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

**Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2023-002-088**

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

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

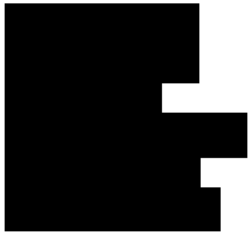
July 25-27, 2023

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

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UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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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 an unannounced follow-up compliance inspection of the Hall County Department of Corrections (HCDC) in Grand Island, Nebraska, from July 25 to 27, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of HCDC from March 7 to 9, 2023. The facility opened in 2008 and is owned by Hall County and operated by Hall County Department 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.

[REDACTED] A facility director handles daily operations and manages [REDACTED] support personnel. Summit Food Service, LLC provides food and commissary services, and Advanced Correctional Healthcare provides medical care at the facility. 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 July 25, 2023)	[REDACTED]
Adult Female Population (as of July 25, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found two deficiencies in the following areas: Disability Identification, Assessment, and Accommodation (1) and Detainee Handbook (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 July 24, 2023.

³ *Ibid.*

UNANNOUNCED 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 NDS. 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.⁴

While unannounced follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, 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.

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 ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	5
Staff-Detainee Communication	0
Sub-Total	5
Part 4 - Care	
Food Service	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Sub-Total	0
Total Deficiencies	7

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

⁶ 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 13 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.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

SPECIAL MANAGEMENT UNIT (SMU)

ODO interviewed a facility lieutenant, reviewed one detainee disciplinary segregation (DS) record, and found the following deficiencies:

- No facility staff review of the detainee’s disciplinary status every 7 days (**Deficiency SMU-46⁷**);
- No review documents in the detainee’s detention file (**Deficiency SMU-48⁸**);
- No written copy for the detainee of the reviewing officer’s decision and the basis for his or her finding (**Deficiency SMU-49⁹**);
- No copy of the DS review for the detainee, nor informing the detainee of the decision orally (**Deficiency SMU-50¹⁰**); and
- No review of the decision by the staff with the detainee (**Deficiency SMU-51¹¹**).

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility completed the comprehensive health assessment 16 days after the detainee’s arrival at the facility (**Deficiency MC-27¹²**). **This is a priority component.**

⁷ “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.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

⁸ “All review documents shall be placed in the detainee’s detention file or maintained in a retrievable electronic format.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a)(2).

⁹ “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.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a)(3).

¹⁰ “If a written copy cannot be delivered, the detainee shall be advised of the decision orally.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a)(3).

¹¹ “The review decision shall be communicated to detainees in a language or manner that they understand.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a)(3).

¹² “The facility will conduct and document a comprehensive health assessment, including a physical examination and

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility completed the initial dental screening exam 16 days after the detainee’s arrival at the facility (**Deficiency MC-43**¹³).

CONCLUSION

During this unannounced follow-up inspection, ODO assessed the facility’s compliance with 14 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found seven deficiencies in the remaining two standards. Since HCDC’s last full inspection in March 2023, the facility’s overall compliance has trended slightly down. HCDC went from two deficient standards and two deficiencies in March 2023, to two deficient standards and seven deficiencies during this unannounced follow-up inspection. ODO found two deficiencies in MC, which HCDC did not have during the previous inspection. One of the MC deficiencies is a priority component for not completing health assessment screenings within 14 days of the detainee’s arrival at the facility. Additionally, the deficiencies ODO found in SMU were all administrative in nature and all attributed to single disciplinary case. ODO has not received a completed UCAP for ODO’s last full inspection of HCDC in March 2023; however, ODO noted no repeat deficiencies during this inspection. ODO recommends ERO Saint Paul continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2023 Follow-up Inspection (NDS 2019)
Standards Reviewed	19	14
Deficient Standards	2	2
Overall Number of Deficiencies	2	7
Priority Component Deficiencies	1	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

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).

¹³ “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).