees the opportunity to privately request health care services (including mental health and dental services) provided by a physician or other health care practitioner in a clinical setting... See ICE NDS 2019, Standard, Medical Care, Section (II)(I)

<sup>30</sup> "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances. Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtain." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>31</sup> "When a health care practitioner determines that a detainee's medical or psychiatric condition requires either clearance by medical staff prior to release or transfer to another facility, or requires medical escort during removal or transfer, the facility shall notify ICE/ERO in writing." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(1).

<sup>32</sup> "All initial health assessments of female detainees shall be conducted by a qualified health care practitioner. In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following:

- a. Pregnancy test for detainees aged 18-56 and deliver to the detainee and document the results...
- c. Use of contraception;
- d. Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.);
- e. Menstrual cycle;
- f. History of breast and gynecological problems.

See ICE NDS 2019, Standard, Medical Care, Section (II)(U)(1)(a)(c) thru (f).

<sup>33</sup> "Personal Hygiene Items...

Each detainee shall receive, at a minimum, the following items: ...

6. One container of skin lotion." See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F)(6).

## ACTIVITIES

### RECREATION (R)

ODO reviewed the facility's recreation program and found their exercise areas did not include any movable equipment (**Deficiency R-1**<sup>34</sup>). The facility showed ODO their budget for 2021, which included funds to purchase moveable equipment.

### VISITATION (V)

ODO reviewed the facility's legal visitor's log and found it did not include a column for documenting why the facility denied a legal visitor's visit (**Deficiency V-1**<sup>35</sup>).

## JUSTICE

### DETAINEE HANDBOOK

ODO reviewed the facility's detainee handbook and found it did not include any information pertaining to their sexual abuse and assault prevention and intervention program, nor their disability accommodations program (**Deficiency DH-1**<sup>36</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 30 deficiencies in the remaining 10 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (NDS 2000)	FY 2020 (NDS 2019)
Standards Reviewed	17	20
Deficient Standards	11	10
Overall Number of Deficiencies	26	30
Repeat Deficiencies	N/A	N/A
Corrective Actions	4	0

<sup>34</sup> "Exercise areas shall offer a variety of fixed and movable equipment." See ICE NDS 2019, Standard, Recreation, Section (II)(C)(1).

<sup>35</sup> "A separate log shall record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(14).

<sup>36</sup> "The facility handbook will specify in detail the rules, regulations, policies, and procedures with which every detainee must comply and include information about available services such as... sexual abuse and assault prevention and intervention program, disability accommodations..." See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(B).