



**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 Detroit Field Office

Calhoun County Correctional Center  
Battle Creek, Michigan

August 24-27, 2020

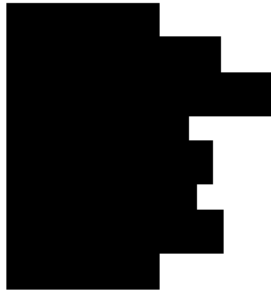
**COMPLIANCE INSPECTION**  
**of the**  
**CALHOUN COUNTY CORRECTIONAL CENTER**  
Battle Creek, Michigan

**TABLE OF CONTENTS**

|   |           |
|---|-----------|
| <b>FACILITY OVERVIEW .....</b>  | <b>4</b>  |
| <b>COMPLIANCE INSPECTION PROCESS .....</b>                                  | <b>5</b>  |
| <b>FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES .....</b> | <b>6</b>  |
| <b>DETAINEE RELATIONS .....</b>   | <b>7</b>  |
| <b>COMPLIANCE INSPECTION FINDINGS .....</b>                                 | <b>9</b>  |
| <b>SAFETY .....</b>   | <b>9</b>  |
| Environmental Health and Safety .....                                       | 9         |
| <b>SECURITY .....</b>   | <b>9</b>  |
| Custody Classification System .....   | 9         |
| Funds and Personal Property .....   | 9         |
| Use of Force and Restraints .....   | 10        |
| Special Management Unit .....   | 10        |
| <b>CARE .....</b>   | <b>10</b> |
| Food Service .....  | 10        |
| Medical Care .....  | 10        |
| Significant Self-Harm and Suicide Prevention and Intervention .....         | 11        |
| Disability Identification, Assessment, and Accommodation .....              | 12        |
| <b>ACTIVITIES .....</b>   | <b>12</b> |
| Recreation .....  | 12        |
| Telephone Access .....  | 12        |
| Visitation .....  | 12        |
| <b>JUSTICE .....</b>  | <b>13</b> |
| Grievance System .....  | 13        |
| <b>CONCLUSION .....</b>   | <b>13</b> |

---

## COMPLIANCE INSPECTION TEAM MEMBERS



|                                       |                      |
|---------------------------------------|----------------------|
| Team Lead                             | ODO                  |
| Inspections and Compliance Specialist | ODO                  |
| Inspections and Compliance Specialist | ODO                  |
| Contractor                            | Creative Corrections |
| Contractor                            | Creative Corrections |
| Contractor                            | Creative Corrections |
| Contractor                            | Creative Corrections |
| Assistant Program Manager             | Creative Corrections |

## 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 Calhoun County Correctional Center (CCCC) in Battle Creek, Michigan, from August 24 to 27, 2020.<sup>1</sup> The CCCC opened in June 1994 and is owned and operated by the Calhoun County Sheriff's Office. The Office of Enforcement and Removal Operations (ERO) began housing ICE detainees at CCCC in 1999, pursuant to an Intergovernmental Service Agreement (non-dedicated), under the oversight of ERO Field Office Director (FOD) in Detroit, MI. The facility operates under the National Detention Standards (NDS) 2019.

The facility is assigned a detention services manager and one ERO officer is on-site full time. A chief deputy/captain is responsible for oversight of daily facility operations and is supported by █ personnel. Corizon Health Incorporated provides detainee medical services, and Tiggs Canteen Food Services provides food services. The commissary services are provided by Keefe Commissary Network. The facility was accredited by the National Commission on Correctional Health Care in February 2020.

| Capacity and Population Statistics           | Quantity |
|--|----------|
| ICE Detainee Bed Capacity <sup>2</sup>       | 250      |
| Average ICE Detainee Population <sup>3</sup> | 140      |
| Male Detainee Population (as of 9/1/2020)    | 149      |
| Female Detainee Population (as of 9/1/2020)  | 12       |

During its last inspection, in Fiscal Year (FY) 2017, ODO found 21 deficiencies in the following areas: Access to Legal Material (1), Detainee Classification System (1), Detainee Grievance Procedures (1), Food Service (2), Funds and Personal Property (1), Staff-Detainee Communication (3), Environmental Health and Safety (2), Special Management Unit – Administrative Segregation (1), Special Management Unit – Disciplinary Segregation (1), Use of Force (3), and Medical Care (5).

<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 24, 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.

---

<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                               | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Part 2 – Security</b>                                      |              |
| Admission and Release   | 0            |
| Custody Classification System                                 | 2            |
| Funds and Personal Property                                   | 2            |
| Use of Force and Restraints                                   | 1            |
| Special Management Units                                      | 2            |
| Staff-Detainee Communication                                  | 0            |
| Sexual Abuse and Assault Prevention and Intervention          | 0            |
| <b>Sub-Total</b>  | <b>7</b>     |
| <b>Part 4 – Care</b>  |              |
| Food Service  | 1            |
| Medical Care  | 7            |
| Significant Self-harm and Suicide Prevention and Intervention | 3            |
| Disability Identification, Assessment, and Accommodation      | 1            |
| <b>Sub-Total</b>  | <b>12</b>    |
| <b>Part 5 – Activities</b>                                    |              |
| Recreation  | 1            |
| Religious Practices   | 0            |
| Telephone Access  | 1            |
| Visitation  | 1            |
| <b>Sub-Total</b>  | <b>3</b>     |
| <b>Part 6 – Justice</b>                                       |              |
| Grievance Systems   | 1            |
| Law Libraries and Legal Material                              | 0            |
| <b>Sub-Total</b>  | <b>1</b>     |
| <b>Total Deficiencies</b>                                     | <b>23</b>    |

<sup>5</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 or mistreatment; however, one detainee made a sexual abuse allegation, which is described below in the Sexual Abuse and Assault Prevention and Intervention section. The remaining 11 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 overlapping priorities of their VTC capabilities. As such, the detainee interviews were conducted via telephone.

*Medical Care:* One detainee complained they had a tooth ache for three weeks and the facility has not provided treatment.

- Action Taken: ODO reviewed the detainee's medical records and found the detainee agreed to wait until they were in custody for six months to qualify for restorative dental work. Additionally, the facility had seen the detainee multiple times regarding their complaint about dental pain. The community dentist saw the detainee on July 7, 2020, and the last medical request about dental pain was on July 21, 2020, and the facility treated the detainee on July 22, 2020. The detainee has two scheduled follow-up appointments on September 8, 2020 and September 29, 2020.

*Medical Care:* One detainee stated he has a medical condition that requires the attention of a doctor but has only been seen by the facility's nursing staff.

- Action Taken: ODO reviewed the detainee's medical record and noted the detainee did not report any medical problems during the intake process on June 22, 2020. The facility later determined the detainee had a history of Ulcerative Colitis for which he underwent a colonoscopy 10 days prior to admission to CCCC. He is being managed by the nurse practitioner through chronic care and is on medication to control his condition. Since his arrival to the facility on June 22, 2020, he has been evaluated through chronic care clinic twice; June 23, 2020 and August 14, 2020.

*Medical Care:* One detainee complained he needs to see a dentist for his braces. The detainee noted they are cutting into his gums and making his front teeth hurt.

- Action Taken: ODO spoke with the health services administrator (HSA), which stated ICE does not service braces; however, the detainee can request to have them removed. The detainee did not voice any complaints at the time of his intake on June 15, 2020, or his initial physical exam. The facility saw the detainee for complaints of braces causing pain, in which the dentist evaluated him on July 17, 2020. He was told to contact his family to provide a wax that eases the pain of the braces. ODO discovered the facility was providing another detainee with the wax and brought that information to the attention of the HSA. The HSA advised the clinical coordinator, in which the wax would be provided to the detainee. Additionally, the HSA would be requesting a follow-up visit with the detainee to see a dentist where they can further discuss options for the detainee while in detention.

*Food Service:* Nine of the 12 detainees interviewed complained the food at the facility was subpar. The detainees complained the food is too salty, lacks fruits and vegetables, and the same food is served repeatedly. Three detainees noted they mostly buy food from the commissary.

- Action Taken: ODO reviewed the 28-day cycle menu and found the breakfast meals for the 28-day cycle was basically the same every week; however, the menus have been approved by a registered dietitian to meet the recommended dietary allowance requirements. The menus as written meet or exceed requirements.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee informed ODO that approximately one year ago she was sexually assaulted verbally by her cell mate. The detainee stated her cell mate made extremely vulgar sexual comments describing sexual acts, by which her cell mate asked the detainee to perform on her. The detainee reported the incident to facility staff and the facility immediately separated the detainee from her cell mate and placed them under a “no-contact” order. The detainee stated she never saw the offending party again and believes she has since left the facility.

- Action Taken: ODO immediately reported the incident to the facility’s PREA coordinator and to ICE/ERO. The PREA coordinator informed ODO the detainee did not report an incident that fits that the description anytime from January 2019 to August 2020. The PREA coordinator also informed ODO that a similar incident did occur around the same time; however, the incident did not involve the detainee. The PREA coordinator stated the detainee was involved in an incident in July of 2020, but in this incident, the detainee was the offender and not the victim. The “keep away” logs were reviewed by the PREA coordinator for 2019-2020, in which the only one pertaining to the detainee was from a male inmate to whom the detainee was attempting to send a letter. Finally, the PREA coordinator noted the detainee has a history of mental illness and the facility ensures the detainee is never alone with one staff member.

*Staff-Detainee Communication:* Eleven out of the twelve detainees interviewed noted they rarely interact with ICE/ERO staff during normal facility operations. Detainees noted ICE officers only come to the units when requested and none of the detainees interviewed were able to identify scheduled times the ICE officers come to the facility.

- Action Taken: ODO spoke with the Assistant Field Office Director and the deportation officer responsible for the facility and determined since the onset of COVID-19, ERO officers do not make their usual rounds of the facility on a weekly basis to prevent the spread of the virus. After reviewing visitor logs and ICE detainee requests, ODO noted ERO does respond to detainee requests within the required timelines utilizing an electronic system which allows for fast communication between detainees and ERO officers. ERO officers also go to the facility and meet with detainees in the intake area when there is a need or a request.



# COMPLIANCE INSPECTION FINDINGS

## SAFETY

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

ODO interviewed the [REDACTED] and reviewed the floor plans for the general population housing units and found [REDACTED] of the [REDACTED] units did not meet the recognized standards for hygiene in accordance with the American Correctional Association (ACA) for the maximum toilet, washbasin, and shower to detainee ratio. Specifically, [REDACTED] with a housing capacity of [REDACTED], contained only one shower, requiring one additional shower; [REDACTED] with a housing capacity of [REDACTED], contained two showers, requiring an additional one shower; and [REDACTED] with a housing capacity of [REDACTED], contained three showers, requiring one additional shower. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees. ODO cites this ratio deficiency as an **Area of Concern**.

## SECURITY

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed ten active detainee files and found no evidence a supervisor reviewed each detainee's classification for any of the reviewed files (**Deficiency CCS-1<sup>6</sup>**).

ODO reviewed ten active detainee files and found no evidence a supervisor reviewed the intake/processing officer's detainee classification files for accuracy and completeness (**Deficiency CCS-2<sup>7</sup>**).

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

ODO reviewed ten active detainee files and found none of the files contained evidence booking staff obtained a forwarding address from the detainees (**Deficiency F&PP-1<sup>8</sup>**).

ODO reviewed CCCC's policy, J190.4 – Booking of Newly Received Inmate/Detainee, and found it did not specify supervisory staff would investigate detainee claims of lost/damaged property (**Deficiency F&PP-2<sup>9</sup>**).

---

<sup>6</sup> "...A supervisor will review each detainee's classification..." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

<sup>7</sup> "A supervisor will review the intake processing officer's classification file for each detainee for accuracy and completeness. Among other things, the reviewing officer shall ensure each detainee has been assigned to the appropriate housing unit." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

<sup>8</sup> "...1. Standard operating procedure 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>9</sup> "Each facility shall have a written policy and procedure for detainee property reported missing or damaged...2. Supervisory staff will conduct the investigation." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(2).

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

ODO reviewed 11 UOF videos and found in one out of 11 incidents the facility conducted an immediate UOF although the detainee presented no immediate threat to themselves or others and was in an isolated location at the time of the incident (**Deficiency UOF&R-1<sup>10</sup>**).

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

ODO reviewed CCCC's policy J110.2 - Security Housing, dated August 1, 2013, and found eight out of 12 detainee files did not contain documentation showing detainees were observed every 30 minutes on an irregular basis in administrative and disciplinary segregation (DS) (**Deficiency SMU-1<sup>11</sup>**).

ODO reviewed 12 detainees' DS files and found four out of 12 files did not contain a written order signed by the chair of the Institutional Disciplinary Panel (or its equivalent), or disciplinary hearing officer, before each detainee was placed in DS (**Deficiency SMU-2<sup>12</sup>**).

## **CARE**

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

ODO reviewed requested documentation and interviewed the food service manager who was unable to provide ODO with documentation of pre-employment medical examinations for food service staff (**Deficiency FS-1<sup>13</sup>**).

### **MEDICAL CARE (MC)**

ODO reviewed credentialing documents for [REDACTED] licensed medical staff and found the dentist's license was current; however, it was not primary-source verified (**Deficiency MC-1<sup>14</sup>**).

ODO reviewed 12 detainee medical charts and found one out of 12 medical charts did not have a documented tuberculosis purified protein derivative (PPD) screening test. The PPD test was placed on intake August 7, 2020; however, ODO found no evidence it was ever read (**Deficiency**

---

<sup>10</sup> "If a detainee is an isolated location (e.g., locked cell) where there is no immediate threat to the detainee or others, staff shall take the time to access 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>11</sup> "SMU staff shall observe and log observations at least every [REDACTED] minutes on [REDACTED]. 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>12</sup> "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed in disciplinary segregation..." See NDS 2019, Standard, Special Management Units, Section (II)(B)(2).

<sup>13</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>14</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).

MC-2<sup>15</sup>).

ODO reviewed 12 detainee medical charts and found three out of 12 comprehensive health assessments and physical exams were not completed within 14 days of arrival (**Deficiency MC-3<sup>16</sup>**).

ODO reviewed 12 detainee medical charts and found 12 out of 12 physical exams were completed by registered nurses (RN). ODO reviewed the training documents of [REDACTED] RNs and found [REDACTED] did not have evidence of training by the physician to complete comprehensive health assessments and physical exams (**Deficiency MC-4<sup>17</sup>**).

ODO reviewed 12 detainee medical charts and found three out of 12 initial dental screening exams were not completed within 14 days of arrival (**Deficiency MC-5<sup>18</sup>**).

ODO reviewed 12 detainee medical charts and found RNs completed the initial dental screening exams; however, when ODO reviewed the training records for RNs, ODO found [REDACTED] out of [REDACTED] nurses did not have evidence of training by the dentist to complete initial dental screening exams (**Deficiency MC-6<sup>19</sup>**).

ODO reviewed two female detainee medical charts and found the initial comprehensive medical assessments for both detainees did not include evidence of completed and documented pregnancy tests (**Deficiency MC-7<sup>20</sup>**).

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

ODO reviewed the training files of [REDACTED] medical staff and found [REDACTED] staff did not have evidence of annual suicide prevention training (**Deficiency SSH SP&I -1<sup>21</sup>**).

---

<sup>15</sup> “1. All new arrivals shall receive tuberculosis (TB) 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>16</sup> “The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival at the facility... If there is documented evidence of a comprehensive health assessment within the previous 90 days, the health care practitioner may determine that a new assessment is not required.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>17</sup> “...Health assessments shall be performed by a physician, physician assistant, nurse practitioner, registered nurse (RN) (with documented initial and annual training provided by a physician), or other health care practitioner, as permitted by law...” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>18</sup> “An initial dental screening exam shall be performed within 14 days of the detainee’s arrival...” See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>19</sup> “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).

<sup>20</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...” See ICE NDS 2019, Standard, Medical Care, Section (II)(U)(1)(a).

<sup>21</sup> “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive

ODO reviewed two detainee suicide watch charts and found in both charts there was no documentation of mental health providers conducting wellness checks every [REDACTED] ODO also interviewed the mental health provider who confirmed wellness checks are not performed every [REDACTED] (**Deficiency SSH SP&I-2<sup>22</sup>**).

ODO reviewed two detainee suicide watch charts and found one chart did not have documentation detailing when the mental health professional released the detainee from suicide watch (**Deficiency SSH SP&I-3<sup>23</sup>**).

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

ODO reviewed the facility's orientation program and found it does not notify nor inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request (**Deficiency DIA&A-1<sup>24</sup>**).

## **ACTIVITIES**

### **RECREATION (R)**

ODO noted the facility does not offer detainees a variety of fixed and moveable exercise equipment (**Deficiency R-1<sup>25</sup>**).

### **TELEPHONE ACCESS (TA)**

ODO reviewed the facility handbook provided to detainees upon admission and noted the handbook does not notify detainees of monitored telephone calls (**Deficiency TA-1<sup>26</sup>**).

### **VISITATION (V)**

ODO observed the facility's written policy for visits did not meet the minimum time limit of 30 minutes (**Deficiency V-1<sup>27</sup>**).

---

suicide prevention training during orientation and refresher training at least annually thereafter..." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

<sup>22</sup> "...A mental health provider will perform welfare checks every [REDACTED]." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>23</sup> "Only a mental health provider may remove a detainee from constant monitoring (one-to-one) ..." See ICE NDS 2019, Standard, SSH&SPI, Section (II)(F).

<sup>24</sup> "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, Disability Identification, Assessment, and Accommodation, Section (II)(I).

<sup>25</sup> "Exercise areas shall offer a variety of fixed and movable equipment." See ICE NDS 2019, Recreation, Section (II)(C)(1).

<sup>26</sup> "The facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees of this in a language or manner that they understand and in the facility handbook provided upon admission." See ICE NDS 2019, Telephone Access, Section (II)(K).

<sup>27</sup> "The facility's written rules shall specify time limits for visits: 30 minutes minimum, under normal conditions." See ICE NDS 2019, Standard, Visitation, Section (II)(F)(1).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed 12 detainee grievances and noted six out of the 12 grievances were not addressed in the required five business days (**Deficiency GS-1<sup>28</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under the NDS 2019 and found the facility in compliance with six of those standards. ODO found 23 deficiencies in the remaining twelve standards. ODO commends facility staff for their responsiveness and professionalism during this inspection. ODO recommends ERO work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

| <b>Compliance Inspection Results Compared</b> | <b>FY 2017<br/>(NDS 2000)</b> | <b>FY 2020<br/>(NDS 2019)</b> |
|---|-------------------------------|-------------------------------|
| Standards Reviewed                            | 16                            | 18                            |
| Deficient Standards                           | 11                            | 12                            |
| Overall Number of Deficiencies                | 21                            | 23                            |
| Repeat Deficiencies                           | N/A                           | N/A                           |
| Corrective Actions                            | 2                             | 0                             |

---

<sup>28</sup> "Barring extraordinary circumstances, grievances shall be addressed within five business days." See ICE NDS 2019, Standard, Grievance System, Section (II)(A)(2)(a).