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**Office of Detention Oversight  
Special Review  
2024-003-404**

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

**Grand Forks County Correctional Facility  
Grand Forks, North Dakota**

**July 9-11, 2024**

**SPECIAL REVIEW  
of the  
GRAND FORKS COUNTY CORRECTIONAL FACILITY  
Grand Forks, North Dakota**

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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 special review of the Grand Forks County Correctional Facility (GFCCF) in Grand Forks, North Dakota, from July 9 to 11, 2024.<sup>1</sup> The facility opened in 2006 and is owned and operated by Grand Forks County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at GFCCF in 2007 under the oversight of ERO’s Field Office Director in Saint Paul (ERO Saint Paul). ICE is an authorized user of this facility under a United States Marshals Service Intergovernmental Agreement contract, which does not specify an ICE National Detention Standard (NDS). ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of July 8, 2024. GFCCF was inspected against the NDS 2019,<sup>2</sup> and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. Summit Foods provides food services, Grand Forks Public Health provides medical care, and TurnKey Corrections provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. In October 2022, GFCCF was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity. <sup>3</sup>	[REDACTED]
Average ICE Population. <sup>4</sup>	[REDACTED]
Adult Male Population (as of July 9, 2024)	[REDACTED]
Adult Female Population (as of July 9, 2024)	[REDACTED]

During its last special review, in Fiscal Year (FY) 2023, ODO found 4 deficiencies in the following areas: Food Service (1); Environmental Health and Safety (1); Medical Care (1); and Suicide Prevention and Intervention (1).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods less than 72 hours.

<sup>2</sup> Beginning in FY 2024, ERO Custody Management Division requested ODO inspect facilities against NDS 2019 that were previously inspected against NDS 2000.

<sup>3</sup> Data Source: ERO Custody Management Division Authorized Facility List as of July 8, 2024.

<sup>4</sup> *Ibid.*

<sup>5</sup> GFCCF’s FY 2023 average daily population was 1, which is why ODO scheduled GFCCF for a special review in FY 2024.

## SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>6</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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.

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<sup>6</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>7,8,9</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	4
<b>Sub-Total</b>	<b>4</b>
<b>Part 2 - Security</b>	
Use of Force	1
Special Management Unit	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 - Care</b>	
Food Service	2
Hunger Strikes	1
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 - Activities</b>	
Visitation <sup>10</sup>	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	2
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>14</b>

<sup>7</sup> For greater detail on ODO's findings, see the *Special Review Findings* section of this report.

<sup>8</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<sup>9</sup> During a special review, ODO will review a facility's compliance with at least 10 individual standards.

<sup>10</sup> The deficiencies cited under the Visitation standard were identified during the inspection, and the Visitation standard was not reviewed in its entirety.

## DETAINEE RELATIONS

ODO interviewed two detainees who voluntarily agreed to participate. There were no other detainees present at the facility during the inspection. The detainees did not make any allegations of discrimination, mistreatment, or abuse. Both detainees reported satisfaction with facility services except for the concerns listed below.

*Detainee Handbook:* Two detainees stated they were not given a copy of the facility-specific handbook and did not have access to review the handbook on the facility kiosk in the housing unit.

- Action Taken: ODO spoke with a GFCCF intake officer and found facility staff gave the detainees an opportunity to access the kiosk during the intake process. Detainee numbers serve as their account number to gain access to the kiosk. Detainees must create a personal identification number when accessing the kiosk for the first time. A GFCCF captain demonstrated accessing the kiosk and locating necessary documents for detainees to ODO. Facility staff escorted ODO to the work release housing unit to speak with the detainees and to ensure they had a clear understanding of how to access the handbook via the kiosk. The detainees verbally confirmed with ODO that they understood how to access the detainee handbook and use the kiosk to find other essential information.

*Medical Care:* One detainee stated he had blood pressure issues and needed medication. He informed GFCCF medical staff upon his arrival to the facility but had not received any medication.

- Action Taken: ODO interviewed the GFCCF medical director, confirmed the detainee's high blood pressure and the medical staff's placement of the order from an off-site pharmacy on July 9, 2024, and the receipt of the medication on July 10, 2024. The GFCCF medical director ordered Amlodipine (5 mg) and Hydrochlorothiazide (12.5 mg) for treating high blood pressure. On the same day, GFCCF medical staff offered to check the detainee's blood pressure and issue one tablet each of both medications; however, the detainee refused the medication, which staff documented in his medical records. The facility released the detainee on July 10, 2024.

## SPECIAL REVIEW FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the GFCCF food service director (FSD), observed the food service chemical storage room, and found the following deficiencies:

- No maintained inventory available for food service chemicals (**Deficiency EHS-4<sup>11</sup>**);

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<sup>11</sup> "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

- No safety data sheets (SDSs) in accordance with Occupational Safety and Health Administration (OSHA) requirements **Deficiency EHS-5<sup>12</sup>**;
- No continuous access by staff and detainees to SDSs of substances they handled while in their work area (**Deficiency EHS-6<sup>13</sup>**); and
- The GFCCF maintenance supervisor or designee did not compile a master index of all hazardous substances in the facility to include their locations along with an SDS master file (**Deficiency EHS-8<sup>14</sup>**).

## **SECURITY**

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

ODO interviewed the GFCCF PREA coordinator and a DO, reviewed the GFCCF’s SAAPI policy and procedure and found no documented review and approval by ERO Saint Paul of GFCCF’s written PREA policy (**Deficiency SAAPI-14<sup>15</sup>**).

## **CARE**

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

ODO interviewed the GFCCF FSD, reviewed 12 weekly sanitation inspection and cleaning schedules, observed all areas of the FS department, and found 5 garbage/refuse containers covered with food debris and with no covers (**Deficiency FS-92<sup>16</sup>**).

ODO interviewed the GFCCF FSD, observed the FS chemical storage room, and found all staff members did not know where and how much toxic, flammable, or caustic material was on hand nor were they aware their use must be controlled and accounted for daily (**Deficiency FS-105<sup>17</sup>**).

### **HUNGER STRIKES (HS)**

ODO interviewed the GFCCF health services administrator (HSA), reviewed the training records of ■ correctional staff and ■ medical staff, and found that ■ correctional staff and ■ medical staff

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<sup>12</sup> “In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDSs).” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

<sup>13</sup> “Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

<sup>14</sup> “The Maintenance Supervisor or facility designee will compile a master index of all hazardous substances in the facility, including their locations, along with a master file of SDSs. Documentation of reviews will be maintained in the SDS master file.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

<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 garbage/refuse containers shall be kept covered and cleaned frequently.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(5)(j).

<sup>17</sup> “All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted for daily.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).



had not completed initial nor annual hunger strike training. **(Deficiency HS-1<sup>18</sup>). This is a repeat deficiency.**

## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO interviewed the GFCCF HSA, reviewed the training records of █ correctional staff and █ medical staff, and found in █ out of █ medical staff records, no annual refresher training **(Deficiency SSHSPI-2<sup>19</sup>). This is a repeat deficiency and a priority component.**

## **ACTIVITIES**

### **VISITATION (V)**

ODO observed visitors entering and exiting the facility, reviewed the GFCCF visitor's logbook, and found GFCCF staff did not require ODO personnel to sign in or out when entering and exiting the facility during inspection week **(Deficiency V-7<sup>20</sup>).**

ODO observed the GFCCF staff and found staff did not verify each visitor's identity through valid state or government-issued photo identification before admitting a visitor into the GFCCF **(Deficiency V-21<sup>21</sup>).**

ODO observed adult visitors entering the GFCCF and found facility staff allowed adult visitors to enter without positive identification **(Deficiency V-22<sup>22</sup>).**

## **ADMINISTRATION AND MANAGEMENT**

### **DETENTION FILES (DF)**

ODO reviewed GFCCF's admission process policy, interviewed the chief of security lieutenant, inspected the facility records area, and found facility staff did not maintain hard copies of detention files in a secured area **(Deficiency DF-8<sup>23</sup>).**

ODO reviewed GFCCF's admission process policy, interviewed staff, and found no procedure nor chain of custody or logbook to document the date for the removal of files from the current storage

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<sup>18</sup> "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." *See* ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

<sup>19</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive 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>20</sup> "The facility shall maintain a log of all general visitors." *See* ICE NDS 2019, Standard, Visitation, Section (II)(C).

<sup>21</sup> "Staff shall verify each visitor's identity (through driver's license, photo identification, etc.) before admitting him or her to the facility." *See* ICE NDS 2019, Standard, Visitation, Section (II)(F)(2).

<sup>22</sup> "No adult visitor shall be admitted without positive identification." *See* ICE NDS 2019, Standard, Visitation, Section (II)(F)(2).

<sup>23</sup> "Detention files will be located and maintained in a secured area." *See* ICE NDS 2019, Standard, Detention Files, Section (II)(E).

location (**Deficiency DF-15**<sup>24</sup>).

## CONCLUSION

During this special review, ODO assessed the facility’s compliance with 11 standards under NDS 2019 and found the facility in compliance with 4 of those standards. ODO found 14 deficiencies in the remaining 7 standards. Since GFCCFs last special review in June 2023, the facility’s compliance with the ICE NDS has trended down; however, ODO notes this was GFCCF’s first inspection against the NDS 2019. GFCCF went from 4 deficient standards and 4 deficiencies in June 2023 to 7 deficient standards and 14 deficiencies during this most recent special review. ODO did not receive a completed UCAP from its last inspection of the facility. Since ODO inspected GFCCF for the first time under NDS 2019, the increase in deficiencies was likely a result of the change in standards. ODO recommends ERO Saint Paul work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Special Review (NDS 2000/ NDS 2019)</b>	<b>FY 2024 Special Review (NDS 2019)</b>
Standards Reviewed	10/1	11
Deficient Standards	4	7
Overall Number of Deficiencies	4	14
Priority Component Deficiencies	2	1
Repeat Deficiencies	0	2
Areas Of Concern	4	0
Corrective Actions	0	0
Facility Rating	Good	Acceptable/Adequate

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<sup>24</sup> “The facility shall have procedures addressing the circumstances under which a detention file may be requested and accessed by both facility staff and outside officials, and the recording of the file’s removal from storage in a logbook or retrievable electronic record.” See ICE NDS 2019, Standard, Detention Files, Section (II)(G)(1).