



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**Hall County Department of Corrections
Grand Island, Nebraska**

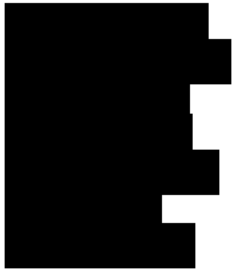
August 16-18, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
HALL COUNTY DEPARTMENT OF CORRECTIONS
Grand Island, Nebraska

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FOLLOW-UP 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

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Hall County Department of Corrections (HCDC) in Grand Island, Nebraska, from August 16 to 18, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of HCDC from March 15 to 17, 2022. The facility opened in 2008 and is owned by Hall County and operated by the Hall County Board of Corrections. 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 in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2019.

ERO does not have any staff assigned to the facility. An HCDC director handles daily facility operations and manages [REDACTED] support personnel. Summit Food Service, LLC provides food and commissary services, and Advanced Correctional Healthcare provides medical care. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of June 14, 2022)	[REDACTED]
Adult Female Population (as of June 14, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found 37 deficiencies in the following areas: Environmental Health and Safety (3); Admission and Release (6); Custody Classification (1); Funds and Personal Property (4); Post Orders (5); Searches of Detainees (2); Food Service (5); Hunger Strikes (1); Medical Care (6); Personal Hygiene (1); Correspondence and Other Mail (2); and Detention Files (1).

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 August 15, 2022.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	4
Sub-Total	4
Part 2 - Security	
Admission and Release	4
Custody Classification System	2
Funds and Personal Property	4
Post Orders	0
Searches of Detainees	1
Use of Force and Restraints	0
Special Management Unit	0
Sub-Total	11
Part 4 - Care	
Food Service	2
Hunger Strikes	0
Medical Care	5
Personal Hygiene	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	8
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	1
Sub-Total	1
Total Deficiencies	24

⁴ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁵ 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 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse by facility staff; however, one detainee did inform ODO of an alleged Prison Rape Elimination Act (PREA) incident. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he submitted a medical request regarding ear pain and found the prescribed medication ineffective.

- Action Taken: ODO interviewed the facility's medical site manager, reviewed the detainee's medical file, and found on August 12, 2022, the detainee submitted a medical request regarding ear pain. On August 13, 2022, medical staff evaluated the detainee, diagnosed an ear infection, and prescribed Augmentin (875/125 mg), twice a day for 10 days. At ODO's request on August 17, 2022, medical staff scheduled a re-evaluation of the detainee's continued ear pain and, on the following day, still found the infection but with less inflammation in the ear canal. Medical staff educated the detainee on the effectiveness of an antibiotic and the length of time required for it to take effect. Medical staff advised the detainee to submit a medical request if pain continued after completion of the antibiotic treatment. The detainee verbalized his understanding and returned to his housing unit.

Medical Care: One detainee stated he continued to have shoulder pain after he received medical evaluation and treatment.

- Action Taken: ODO interviewed the facility medical site manager, reviewed the detainee's medical file, and confirmed the detainee submitted a medical request for left arm pain on July 21, 2022. On July 23, 2022, medical staff evaluated the detainee, prescribed ibuprofen (800 mg), twice a day for three days, and issued a treatment plan of body stretches to relax the shoulder muscle. At ODO's request on August 17, 2022, medical staff scheduled a reevaluation of the detainee's continued shoulder pain, and the detainee told staff he felt his shoulder intermittently pop with rotation during the appointment on the following day. Medical staff advised the detainee complete healing may take up to 6 months and to continue stretching and maintaining range of motion exercises. Medical staff stated the detainee verbalized understanding.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated an inmate made sexual comments to him, two-to-three times a week, about 2 months ago, but now feels no need to report the incidents.

- Action Taken: After hearing the report of the incident from the detainee on August 16, 2022, ODO immediately advised ERO Saint Paul and the facility administrative sergeant. On the same day, facility staff moved the detainee to a different tier in his housing unit to avoid any contact with the inmate. On August 18, 2022, the administrative sergeant interviewed the detainee, and the detainee filed a formal PREA

allegation. ERO Saint Paul reported the incident to the Joint Intake Center and the Joint Integrity Case Management System (JICMS) number is 2022SIR0007753. At the conclusion of ODO's inspection, the PREA compliance manager interviewed all parties, and the case was resolved in JICMS.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the maintenance supervisor, reviewed the Safety Data Sheet (SDS) master file, and found the master file did not contain documentation of hazardous substance reviews (**Deficiency EHS-9⁶**).

ODO reviewed HCDC policy, toured the facility, and found the facility did not require the use of properly labeled containers for hazardous materials. Specifically, ODO observed 1 unlabeled spray bottle in the medical department and 11 unlabeled spray bottles in facility housing units (**Deficiency EHS-22⁷**).

ODO interviewed the maintenance supervisor, toured the facility, and found the facility did not properly label infectious waste containers nor place the containers in the proper area for removal and disposal. Specifically, ODO observed two bulk infectious waste containers outside the rear of the maintenance department with no "infectious waste" label nor universal biohazard symbol (**Deficiency EHS-54⁸**).

ODO interviewed the maintenance supervisor, toured the facility, and found storage and disposal of hazardous and infectious waste did not meet all applicable federal and state regulations. Specifically, ODO found two unlabeled large containers used for bulk infectious waste outside the rear of the maintenance department (**Deficiency EHS-70⁹**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files, interviewed an administrative sergeant, and found in [REDACTED] out of [REDACTED] files, the facility did not retain copies of identity documents for the detention file, nor

⁶ "Documentation of reviews will be maintained in the SDS master file." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

⁷ "The facility will require use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6)(a).

⁸ "The container will be labeled with the words "infectious waste," or with the universal biohazard symbol, and placed in the proper area for removal and disposal." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(b)(1).

⁹ "Infectious and hazardous waste generated at a medical facility will be stored and disposed of safely and in accordance with all applicable federal and state regulations." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(4).

forward original identity documents to ERO Saint Paul. Specifically, ODO found HCDC staff stored the identity documents of one detainee with the detainee’s personal property (**Deficiency AR-12¹⁰**). **This is a repeat deficiency.**

ODO reviewed HCDC policy, interviewed an administrative sergeant, and found the facility did not issue a receipt for confiscated identity documents held in the property storage room (**Deficiency AR-13¹¹**). **This is a repeat deficiency.**

ODO reviewed HCDC policy and the facility handbook, interviewed an administrative sergeant, and found the facility did not provide detainees with all articles necessary for maintaining proper hygiene. Specifically, the facility did not provide detainees with skin lotion as required by the NDS 2019 Personal Hygiene standard, section (II)(F) (**Deficiency AR-16¹²**). **This is a repeat deficiency.**

ODO reviewed HCDC policy, interviewed an administrative sergeant, reviewed [REDACTED] detainee detention files, and found in [REDACTED] out of [REDACTED] files, the facility did not issue the ICE National Detainee Handbook to detainees upon admission. Additionally, ODO found in 17 out of 25 files, the facility did not issue the facility site-specific handbook to detainees upon admission (**Deficiency AR-26¹³**). **This is a repeat deficiency.**

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed HCDC policy, interviewed an administrative sergeant, and found officers assigned to classification duties, lacked training in the facility classification process. Specifically, ODO found no training documents to confirm completion of training of officers assigned to classification duties (**Deficiency CCS-3¹⁴**).

ODO reviewed HCDC policy and the facility site-specific handbook, interviewed an administrative sergeant, observed detainees, and found the facility did not establish a system that readily identifies a detainee’s classification level. Specifically, facility policy included procedures for the use of color-coded wristbands; however, the facility did not implement the color-coded system during the classification process, and ODO was unable to determine a detainee’s classification level when observing the detainee (**Deficiency CCS-8¹⁵**). **This is a repeat**

¹⁰ “Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO.” See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

¹¹ “Detainees will receive a receipt for confiscated identity documents.” See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

¹² “Staff shall provide detainees with articles necessary for maintaining proper hygiene.” See ICE NDS 2019, Standard, Admission and Release, Section (II)(E).

Additional relevant citation: Each detainee shall receive, at a minimum, the following items: 6. One container of skin lotion. See ICE NDS 2019 Standard, Personal Hygiene, Section (II)(F)(6).” See ICE NDS 2019, Standard, Admission and Release, Section (II)(E).

¹³ “Upon admission, every detainee will receive an ICE/ERO National Detainee Handbook and a facility handbook.” See ICE NDS 2019, Standard, Admission and Release, Section (II)(I).

¹⁴ “The classification system shall ensure: ...

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).

¹⁵ “The classification system shall ensure: ...

deficiency.

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed HCDC policy, reviewed █ detainee detention files, and found █ out of █, the facility did not provide a receipt to detainees for all personal property held by the facility (Deficiency FPP-4¹⁶). **This is a repeat deficiency.**

ODO reviewed █ detainee detention files, interviewed an administrative sergeant, and found in █ out of █ detainee files, the facility did not retain copies of identity documents for the detention file, nor forward original identity documents to ERO Saint Paul. Specifically, ODO found HCDC staff stored the identity documents of one detainee with the detainee's personal property (Deficiency FPP-10¹⁷). **This is a repeat deficiency.**

ODO reviewed HCDC policy and █ detainee detention files, and found in █ out of █ files, the facility did not issue a receipt to detainees for all property held by the facility until the detainee's release (Deficiency FPP-17¹⁸). **This is a repeat deficiency.**

ODO reviewed HCDC quarterly property logs and found the facility logs did not include all required information. Specifically, ODO found the facility quarterly property log, dated June 13, 2022, did not include the time the officer conducted the inventory (Deficiency FPP-20¹⁹).

SEARCHES OF DETAINEES (SD)

ODO interviewed an administrative sergeant, reviewed █ staff training records, and found in █ out of █ records, facility staff who conduct searches did not receive initial training regarding search procedures nor annual updated training in authorized and effective search techniques (Deficiency SD-2²⁰). **This is a repeat deficiency.**

Each facility shall establish a system that readily identifies a detainee's classification level, for example, color-coded uniforms."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).

¹⁶ "The record shall be maintained in the detention file or in a retrievable electronic format, and a copy of the record shall be provided to the detainee." *See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(A).*

¹⁷ "Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file, and the original forwarded to ICE/ERO." *See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(B)(2).*

¹⁸ "Each detainee shall be given a receipt for all property held until release." *See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(2).*

¹⁹ "The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory." *See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).*

²⁰ "All staff who conduct searches of housing, work areas, or of a detainee's body shall receive initial training regarding search procedures prior to entering on duty and shall receive annual, updated training in authorized and effective techniques thereafter." *See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(B).*

CARE

FOOD SERVICE (FS)

ODO toured the FS area and found no protection of food from overhead leakage nor other sources of contamination. Specifically, ODO observed flaking and chipping of the ceiling above the dishwasher station. Additionally, ODO observed sheet trays with carbon buildup and pitted meal trays (**Deficiency FS-43²¹**). **This is a repeat deficiency.**

ODO reviewed dishwasher machine temperature logs from April to August 2022, observed the dishwasher in operation, and found the facility's dishwasher did not maintain required temperatures. Specifically, ODO found 202 log entries for temperatures less than the Food and Drug Administration's minimum required temperature of 150 Fahrenheit degrees (**Deficiency FS-98²²**). **This is a repeat deficiency.**

PERSONAL HYGIENE (PH)

ODO interviewed the facility administrative sergeant, reviewed the facility site-specific handbook, and found the facility did not provide detainees one container of skin lotion (**Deficiency PH-14²³**). **This is a repeat deficiency.**

MEDICAL CARE (MC)

ODO reviewed HCDC policy, interviewed the health services administrator, and found the facility did not have written plans addressing the management of infectious and communicable diseases. Specifically, the facility operated under the ERO COVID-19 Pandemic Response Requirement (PRR) for "Yellow" status but did not implement the required 10-day quarantine for all new arrivals. Additionally, ODO found the facility did not test non-symptomatic detainees for COVID-19 upon arrival and place them in general population without a 10-day quarantine (**Deficiency MC-25²⁴**).

ODO reviewed HCDC policy, interviewed the health services administrator, and found the facility infection control plan did not include the reporting and collaboration with local nor state health departments in accordance with local and state regulations. Specifically, ODO found the facility did not report communicable disease cases in accordance with ERO COVID-19 PRR (**Deficiency**

²¹ "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." See ICE NDS 2019, Standard, Food Service, Section (II)(E)(3).

²² "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).

²³ "Each detainee shall receive, at a minimum, the following items: ...

6. One container of skin lotion."

See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F)(6).

²⁴ "The facility will have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, and education." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(2).

MC-26²⁵).

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility did not conduct a comprehensive health assessment within 14 days of the detainee's arrival. Specifically, ODO found the facility conducted 1 comprehensive health assessment 25 days after the detainee's arrival (**Deficiency MC-27²⁶**). **This is a repeat deficiency.**

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility did not conduct an initial dental screening exam within 14 days of the detainee's arrival. Specifically, ODO found the facility conducted 1 dental screening exam 25 days after the detainee's arrival (**Deficiency MC-43²⁷**). **This is a repeat deficiency.**

ODO reviewed the training records of four non-dental clinicians who performed dental screening exams and found in one out of four records, a dentist did not train the clinician annually on how to conduct the dental screening exam (**Deficiency MC-45²⁸**).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed █ detainee DFs and found in █ out of █ files, no acknowledgement forms documenting receipt of orientation. Additionally, ODO found █ files did not contain acknowledgement forms documenting receipt of the facility site-specific handbook (**Deficiency DF-5²⁹**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 7 of those standards. ODO found 24 deficiencies in the remaining 9 standards, which included 15 repeat deficiencies. ODO recommends ERO Saint Paul work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of HCDC in March 2022.

²⁵ "This also includes reporting and collaboration with local or state health departments in accordance with state and local laws and recommendations." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(D)(2).

²⁶ "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." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(E).

²⁷ "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).

²⁸ "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).

²⁹ "The detention file will generally include the following information unless the information is maintained in a retrievable electronic format: ...

h. Acknowledgment form, documenting receipt of handbook, orientation, etc."

See ICE NDS 2019, Standard, Detention Files, Section (II)(C)(2)(h).

Compliance Inspection Results Compared	First FY 2022 (NDS 2019)	Second FY 2022 (NDS 2019)
Standards Reviewed	19	16
Deficient Standards	12	9
Overall Number of Deficiencies	37	24
Repeat Deficiencies	15	15
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Failure	N/A