



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

**Office of Detention Oversight
Compliance Inspection**

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

**Hardin County Jail
Eldora, Iowa**

July 13-16, 2020

COMPLIANCE INSPECTION
of the
HARDIN COUNTY JAIL
Eldora, Iowa

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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 Hardin County Jail (HCJ) in Eldora, Iowa, from July 13 to 16, 2020.¹ The facility opened in 2000 and is owned and operated by Hardin County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HCJ in 2002 under the oversight of ERO's Field Office Director (FOD) in St. Paul (ERO St. Paul). The facility operates under the National Detention Standards (NDS) 2019.

An HCJ jail administrator handles daily facility operations and is supported by █ personnel. Summit/CBM Managed Services provides food service, MEND Correctional Care provides medical care and Stellar Services is the commissary provider. The facility does not currently hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	71
Average ICE Detainee Population ³	61
Male Detainee Population (as of 6/13/2020)	61
Female Detainee Population (as of 6/13/2020)	N/A

During its last inspection, March 28-30, 2017, ODO reported 13 deficiencies: Detainee Classification System (2), Food Service (2), Funds and Personal Property (2), Staff-Detainee Communication (1), Environmental Health and Safety (2), Special Management Unit - Administrative Segregation (2), Special Management Unit - Disciplinary Segregation (1), and Use of Force (1).

¹ This facility holds male detainees with low, medium-low, medium-high, high and enhanced supervision, special watch security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of July 20, 2020.

³ *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.⁴

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	3
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	12
Staff-Detainee Communication	1
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	16
Part 4 – Care	
Food Service	4
Medical Care	7
Significant Self-harm and Suicide Prevention and Intervention	2
Disability Identification, Assessment, and Accommodation	3
Sub-Total	16
Part 5 – Activities	
Recreation	0
Religious Practices	1
Telephone Access	0
Visitation	3
Sub-Total	4
Part 6 – Justice	
Grievance Systems	2
Law Libraries and Legal Material	0
Sub-Total	2
Total Deficiencies	39

⁵ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 11 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services and there were no detainee complaints for ODO to follow-up on during this inspection. ODO conducted detainee interviews via teleconference. ODO attempted to conduct detainee interviews via video teleconference; however, the facility was not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the medical sharps inventory logs and noted the [REDACTED] [REDACTED] were not being properly maintained. Specifically, ODO found the sharps inventory is not reconciled [REDACTED] by the health services manager or designee (**Deficiency EH&S-1⁶**).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

The facility does not provide specialized training to officers assigned to classification duties (**Deficiency CCS-1⁷**).

The facility has not established a system that readily identifies a detainee's classification level. All detainees wear the same colored clothing and wristbands (**Deficiency CCS-2⁸**).

ODO reviewed 12 detainee classification files and found in four out of 12 files the booking officers did not use the most reliable information available during the classification process (**Deficiency CCS-3⁹**).

⁶ "A perpetual/running inventory will be kept of those items that pose a security risk, such as [REDACTED] [REDACTED] This inventory will be reconciled [REDACTED] by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2019, Standard, Environmental Health & Safety, Section (II)(H)(2)(a).

⁷ "All officers assigned to classification duties shall be trained in the facility's classification process." See ICE NDS 2019 Standard, Custody Classification System, Section (II)(A)(2).

⁸ "Each facility shall establish a system that readily identifies a detainee's classification level, for example, [REDACTED] [REDACTED]" See ICE NDS 2019 Standard, Custody Classification System, Section (II)(A)(6).

⁹ "Staff shall use the most reliable, objective information available during the classification process. "Objective" information refers to documented or discernible facts, such as [REDACTED] [REDACTED]

[REDACTED] ICE/ERO offices will provide the facility with any information available to ICE to assist the facility in classifying detainees." See ICE NDS 2019 Standard, Custody Classification System, Section (II)(C).

SPECIAL MANAGEMENT UNITS (SMU)

ODO found documentation was not available to verify when detainees were released from disciplinary segregation, if the releasing officer indicated the date and time of release on the disciplinary segregation order, and if the completed order was included in the detainees' detention file or maintained in a retrievable electronic format (**Deficiency SMU-1¹⁰**).

ODO found documentation was not available to verify if a security supervisor interviewed detainees and reviewed their disciplinary segregation every seven-days. After each formal review, the detainee should be given a written copy of the reviewing officer's decision and the basis for the finding in a language or manner the detainee could understand. During the formal review, if the detainee was advised orally of the formal review decision, the record note identifying the reason was not provided in writing to the detainee nor placed in the detainee's file (**Deficiency SMU-2¹¹**).

ODO found documentation was not available to verify if the facility administrator notified ERO in writing when a detainee was held continuously in any form of segregation for 14-days, 14-days out of a 21-day period; for 30-days; or at 30-day intervals. ODO also could not verify if the facility administrator notified ERO in writing within 72-hours of the initial placement of a detainee in segregation (**Deficiency SMU-3¹²**).

Documentation was not available to verify if a permanent log was maintained in SMU to record all activities (**Deficiency SMU-4¹³**).

Documentation was not available to verify the Special Management Housing Unit Record, or a

¹⁰ "When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be included in the detainee's detention file or maintained in a retrievable electronic format." See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2)(c).

¹¹ "A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. The review will confirm the detainee is being provided showers, meals, recreation, and other basic necessities, as required by this detention standard. 1) The supervisor may shorten, but not extend, the original sanction. 2) All review documents shall be placed in the detainee's detention file or maintained in a retrievable electronic format. 3) After each formal review, the detainee shall be given a written copy of the reviewing officer's decision and the basis for his or her finding, unless such a copy may result in a compromise of institutional security. If a written copy cannot be delivered, the detainee shall be advised of the decision orally, and the detention file, or retrievable electronic record, shall so note, identifying the reasons why the notice was not provided in writing. The review decision shall be communicated to detainees in a language or manner that they understand." See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(3)(a).

¹² "The facility administrator must notify ICE/ERO in writing whenever a detainee has been held continuously in any form of segregation for: a. 14 days, or 14 days out of any 21-day period; b. 30 days; and c. At every 30-day interval thereafter. The facility administrator must notify ICE/ERO in writing as soon as possible, but no later than 72 hours, after the initial placement of a detainee in segregation. The facility administrator must also notify ICE/ERO in writing whenever a detainee who has been the subject of a prior notification pursuant to this section is subsequently released from segregation." See ICE NDS 2019, Standard, Special Management Units, Section (II)(C)(1-3),

¹³ "A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)." See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(1).

comparable form, was completed for each detainee placed in SMU (**Deficiency SMU-5¹⁴**).

Documentation was not available to verify if staff observe detainees and logged observations at least every ■-minutes on an irregular schedule (**Deficiency SMU-6¹⁵**).

ODO found health care personnel do not conduct face-to-face medical assessments of detainees in SMU daily (**Deficiency SMU-7¹⁶**).

ODO found a qualified mental health care provider does not conduct a face-to-face psychological evaluation of detainees in SMU at least every 30-days and record the review (**Deficiency SMU-8¹⁷**).

ODO found detainees in segregation are not evaluated by health care professionals prior to placement in SMU or no later than 24-hours after placement (**Deficiency SMU-9¹⁸**).

Documentation was not available to verify detainees in SMU were provided the opportunity to shave and shower at least three times weekly and provided other basic services equivalent to general population detainees (**Deficiency SMU-10¹⁹**).

Documentation was not available to verify if detainees in SMU are offered at least one hour of recreation per day, outside of their cell, and scheduled at a reasonable time, at least five-days per week (**Deficiency SMU-11²⁰**).

Documentation was not available to verify if detainees in SMU had telephone access, nor if they were restricted from having telephone access. ODO could not verify if staff documented why restrictions were necessary and if the documentation was placed in the detainee's detention file or maintained in a retrievable electronic format (**Deficiency SMU-12²¹**).

¹⁴ “The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee’s placement in the SMU.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2).

¹⁵ “SMU staff shall observe and log observations at least every ■ 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).

¹⁶ “Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU” See ICE NDS 2019, Standard, Special Management Units, Section (II)(M).

¹⁷ “At a minimum of every 30 days, a qualified mental health care provider shall conduct a face-to-face psychological evaluation and record the review.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(M).

¹⁸ “Detainees must be evaluated by a health care professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement”). See ICE NDS 2019, Standard, Special Management Units, Section (II)(M).

¹⁹ “Detainees in SMU may shave and shower at least three times weekly and receive other basic services—such as laundry, clothing, bedding, and linen—equivalent to general population detainees and consistent with safety and security of the facility.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(O).

²⁰ “Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(V).

²¹ “Detainees in SMU shall have access to telephones in a manner that is consistent with the special safety and security requirements of SMU placement. In general, any detainee in an SMU may be reasonably restricted from using or having access to a phone if that access has been or is likely to be used for criminal purposes, or would endanger any person, or if the detainee damages the equipment provided. In such instances, staff must clearly document why such

STAFF-DETAINEE COMMUNICATION (SDC)

The detainee handbook does not inform detainees of the ERO visitation schedule (**Deficiency SDC-1²²**).

CARE

FOOD SERVICE (FS)

ODO reviewed medical clearance records of food service staff and found two food service staff members were not medically cleared to work in food service (**Deficiency FS-1²³**).

ODO found weekly food service inspections were not conducted routinely (**Deficiency FS-2²⁴**).

ODO reviewed photos of the food service storage units and found the ceiling in the dry storage room above the center food storage shelves was damaged producing a source for food contamination and pest infestation (**Deficiency FS-3²⁵**).

ODO interviewed the food service manager and found that the final rinse temperature gauge to the dishwashing machine was inoperable (**Deficiency FS-4²⁶**).

MEDICAL CARE (MC)

ODO reviewed the credential files of [REDACTED] medical staff and [REDACTED] mental health staff and found [REDACTED] out of the combined medical and mental health staff had no primary source verification

restrictions are necessary to preserve the safety, security, and good order of the facility. Such documentation shall be placed in the detainee's detention file or be maintained in a retrievable electronic format." See ICE NDS 2019, Standard, Special Management Units, Section (II)(W).

²² "The facility shall provide contact information for ICE/ERO and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

²³ "All food service personnel (both staff and detainee) shall receive a documented preemployment 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). **This is a Repeat Deficiency**

²⁴ "The facility shall implement written procedures for the administrative or food service, personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas and an annual independent inspection ensuring that all governmental health and safety codes are being met. Staff shall check refrigerator and water temperatures daily, recording the results." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a). **This is a Repeat Deficiency**

²⁵ "Food and ice will be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection will be continuous, whether the food is in storage, in preparation/on display, or in transit. All food storage units must be equipped with accurate easy-to-read thermometers. Refrigeration equipment shall be designed and operated to maintain temperature of 41 degrees F or below." See ICE NDS 2019, Standard, Food Service, Section (II)(E)(3).

²⁶ "Spray- or immersion-dishwashers or devices, including automatic dispensers for detergents, wetting agents, and liquid sanitizer, shall be maintained in good repair." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(6) (b).

(Deficiency MC-1²⁷).

ODO reviewed 20 detainee medical records and found the [REDACTED] transfer health record or health summary was not reviewed within 12 hours of arrival **(Deficiency MC-2²⁸).**

ODO reviewed documentation and interviewed the health service administrator and found no established guidelines addressing the treatment of chemically dependent pregnant women **(Deficiency MC-3²⁹).**

ODO found there was no documentation that the physician, who does the initial dental screening exam, as a non-dental clinician has annual training from a dentist on how to conduct the exam **(Deficiency MC-4³⁰).**

ODO found there were no procedures to ensure that all detainee request slips are received and triaged by the medical staff within 24-hours of receipt of the request. Nine out of the 25 request slips reviewed were triaged past 24-hours **(Deficiency MC-5³¹).** The HSA stated medical staff is only on-site Monday through Friday.

ODO reviewed 20 detainee medical files and found four out of 20 detainees were prescribed psychotropic medications and no informed consent forms were completed. The medical staff has never completed medication consent forms for psychotropic medications **(Deficiency MC-6³²).**

ODO reviewed documentation provided for initial health assessments of female detainees and found the evaluation does not inquire as to nursing status, use of contraception, reproductive history, menstrual cycle, history of breast and gynecological problems, family history of breast or gynecological problems. Furthermore, one female detainee's medical chart was reviewed and found a pregnancy test was not performed **(Deficiency MC-7³³).**

²⁷ "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 NDS 2019, Standard, Medical Care, Section (II)(C).

²⁸ "For [REDACTED] transfers, a health care practitioner will review each incoming detainee's health record or health summary within 12 hours of arrival, to ensure continuity of care." See NDS 2019, Standard, Medical Care, Section (II)(D).

²⁹ The CMA shall establish guidelines for evaluation and treatment of new arrivals who require detoxification. If females are housed at the facility, guidelines will specifically address the treatment of pregnant women who are chemically dependent." See NDS 2019, Standard, Medical Care, Section (II)(F).

³⁰ "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 NDS 2019, Standard, Medical Care, Section (II)(H).

³¹ "The facility shall have procedures to ensure that all request slips are received and triaged by the medical staff within 24 hours of receipt of the request." See NDS 2019, Standard, Medical Care, Section (II)(I).

³² "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 NDS 2019, Standard, Medical Care, Section (II)(O).

³³ "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;
- b. If the detainee is currently nursing (breastfeeding);
- c. Use of contraception;

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SPI)

ODO reviewed documentation and found the mental health provider (or health care provider) does not evaluate detainees placed on suicide watch daily to assess any changes that indicate a need for change in the level of supervision (**Deficiency SSH&SPI-1**³⁴).

ODO reviewed documentation and found a mental health provider does not perform welfare checks every [REDACTED]-hours (**Deficiency SSH&SPI-2**³⁵).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

The facility has not designated a disability compliance coordinator (**Deficiency DIA&A-1**³⁶).

The facility has not incorporated the required disability accommodations information in the detainee orientation program (**Deficiency DIA&A-2**³⁷).

The facility does not maintain postings informing detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations (**Deficiency DIA&A-3**³⁸).

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;

g. Family history of breast and gynecological problems; and

h. Any history of physical or sexual victimization and when the indicated occurred." See NDS 2019, Standard, Medical Care, Section (II)(U)(1)(a-h).

³⁴ "Detainees placed on suicide precautions shall be reevaluated by a mental health provider (or a health care practitioner) on a daily basis to assess any changes that indicate a need for change in the level of supervision (i.e., constant watch, close observation, or removal from suicide precautions)." See NDS 2019, Standard, Significant Self-Harm and Suicide Prevention & Intervention, Section (II)(D).

³⁵ "A mental health provider will perform welfare checks every [REDACTED] hours." See NDS 2019, Standard, Significant Self-Harm and Suicide Prevention & Intervention, Section (II)(F).

³⁶ "The facility or public entity shall designate a Disability Compliance Coordinator to assist facility personnel in ensuring compliance with this standard and all applicable federal, state, and local laws related to accommodation of detainees with disabilities." See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(B)(2).

³⁷ "The facility orientation program shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand." See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(I).

³⁸ "The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by ICE/ERO." See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(I).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

The facility does not record each detainee's religious preference during in-processing (**Deficiency RP -1³⁹**).

VISITATION (V)

The facility does not maintain a separate log for general visitors and legal visitors (**Deficiency V-1⁴⁰**).

Detainees in SMU do not retain their general visitation privileges but are allowed legal visits (**Deficiency V-2⁴¹**).

The facility does not record consultation visits in their legal visitation log (**Deficiency V-3⁴²**).

JUSTICE

GRIEVANCE SYSTEM (GS)

The facility has not established a grievance committee (**Deficiency GS-1⁴³**).

When a detainee is unsatisfied with the resolution of their grievances, the only course for appeal is to write a complaint to the State of Iowa Ombudsman. The facility does not have an appeals process, nor can they monitor the response time for detainee grievance appeals (**Deficiency GS-2⁴⁴**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with seven of those standards. ODO found 39 deficiencies in the remaining 11 standards.

³⁹ "The facility shall record any or no religious preference during in-processing." See ICE NDS 2019, Religious Practices, Section (II)(C).

⁴⁰ "The facility shall maintain a log of all general visitors, and a separate log of legal visitors." See ICE NDS 2019, Visitation, Section (II)(C).

⁴¹ "A detainee shall ordinarily retain visiting privileges while in administrative or disciplinary segregation." See ICE NDS 2019, Visitation, Section (II)(F)(4).

⁴² "The legal visitation log shall record consultation visits." See ICE NDS 2019, Visitation, Section (II)(H)(8).

⁴³ The facility must allow the detainee to submit a formal, written grievance to the facility's grievance committee." See ICE NDS 2019, Standard, Grievance System, Section, (II)(A)(2)

⁴⁴ If a detainee files a grievance related to a sexual abuse claim, the facility shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days." See ICE NDS 2019, Standard, Grievance System, Section, (II)(G)

ODO recommends ERO work with the facility to resolve any deficiencies that remain	FY 2017 (NDS 2000)	FY 2020 (NDS 2019)
Standards Reviewed	16	18
Deficient Standards	8	11
Overall Number of Deficiencies	13	39
Repeat Deficiencies	2	2
Corrective Actions	4	0