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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

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

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

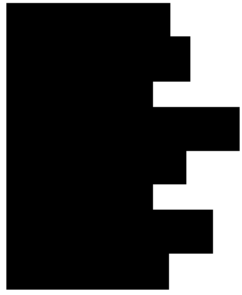
September 21-25, 2020

COMPLIANCE INSPECTION
of the
DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
Omaha, 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 Douglas County Department of Corrections (DCDOC) in Omaha, Nebraska, from September 21 to 25, 2020. DCDOC opened in 1978 and is owned and operated by Douglas County, Nebraska. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DCDOC in 2006 under the oversight of ERO’s Field Office Director (FOD) in Saint Paul, Minnesota (ERO Saint Paul). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has not assigned deportation officers nor a detention services manager to the facility. The facility director handles daily facility operations and is supported by [REDACTED] personnel. Aramark provides food services, Wellpath provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2018 and the National Commission on Correctional Health Care in April 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ¹	32
Average ICE Detainee Population ²	[REDACTED]
Male Detainee Population (as of 9/21/2020)	[REDACTED]
Female Detainee Population (as of 9/21/2020)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2019, ODO found 54 deficiencies in the following areas: Admission and Release (5); Classification System (5); Funds and Personal Property (4); Environmental Health and Safety (2); Searches of Detainees (1); Grievance System (4); Law Libraries and Legal Material (3); Sexual Abuse and Assault Prevention and Intervention (4); Special Management Units (1); Staff-Detainee Communication (8); Use of Force and Restraints (5); Food Service (1); Personal Hygiene (1); Medical Care (1); Suicide Prevention and Intervention (1); Recreation (1) ; Telephone Access (1); and Visitation (6).

¹ Data Source: ERO Facility List Report as of September 21, 2020.

² *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.³

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.

³ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ⁴	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	6
Classification System	6
Funds and Personal Property	9
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Staff-Detainee Communication	1
Use of Force and Restraints	5
Sub-Total	29
Part 4 – Care	
Food Service	1
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	1
Sub-Total	1
Part 6 – Justice	
Grievance Systems	2
Law Libraries and Legal Material	1
Sub-Total	3
Other Standards Reviewed	
Federal Performance-Based Detention Standards (FPBDS), Section A.7	0
Sub-Total	0
Total Deficiencies	34

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

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, 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.

Admission and Release: Multiple detainees stated the facility did not issue them a facility handbook when they arrived at the facility.

- Action Taken: ODO reviewed their detention files and found each detainee signed for receipt of the facility's detainee handbook. ODO interviewed facility staff members, who stated the intake staff placed a copy of the facility's detainee handbook in each bedroll the facility issued to the detainees during their intake. While reviewing the Admission and Release standard, ODO found six detainee detention files did not include documentation the detainees' signed for receiving the facility's detainee handbook, which ODO cited as a deficiency.

Medical Care: One detainee stated she requested a blood pressure check because of medication she was taking, and she had reported having constant headaches to the facility's medical staff, but they had not assisted her.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility's medical staff. ODO found a physician evaluated her on September 14, 2020, and prescribed her a new medication, which she began taking on September 15, 2020. The facility's medical staff conducted blood pressure checks on September 15, 2020, and September 16, 2020, and the physician conducted a chart review on September 16, 2020. The physician ordered the facility's medical staff conduct regular blood pressure checks on her, twice per week. Her most recent blood pressure check was on September 22, 2020, and indicated a high normal blood pressure of 136/72 mm Hg. The facility's medical staff will continue to monitor her blood pressure and the detainee did not indicate any other concerns to medical staff at that time.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 17 detainee detention files and found 4 out of 17 Orders to Detain or Release Form (Form I-203) were missing from the detention files (**Deficiency A&R-1⁵**).

ODO interviewed the facility's accreditation manager and found ERO Saint Paul had not approved the facility's orientation procedures, which was a repeat deficiency (**Deficiency A&R-2⁶**).

ODO reviewed the facility's orientation video and found a repeat deficiency. The facility's orientation video did not include the facility administrator's introduction, the authority and responsibility of security officers, nor the availability of pro bono legal services. Additionally, ODO spoke with the facility's admissions manager and found the facility did not provide detainees access to "Know Your Rights" presentations (**Deficiency A&R-3⁷**).

ODO reviewed the facility's orientation procedures and found the facility's staff did not conduct a question and answer session with the detainees after the detainees watched the orientation video (**Deficiency A&R-4⁸**).

ODO reviewed 17 detainee detention files and found 6 out of 17 files did not document the detainees signed for receiving the facility's detainee handbook (**Deficiency A&R-5⁹**).

ODO reviewed the facility's release policy and procedures and found a repeat deficiency. Specifically, ERO Saint Paul had not approved the facility's release procedures (**Deficiency A&R-6¹⁰**).

⁵ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." *See* ICE PBNDS 2008, Standard, Admission & Release, Section (V)(E).

⁶ "...Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction." *See* ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(F). **This is a Repeat Deficiency.**

⁷ "At a minimum, each video must provide the following material,...Facility administrator's introduction;...Authority, responsibilities, and duties of security officers (ICE/DRO and contract);...Availability of pro bono legal services, and how to pursue such services in the facility, including accessing Know Your Rights presentations (location of current listing, etc.)..." *See* ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(F)(4). **This is a Repeat Deficiency.**

⁸ "Following the video, staff shall conduct a question-and-answer session. Staff shall respond to the best of their ability. Under no circumstances may staff give advice about a legal matter or recommend a professional service." *See* ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(F).

⁹ "4. 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, Admissions and Release, Section (V)(G)(4).

¹⁰ "...ICE/DRO shall approve IGSA release procedures." *See* ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(H). **This is a Repeat Deficiency.**

CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's classification procedures and found the facility did not use the detainee's entire history of convictions and all disciplinary infractions when they made classification decisions, as required by ICE's classification criteria. Instead, the facility's classification system only considered the detainee's criminal history for the past [REDACTED]-years and disciplinary infractions for the past [REDACTED]-years, which was a repeat deficiency (**Deficiency CCS-1¹¹**).

ODO found a repeat deficiency in which the facility's classification staff did not review the detainee's Record of Deportable/Inadmissible Alien Form (Form I-213), nor the ERO Saint Paul provided risk classification assessment when completing a detainee's classification. Instead, the facility's classification staff used only the detainee's National Crime Information Center report to complete the detainee's classification (**Deficiency CCS-2¹²**).

ODO reviewed the facility's policy 4.1.100, Inmate Classifications Systems, interviewed the admissions manager and classification supervisor, and found a repeat deficiency. The facility did not issue [REDACTED] to detainees, nor provide them with [REDACTED], which identified the detainees' classification levels (**Deficiency CCS-3¹³**).

ODO reviewed 35 detainee classification/reclassification records and found a supervisor did not review nor approve 35 out of 35 detainee classification/reclassifications, which was a repeat deficiency (**Deficiency CCS-4¹⁴**).

¹¹ "Each facility shall develop and implement a system for classifying detainees in accordance with this Detention Standard. 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). "Staff shall use facts and other objective, credible evidence documented in the detainee's A-file, criminal history checks, or work-folder during the classification process. Relevant considerations include current offense(s), past offense(s), escape(s), institutional disciplinary history, documented violent episodes and incidents, medical information, and a history of victimization while in detention." See ICE PBNDS 2008, Standard, Classification System, Section (V)(E). **This is a Repeat Deficiency.**

¹² "The classification officer assigned to intake processing will review the detainee's A-file, work-folder and information provided by ICE/DRO to identify and classify each new arrival according to the Detention Classification System (DCS)." See ICE PBNDS 2008, Standard, Classification System, Section (V)(C). **This is a Repeat Deficiency.**

¹³ "In SPCs and CDFs, upon completion of the classification process, staff shall assign individual detainee's color-coded uniforms and wristbands as follows:



This single system of color-coding permits staff to identify a detainee's classification on sight thus eliminating confusion, preventing miscommunication with potentially serious consequences, and facilitating consistent treatment of detainees." See ICE PBNDS 2008, Standard, Classification System, Section (V)(C). **This is a Repeat Deficiency.**

¹⁴ "The designated classification supervisor (if the facility has one) or first-line supervisor shall review the intake processing officer's classification files for accuracy and completeness." See ICE PBNDS 2008, Standard, Classification System, Section (V)(D). **This is a Repeat Deficiency.**

ODO found the facility classified three detainees, each of whom had a history of violent crimes in their criminal histories, as minimum security [REDACTED] and housed all three detainees in minimum security housing (**Deficiency CS-5¹⁵**). Prior to the completion of the inspection, the facility reclassified each of the three detainees and housed them in the correct housing units, which corresponded to their corrected classification.

ODO reviewed the facility's housing unit rosters, which listed the detainees' classification levels, and found the facility comingled maximum, medium, and minimum-security detainees [REDACTED] [REDACTED] classifications respectively) in 16 out of [REDACTED] housing units (**Deficiency CS-6¹⁶**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found a repeat deficiency. Specifically, the F&PP section did not inform detainees of the procedures for requesting certified copies of their identity documents, the rules for storing or mailing personal property they were not permitted to retain in their possession, the procedures for claiming their property upon release, nor the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-1¹⁷**).

ODO interviewed the facility's records and accounting manager and found the facility stored detainees' personal identity documents with their small valuable property and did not turn over to ERO Saint Paul as required by the standard (**Deficiency F&PP-2¹⁸**).ODO interviewed the

¹⁵ "All facilities shall ensure that detainees are housed according to their classification level.

1. [REDACTED]
 - May not be co-mingled with [REDACTED] Detainees.
 - May not include any detainee with a felony conviction that included an act of physical violence.
 - May not include any detainee with an aggravated felony conviction.
 - May include detainees with minor criminal records and nonviolent felonies."

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

¹⁶ "The facility classification system shall assign detainees to the least restrictive housing unit consistent with facility safety and security. Grouping detainees with comparable histories together, and isolating those at one classification level from all others, reduces non-criminal and nonviolent detainees' exposure to physical and psychological danger. ... Housing Detainees of Different Classification Levels.- [sic] When a facility is at capacity and it becomes necessary to house detainees of different classification levels in the same housing unit, the following guidelines shall apply:

- [REDACTED] detainees may not be housed with [REDACTED] detainees.
- [REDACTED] and low [REDACTED] may be housed together, and high [REDACTED] and [REDACTED] may be housed together. ...
- Under no circumstance may a [REDACTED] detainee with a history of assaultive or combative behavior be placed in a [REDACTED] housing unit."

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

¹⁷ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...

- That, upon request, they shall be provided a ICE/DRO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
- The rules for storing or mailing property not allowed in their possession;
- The procedure for claiming property upon release, transfer, or removal;
- The procedures for filing a claim for lost or damaged property."

See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C). **This is a Repeat Deficiency.**

¹⁸ "Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/DRO official to be a true and correct copy." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E)(3).

admissions manager, classifications supervisor, and the records and accounting manager, and found 18 of 26 housing units did not have securable space for storing detainee personal property (**Deficiency F&PP-3¹⁹**).

ODO reviewed 17 detainee detention files and found two staff members did not sign for the inventory of the detainees' funds in 17 out of 17 detainee detention files reviewed (**Deficiency F&PP-4²⁰**).

ODO found two staff members did not sign for the inventory of the detainees' small and large valuables in 17 out of 17 detainee detention files reviewed (**Deficiency F&PP-5²¹**).

ODO reviewed photographs of the garment bags the facility used to store detainee clothing, interviewed the facility's admissions manager, and found the facility did not secure the garment bags in a tamper resistant manner (**Deficiency F&PP-6²²**).

ODO reviewed the facility's F&PP audit documentation for the two months preceding the inspection and found a repeat deficiency. Specifically, the facility did not routinely conduct an audit of the detainees' small valuable property each shift (**Deficiency F&PP-7²³**).

ODO found the facility did not conduct quarterly audits of the detainees' non-valuable property, which was a repeat deficiency (**Deficiency F&PP-8²⁴**).

ODO reviewed the facility's F&PP procedures, interviewed the facility's records and accounting manager, and found the facility did not turn over abandoned detainee property to ERO Saint Paul,

¹⁹ "For each housing area, the facility administrator shall designate a storage area for storing detainee personal property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E)(4).

²⁰ "SPCs and CDFs lacking automated detainee funds systems must process detainee funds and valuables as follows:

1. Funds

For recordkeeping and accounting purposes, use of the G-589 Property Receipt form is mandatory to inventory any funds removed from a detainee's possession...

The removal and inventory shall be conducted in the detainee's presence, and at least two officers must be present to remove funds from a detainee's possession and to inventory the property on the G-589. ...

The two officers and the detainee shall sign all copies after which the copies shall be distributed as follows: ...

- *Blue copy to detainee's I-385 booking card or detention file."*

See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(G)(1).

²¹ "SPCs and CDFs lacking automated detainee funds systems must process detainee funds and valuables as follows:

2. Small valuables, including jewelry

The G-589 shall describe each item of value. Jewelry shall be described in general terms (for example, ring – yellow/white metal with red/white stone), with no mention of brand name or monetary value. The detainee and two processing officers shall sign the G-589, with copies distributed as above."

See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(G)(2).

²² "... 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).

²³ "Where physical custody of, or access to, detainee funds, property envelopes, and large valuables changes with facility shift changes, both on-coming and off-going supervisors shall simultaneously conduct an audit of these items." See ICE PBNDS 2008, Standard, Funds and Personal property, Section (V)(J). **This is a Repeat Deficiency.**

²⁴ "... An inventory of detainee baggage and other non-valuable property shall be conducted by the facility administrator's designee at least once each quarter." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J). **This is a Repeat Deficiency.**

as required by the standard (**Deficiency F&PP-9²⁵**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility's SMU policy and post orders, and found the facility required detainees housed in SMU to shower, use the telephone, and clean their cells during the one hour the detainees were out of their cells for recreation (**Deficiency SMU-1²⁶**).

ODO reviewed the facility's SMU documentation and found they did not use the Administrative Segregation Review Form (Form I-885) for the regular review of a detainee's placement on administrative segregation (**Deficiency SMU-2²⁷**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's SDC policy and procedures and found a repeat deficiency. Specifically, the facility did not have a method to document ERO Saint Paul supervisory staff's unannounced visits to the facility (**Deficiency SDC-1²⁸**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the facility's documentation for six immediate UOF incidents and found four out of six incidents did not contain written reports from each officer involved in the UOF incidents (**Deficiency UOF&R-1²⁹**).

ODO reviewed the facility's UOF&R policy, which indicated the facility has a [REDACTED] to use as a restraint device; however, ODO found nothing to indicate ERO Saint Paul had approved

²⁵ "All CDFs and IGSA facilities shall report and turn over to ICE/DRO all detainee abandoned property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(M).

²⁶ "Recreation for detainees housed in the SMU shall be separate from the general population. As necessary or advisable to prevent assaults and reduce management problems, recreation for some individuals will be alone and separate from all other detainees. ...

Nevertheless, detainees in the SMU shall be offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(19)(a).

²⁷ "All facilities shall implement written procedures for the regular review of all detainees held in Administrative Segregation, consistent with the procedures specified below.

a. A security supervisor shall conduct a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. The Administrative Segregation Review (Form I-885) shall be used for the review."

See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(3)(a).

²⁸ "Each field office shall have policy and procedures to ensure and document that the ICE/DRO assigned supervisory staff conduct [REDACTED] 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. ...

These [REDACTED] Each facility shall develop a method to document the unannounced visits and ICE/DRO staff shall document their visits to IGSA's." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1). **This is a Repeat Deficiency.**

²⁹ "A written report shall be provided to the shift supervisor by each officer involved in the use of force by the end of the officer's shift." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(H)(4).

the facility to use a [REDACTED] which was a repeat deficiency (**Deficiency UOF&R-2³⁰**).

ODO reviewed the facility’s UOF forms used to document UOF incidents and found nothing to indicate ERO Saint Paul approved the facility’s UOF forms, which was a repeat deficiency (**Deficiency UOF&R-3³¹**).

ODO reviewed the facility’s UOF procedures and found nothing to indicate ERO Saint Paul approved the facility’s written after-action review (AAR) procedures for UOF incidents (**Deficiency UOF&R-4³²**).

ODO found the facility’s AAR team composition did not include a medical representative nor the FOD’s designee, which was a repeat deficiency (**Deficiency UOF&R-5³³**).

CARE

FOOD SERVICE (FS)

ODO reviewed the food service department’s kosher-food program and found the facility did not purchase kosher-food frozen entrees that were fully prepared, precooked, and in sealed containers, as required by the standard (**Deficiency FS-1³⁴**).

³⁰ “The following restraint equipment is authorized:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

• Any other ICE/DRO-approved restraint device.

Deviations from this list of restraint equipment are strictly prohibited.” See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(L). **This is a Repeat Deficiency.**

³¹ “All facilities shall have an *ICE/DRO-approved* form to document all uses of force.” See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(O)(1). **This is a Repeat Deficiency.**

³² “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. The primary purpose of an After-Action Review is to assess the reasonableness of the actions taken and determine whether the force used was proportional to the detainee’s actions. IGSA’s 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).

³³ “2. Composition of an After-Action Review Team

The facility administrator, the assistant facility administrator, the Field Office Director’s designee, and the Health Services Administrator shall conduct the After-Action Review. This four-member team After-Action Review team shall convene on the workday after the incident.” See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(2). **This is a Repeat Deficiency.**

³⁴ “With the exception of fresh fruits and vegetables, the facility’s kosher-food frozen entrees shall be purchased precooked in a sealed container, heated, and served hot. Other kosher-food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher-certification agency....” See ICE PBNDS 2008, Standard, Food Service, Section (V)(G)(5).

ACTIVITIES

VISITATION (V)

ODO reviewed the facility's visitation program and records and found the facility's legal visitation log did not include a column for a detainee's A-number, which was a repeat deficiency (**Deficiency V-1³⁵**).

JUSTICE

GRIEVANCE SYSTEM (GS)

The facility's written grievance policy indicated the facility's deputy director would respond to the grievance within 15-calendar days and not within five-working days as required by the standard (**Deficiency GS-1³⁶**).

ODO found the facility's written grievance policy did not include a level of review by medical personnel for when detainees appealed their medical grievances to the facility's director, which was a repeat deficiency (**Deficiency GS-2³⁷**).

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the facility's LL&LM procedures and found the facility provided detainees housed in SMU access to legal material; however, the facility did not permit detainees housed in SMU to use the facility's law library, which was a repeat deficiency (**Deficiency LL&LM-1³⁸**).

³⁵ "Staff shall maintain a separate log to record all legal visitors including those denied access to the detainee. The log shall include the reason(s) for denying access.

At SPCs and CDFs, the log entries shall include: the date; time of arrival; visitor's name; visitor's address; supervising attorney's name (if applicable); detainee's name and A-number; purpose of visit (e.g., pre representation, representational, expedited-removal consultation); time visit began; time visit ended. Staff shall also record any important comments about the visit." See ICE PBNDS 2008, Standard, Visitation, Section (V)(J)(15). **This is a Repeat Deficiency.**

³⁶ "That person shall act on the grievance within five working days of receipt. The responsible department head shall provide the detainee a written response of the decision and the rationale..." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(3)(2)(f).

³⁷ "... In the case of medical grievances, each facility shall establish procedures for appeal of a denial by medical personnel. An additional level of appeal by medical personnel shall be available to the detainee. All appeals of formal medical grievances and responses shall be reported to ICE/DRO..." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(D). **This is a Repeat Deficiency.**

³⁸ "Detainees housed in Administrative Segregation or Disciplinary Segregation units shall have the same law library access as the general population, unless compelling security concerns require limitations. Facilities may supervise the library use by a detainee housed in a Special Management Unit as warranted by the individual's behavior. Detainees segregated for protection may be required to use the law library separately or, if feasible, legal material may be brought to them. Violent or uncooperative detainees may be temporarily denied access to the law library, if necessary, to maintain security until such time as their behavior warrants resumed access. In some circumstances, legal material may be brought to individuals in disciplinary segregation.

Denial of access to the law library must be:

- Supported by compelling security concerns,
- Be for the shortest period required for security, and

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 17 standards under PBNDS 2008, one standard under FPBDS, and found the facility in compliance with eight of those standards. ODO found 34 deficiencies in the remaining 10 standards, which included 17 repeat deficiencies. 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.

Compliance Inspection Results Compared	FY 2019 (PBNDS 2008) / (PBNDS 2011)	FY 2020 (PBNDS 2008) / (FPBDS)
Standards Reviewed	18/1	17/1
Deficient Standards	18	10
Overall Number of Deficiencies	54	34
Repeat Deficiencies	6	17
Corrective Actions	2	0

-
- Be fully documented in the Special Management Unit housing logbook.
 - The reason should be documented and placed in the detention file.

The facility shall notify the Field Office every time access is denied and send a copy of the proper documentation.”
See ICE PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(L). This is a Repeat Deficiency.