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**Office of Detention Oversight
Special Review
2023-001-080**

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

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

June 27-29, 2023

**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 June 27 to 29, 2023.¹ The facility opened in 2006 and is owned by Grand Forks County 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), and ODO inspected to the NDS listed on the ERO Facility List as of June 20, 2023. GFCCF was inspected against the NDS 2000, 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of June 27, 2023)	[REDACTED]
Adult Female Population (as of June 27, 2023)	[REDACTED]

This was ODO’s first compliance inspection of Grand Forks County Correctional Facility.

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of June 20, 2023.

³ *Ibid.*

⁴ Despite the facility having an average daily population (ADP) of zero at the time of the inspection, GFCCF’s FY 2022 ADP was one, which met ODO’s requirement for a special review.

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an ADP of 10 or more, 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.⁵

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 *Special Review Inspection Findings* section of this report.

Beginning fiscal year (FY) 2022, ODO will conduct 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 will conduct 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. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each review, 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 its decision-making to better allocate resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{6,7}	Deficiencies
Detainee Services	
Detainee Handbook	0
Food Service	1
Recreation	0
Sub-Total	1
Security and Control	
Environmental Health and Safety	1
Special Management Unit – Administrative Segregation	0
Special Management Unit – Disciplinary Segregation	0
Use of Force	0
Sub-Total	1
Health Services	
Hunger Strikes	0
Medical Care	1
Suicide Prevention and Intervention	1
Sub-Total	2
Other Standard Inspected	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	4

⁶ For greater detail on ODO’s findings, see the *Special Review Inspection Findings* section of this report.

⁷ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed one detainee who voluntarily agreed to participate. There were no other detainees present during the inspection week at the facility. The detainee did not make any allegations of discrimination, mistreatment, or abuse, and reported satisfaction with facility services.

SPECIAL REVIEW FINDINGS

DETAINEE SERVICES

DETAINEE HANDBOOK (DH)

ODO reviewed the facility handbook and found no information on facility disability accommodations. ODO noted this as an **Area of Concern**.

FOOD SERVICE (FS)

ODO observed the FS kitchen area and found the facility did not maintain a high level of sanitation in the FS department. Specifically, ODO observed a residue on the walls and door in the dishwasher machine area (**Deficiency FS-289⁸**).

Contrary to Food and Drug Administration Code 4-601.11 (c), ODO found residue on the walls and door around the dishwasher. ODO noted this as an **Area of Concern**.

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed a facility lieutenant, reviewed the hazardous substance inventory, and found no running inventory of hazardous substances used and stored in the area in which they are stored. Specifically, the hazardous substance inventory reflected only weekly inventory audits (**Deficiency EHS-2⁹**).

SPECIAL MANAGEMENT UNIT – DISCIPLINARY SEGRIGATION (SMU-DS)

ODO reviewed the GFCC SMU policy and found potential liabilities. Specifically, facility staff observe detainees at a minimum of 60 minutes instead of observing and logging observations of SMU detainees at least 30 minutes on an irregular schedule. In addition, facility policy allows for detainees to be placed in DS prior to a hearing. The facility housed no detainees in its SMU during the review period. As such, ODO noted these discrepancies as an **Area of Concern**.

⁸ “All food service employees are responsible for maintaining a high level of sanitation in the food service department.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(1).

⁹ “Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

HEALTH SERVICES

HUNGER STRIKES (HS)

ODO reviewed █ correctional officer training records and found all staff were trained initially; however, the facility did not conduct annual refresher training to ensure correctional officers could recognize the signs of a hunger strike and to implement the procedures for medical assessment and management of a detainee on a hunger strike. ODO noted this as an **Area of Concern**.

MEDICAL CARE (MC)

ODO reviewed training records for █ correctional staff and █ health care staff and found staff were not trained to respond to health-related emergencies within a 4-minute response time. Specifically, █ out of █ correctional staff and █ out of █ health care staff had no documented training (**Deficiency MC-71¹⁰**). **This is a priority component.**

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed training records for █ correctional staff and █ health care staff and the suicide prevention training curriculum and found staff who are responsible for suicidal detainees did not receive comprehensive suicide prevention training during orientation and periodically thereafter. Specifically, █ out of █ medical staff did not have any documented comprehensive suicide prevention training (**Deficiency SPI-1¹¹**). **This is a priority component.**

OTHER STANDARD INSPECTED

NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy and found the policy does not contain any reference to notify ICE about detainee allegations of sexual abuse which may occur at the facility. In addition, the facility could not provide ODO with contractor SAAPI training, nor provide evidence of contractors completing the training. ODO noted these discrepancies as an **Area of Concern**.

¹⁰ "Detention staff will be trained to respond to health-related emergencies within a 4-minute response time." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(H).

¹¹ "All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide prevention techniques; and responding to an in-progress suicide attempt." *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 10 standards under NDS 2000 and found the facility in compliance with 7 of those standards. ODO found four deficiencies in the remaining four standards. This was ODO’s first inspection of GFCCF; therefore, there is no trend analysis for this report. ODO recommends ERO Saint Paul work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2023 Special Review (NDS 2000)/ (NDS 2019)
Standards Reviewed	N/A	10/1
Deficient Standards	N/A	4
Overall Number of Deficiencies	N/A	4
Priority Component Deficiencies	N/A	2
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	5
Corrective Actions	N/A	0
Facility Rating	N/A	Good