



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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Saint Paul Field Office

Hall County Department of Corrections  
Grand Island, Nebraska

August 3-6, 2020

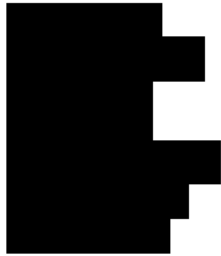
**COMPLIANCE INSPECTION**  
**of the**  
**HALL COUNTY DEPARTMENT OF CORRECTIONS**  
Grand Island, Nebraska

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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 Hall County Department of Corrections (HCDC) in Grand Island, Nebraska, from August 3 to 6, 2020.<sup>1</sup> The facility opened in 2008 and is owned and operated by the HCDC. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HCDC in 2009 under the oversight of ERO's Field Office Director (FOD) in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2019.

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

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	100
Average ICE Detainee Population <sup>3</sup>	63
Male Detainee Population (as of 8/3/2019)	58
Female Detainee Population (as of 8/3/2020)	5

During its last inspection, in Fiscal Year (FY) 2017,<sup>4</sup> ODO found 30 deficiencies in: Admission and Release (2), Detainee Grievance Procedures (3), Detainee Handbook (1), Environmental Health and Safety (6), Food Service (5), Funds and Personal Property (3), Medical Care (2), Staff-Detainee Communication (5), Special Management Unit (Administrative Segregation) (1), Suicide Prevention and Intervention (1), Telephone Access (1).

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<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 August 3, 2020.

<sup>3</sup> *Ibid.*

<sup>4</sup> ODO conducted the FY 2017 inspection using the NDS 2000. HCDC has since transitioned to NDS 2019.

## 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>5</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>5</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>6</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	4
Use of Force and Restraints	2
Special Management Units	2
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	4
<b>Sub-Total</b>	<b>12</b>
<b>Part 4 – Care</b>	
Food Service	3
Medical Care	6
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>10</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	4
<b>Sub-Total</b>	<b>4</b>
<b>Part 6 – Justice</b>	
Grievance Systems	3
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>3</b>
<b>Total Deficiencies</b>	<b>29</b>

<sup>6</sup> 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 conducted detainee interviews via video teleconference.

*Medical Care:* One detainee stated he fractured his wrist prior to arriving at HCDC and the facility medical staff had not responded to his medical requests nor had they evaluated his wrist.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility medical staff. The detainee's records indicated he informed the facility he fractured his wrist in the summer of 2019. A facility physician evaluated the detainee's right wrist within 24-hours of his arrival. The physician noted in the medical records the detainee's right wrist had been surgically repaired. The physician ordered x-rays of the right wrist, which confirmed the detainee had a fractured wrist and the right wrist had healed. ODO found no record the detainee submitted sick call requests after the physician evaluated his wrist.

*Medical Care:* One detainee stated he requested to see a dentist several weeks ago and had not seen a dentist.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility medical staff. ODO found the facility contracted with a local dentist to provide on-site care once per month. Facility medical staff was responsible for handling routine dental complaints. Facility medical staff provided detainees with pain medication, antibiotics, and would schedule the detainees to see the dentist if the conservative treatment measures were not effective. The detainee submitted a sick call request in July 2020 for a cracked tooth, which facility medical staff evaluated him within 48-hours. A facility physician prescribed prescription strength Motrin for pain. Two weeks later, the detainee submitted another sick call request and the facility medical staff evaluated him within 24-hours, at which point, a facility physician continued the pain medication and prescribed an antibiotic medication. Facility medical staff instructed the detainee to finish the antibiotic and informed him they would schedule him to see the dentist if the current treatment was unsuccessful.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

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

ODO reviewed 22 detainee files and found the facility did not document a forwarding address in 22 out of 22 detainee files (**Deficiency F&PP-1<sup>7</sup>**).

ODO reviewed the facility's F&PP procedures and found the facility did not conduct inventories of detainee baggage and other non-valuable property at least once each quarter (**Deficiency F&PP-2<sup>8</sup>**).

The facility did not maintain inventory logs with the date, time, and name of the officer(s) conducting the quarterly inventories (**Deficiency F&PP-3<sup>9</sup>**).

The facility's detainee handbook did not notify detainees they could request and receive a copy of their identity documents, include the procedures for claiming property upon release, transfer, or removal, nor did it include the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-4<sup>10</sup>**).

### USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed three UOF files and found one out of three after-action review (AAR) reports was not completed and submitted to the facility administrator within five working days. Additionally, ODO found nothing to indicate the facility submitted three out of three AAR reports to ERO Saint Paul within seven days of completion (**Deficiency UOF&R-1<sup>11</sup>**).

ODO reviewed one immediate UOF incident file in which the detainee was in a secure cell and was not an immediate threat to himself or others. The facility did not follow the calculated use of

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<sup>7</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>8</sup> "An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter." *See* ICE NDS 2019, Standard, Admission and Release, Section (II)(D).

<sup>9</sup> "The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory. Any discrepancies will be reported immediately to the facility administrator." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

<sup>10</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including:

2. That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files;
4. The procedures for claiming property upon release, transfer, or removal; and
5. The procedures for filing a claim for lost or damaged property."

*See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2,4,5).

<sup>11</sup> "The facility review team shall complete and submit its report to the facility administrator within five working days of the incident or the detainee's release from restraints. The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate.

The review team shall determine whether the incident requires further investigation or referral to law enforcement. The facility shall forward a copy of the After-Action Report to the local ICE/ERO Field Office Director within seven days of completion." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).



force procedures required by the standard (**Deficiency UOF&R-2**<sup>12</sup>).

### **SPECIAL MANAGEMENT UNIT (SMU)**

ODO reviewed SMU records for 12 detainees the facility placed in SMU in the year preceding the inspection. ODO found 2 out of 12 records did not contain administrative segregation orders and there was nothing to indicate the facility provided ERO Saint Paul with a copy of 12 out of 12 administrative segregation orders (**Deficiency SMU-1**<sup>13</sup>).

ODO found the facility did not document whether a detainee in SMU ate, showered, or recreated (**Deficiency SMU-2**<sup>14</sup>).

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

ODO reviewed the facility's SAAPI policy and procedures and found ERO Saint Paul had not approved the facility's SAAPI policy (**SAAPI-1**<sup>15</sup>).

ODO reviewed the facility's posted community service providers and found the postings did not include the community service providers' mailing addresses (**SAAPI-2**<sup>16</sup>).

ODO found nothing to indicate the facility sent their annual review of sexual assault investigations to ERO Saint Paul (**SAAPI-3**<sup>17</sup>).

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<sup>12</sup> "If a detainee is in an isolated location (e.g., a locked cell) where there is no immediate threat to the detainee or others, staff shall take the time to assess the possibility of resolving the situation without resorting to force. The calculated use of force is feasible in most cases." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(B)(2).

<sup>13</sup> "A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation, except when exigent circumstances make such documentation impracticable. In such cases, an order shall be prepared as soon as possible. b. A copy of the administrative segregation order shall be immediately provided to ICE/ERO." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2).

<sup>14</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:

1) Whether the detainee ate, showered, recreated and took any medication."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1).

<sup>15</sup> "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." See ICE NDS 2019, Standard Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>16</sup> "The facility shall inform the detainees of at least one way for detainees to report sexual abuse and assault to a public or private entity or office that is not part of the facility, and that is able to receive and immediately forward detainee reports of sexual abuse and assault to facility officials, allowing the detainee to remain anonymous upon request. ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a "Sexual Assault Awareness Information" pamphlet to be distributed. The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available)." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

<sup>17</sup> "The facility shall conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse and assault and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault. Unfounded allegation

The facility's computerized sexual assault incident reporting system did not include a listing of all sexual assault victims and assailants, nor the dates and locations of all sexual assault incidents that occurred inside the facility (**SAAPI-4<sup>18</sup>**).

## **CARE**

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

ODO reviewed FS staff records and found [REDACTED] records did not have a documented pre-employment medical examination to medically clear the FS staff members to work in the FS department (**Deficiency FS-1<sup>19</sup>**).

ODO reviewed pictures of the food service area and found trash receptacles were not equipped with lids (**Deficiency FS-2<sup>20</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by adding covers to the trash receptacles and included inspection of all trash containers to their weekly kitchen inspection checklist. ODO reviewed a copy of the revised weekly inspection checklist and photographs, which showed covers were added to each trash receptacle (**C-1**).

ODO reviewed the FS department's documentation, interviewed the facility's food service director, and found FS personnel did not complete written weekly inspections for the food service operation. Additionally, the facility's last annual independent inspection was conducted on May 16, 2019 (**Deficiency FS-3<sup>21</sup>**).

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means an allegation that was investigated and determined not to have occurred. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so in a written response. Both the report and response shall be forwarded to ICE/ERO for transmission to the ICE/ERO PSA Coordinator." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

<sup>18</sup> "In addition, the facility administrator shall maintain a listing of the names of sexual abuse and assault victims and assailants, along with the dates and locations of all sexual abuse and assault incidents occurring within the facility, on his or her computerized incident reporting system." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(O).

<sup>19</sup> "All food service personnel (both staff and detainee) shall receive a documented pre-employment medical examination. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

<sup>20</sup> "Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect and rodent proof. The facility shall comply with all applicable regulations (local, state, and federal) on refuse-handling and disposal." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(5)(j).

<sup>21</sup> "Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect and rodent proof. The facility shall comply with all applicable regulations (local, state, and federal) on refuse-handling and disposal." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(5)(j).

## MEDICAL CARE (MC)

ODO reviewed 21 sick call encounters conducted by licensed practical nurses (LPN), in which the LPNs contacted the physician via telephone and the physician ordered medication for the detainees. However, ODO found the physician did not co-sign the telephone medication orders in 21 out of 21 sick call encounters (**Deficiency MC-1<sup>22</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action. The regional nurse manager established a process to ensure the physician can sign the telephone medication orders. Facility medical staff will print all telephone orders, place the printed order in the physician's in-box for signature, and then scan the signed order back into the detainees' electronic medical record. The regional nurse manager added the new procedure to their training logs, communicated the change to all health services staff on their daily report sheet, and distributed to all staff via e-mail (**C-2**).

ODO reviewed 12 detainee medical records and found the facility did not document symptom screening for tuberculosis in 6 of the 12 detainee medical records, prior to placing the detainees in general population (**Deficiency MC-2<sup>23</sup>**).

ODO reviewed the medical records for five limited English proficient detainees. ODO found in five out of five medical records, the facility did not document using translation services for their medical encounters, which ODO noted as an **Area of Concern**.

ODO reviewed HCDF's Infection Control Program Policy (HCDC-6B-01) and found the policy did not address the prophylactic administration of medication (**Deficiency MC-3<sup>24</sup>**).

ODO reviewed HCDF's standing operating policy, Infection Control Program, HCDC-6B-01, dated July 3, 2019, and found the policy did not address the prophylactic administration of medication as recommended by OSHA and CDC guidance (**Deficiency MC-4<sup>25</sup>**).

ODO reviewed 12 detainee medical files and found the facility did not document the medical risks of declining treatment in nine out of nine instances where a detainee declined medical treatment (**Deficiency MC-5<sup>26</sup>**).

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<sup>22</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>23</sup> "All new arrivals shall receive tuberculosis screening in accordance with the most current Centers for Disease Control 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>24</sup> "Detention staff and health care staff will be trained to respond to health-related emergencies within a four minute response time This training will be provided by a responsible medical authority in cooperation with the facility and will include: (d) The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services." See ICE NDS 2019, Standard, Medical Care, Section (II)(K)(d).

<sup>25</sup> "...The facility shall establish a written plan to address exposure to bloodborne pathogens and post-exposure intervention, including prophylactic administration of medication, as appropriate..." See ICE NDS 2019, Standard, Medical Care, Section (II)(N).

<sup>26</sup> "If the detainee refused to consent to treatment, medical staff will explain the medical risks to the detainee of

ODO found two instances in which facility medical staff prescribed psychotropic medication and facility medical staff did not obtain a signed consent form prior to administering the medication to the detainees (**Deficiency MC-6<sup>27</sup>**).

## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SS&SP&I)**

ODO reviewed the facility's annual suicide prevention and intervention training records and found the last documented occurrence of the training was in 2018 (**Deficiency SS&SP&I-1<sup>28</sup>**).

## **ACTIVITIES**

### **VISITATION (V)**

ODO reviewed the facility's visitation logs and found the facility did not maintain a separate log for legal visitors (**Deficiency V-1<sup>29</sup>**).

ODO reviewed the facility's visitation policy and found the facility did not have written procedures for accepting money and property through visitation (**Deficiency V-2<sup>30</sup>**).

ODO found the facility required detainees in disciplinary segregation status to wear restraints during visitation (**Deficiency V-3<sup>31</sup>**).

The facility's written policy did not address allowing legal representatives to call ahead to inquire if a detainee was housed at the facility (**Deficiency V-4<sup>32</sup>**).

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declining treatment and make reasonable efforts to convince the detainee to voluntarily accept treatment in a language or manner that the detainee understands. Medical staff will document their treatment efforts and the refusals of treatment in the detainee's medical record." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>27</sup> "...Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>28</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during ordination and refresher training at least annually thereafter." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

<sup>29</sup> "The facility shall maintain a log of all general visitors, and a separate log of legal visitors as described below. The visitation logs shall comply with local policy and procedures." See ICE NDS 2019, Standard, Visitation, Section (II)(C).

<sup>30</sup> "The facility shall have written procedures regarding incoming property and money for detainees." See ICE NDS 2019, Standard, Visitation, Section (II)(D).

<sup>31</sup> "Under no circumstances are detainees to participate in general visitation while in restraints. If the detainee's behavior warrants restraints, the visit will not be granted." See ICE NDS 2019, Standard, Visitation, Section (II)(F)(4).

<sup>32</sup> "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(6).

## JUSTICE

### GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's grievance log and found medical grievances were not referred to nor answered by the facility medical department staff (**Deficiency GS-1**<sup>33</sup>).

ODO reviewed the facility's grievance procedures and found the facility logged grievances detainees submitted via the electronic kiosk but did not log the grievances they submitted on paper (**Deficiency GS-2**<sup>34</sup>).

ODO found the facility did not forward all allegations of staff misconduct to ERO Saint Paul (**Deficiency GS-3**<sup>35</sup>).

### CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with nine of those standards. ODO found 29 deficiencies in the remaining nine standards. ODO commends facility staff for their responsiveness during this inspection and notes there were two instances where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2017 (NDS 2000)</b>	<b>FY 2020 (NDS 2019)</b>
Standards Reviewed	15	18
Deficient Standards	11	9
Overall Number of Deficiencies	30	29
Repeat Deficiencies	N/A	N/A
Corrective Actions	3	2

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<sup>33</sup> "Medical grievances shall be promptly referred to and answered by the medical department." See ICE NDS 2019, Standard, Grievance System, Section (II)(A)(2)(b).

<sup>34</sup> "Each facility will devise a method for documenting detainee grievances. At a minimum, the facility will maintain a Detainee Grievance Log." See ICE NDS 2019, Standard, Grievance System, Section (II)(E).

<sup>35</sup> "The facility must forward all detainee grievances containing allegations of staff misconduct to ICE/ERO." See ICE NDS 2019, Standard, Grievance System, Section (II)(F).