



U.S. Department of Homeland Security
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 Saint Paul Field Office**

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

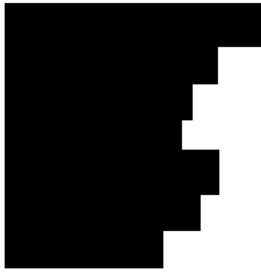
March 15-17, 2022

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

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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 compliance inspection of the Hall County Department of Corrections (HCDC) in Grand Island, Nebraska, from March 15 to 17, 2022.¹ The facility opened in 2008 and is owned and operated by Hall County. 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 did not assign deportation officers nor a detention services manager to the facility. An HCDC director handles daily facility operations and manages █ 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	█
Average ICE Population ³	█
Adult Male Population (as of March 15, 2022)	█
Adult Female Population (as of March 15, 2022)	█

During its last inspection, in Fiscal Year (FY) 2021, ODO found 15 deficiencies in the following areas: Admission and Release (3); Custody and Classification System (1); Funds and Personal Property (3); Special Management Units (1); Hunger Strikes (1); and Medical Care (6).

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 March 14, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.⁴

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.

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 its decision-making to better allocate resources across the agency’s entire detention inventory.

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	3
Sub-Total	3
Part 2 - Security	
Admission and Release	6
Custody Classification	1
Funds and Personal Property	4
Post Orders	5
Searches of Detainees	2
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	18
Part 4 - Care	
Food Service	5
Hunger Strikes	1
Medical Care	6
Personal Hygiene	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	13
Part 5 - Activities	
Correspondence and Other Mail	2
Voluntary Work Program	0
Sub-Total	2
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	1
Detainee Transfers	0
Sub-Total	1
Total Deficiencies	37

⁵ For greater detail on ODO's findings, see the *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 16 detainees, who each voluntarily agreed to participate. One detainee declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he submitted a sick call request for eyeglasses, but a medical staff member replied in English, a language the detainee did not read nor understand.

- Action Taken: ODO confirmed through a medical record review by the health services administrator (HSA), the detainee submitted a sick call request on February 25, 2022, for a pair of reading glasses, but refused his sick call appointment on February 26, 2022. On March 17, 2022, the HSA met with the detainee and used translator services to provide him instruction on submitting a sick call request for eyes and ears. The detainee verbally stated he understood the HSA's instructions; however, he did not submit a sick call request during the ODO inspection.

Medical Care: One detainee stated his Tylenol prescription did not help in treating his hernia. He also stated the HCDC medical staff did not continue his prescription from his previous facility.

- Action Taken: ODO confirmed through the HSA's medical record review, the detainee arrived on March 7, 2022, and the Prison-In-Transit Medical Summary sheet listed his prescription for Omeprazole (20 mg), though he had none of the medication in his possession. On March 9, 2022, the detainee submitted a sick call request for stomach pain, which he believed was due to a hernia and constipation. On March 10, 2022, a facility nurse examined the detainee, and the clinical director prescribed Tylenol (500 mg, twice daily) for 7 days to relieve the pain and Docusate sodium (10 mg, twice daily) for 3 days to relieve the constipation. On March 17, 2022, the HSA examined the detainee during a follow-up appointment and prescribed the detainee MiraLAX (17 g) for 30 days. The HSA informed the detainee on managing his hernia condition and submitting a sick call request if his condition worsened.

Medical Care: One detainee stated a facility staff member did not provide him with prescription glasses nor an eye exam he requested 3 months ago.

- Action Taken: ODO confirmed through the HSA's medical record review, the detainee submitted a sick call request for eyeglasses on September 10, 2021. On September 14, 2021, medical staff gave the detainee an eye exam and found he had normal vision. The staff discussed the findings with the clinical director and recommended no further treatment. On March 17, 2022, the HSA examined the detainee and advised him to submit a sick call request if his vision caused additional concern, and ODO noted the detainee did not submit any sick call request during the inspection.

Medical Care: One detainee stated facility medical staff did not respond to his sick call request from 2 weeks ago.

- Action Taken: ODO confirmed through an HSA medical review, the detainee submitted a sick call request on February 7, 2022, for a tooth ache, and the detainee refused the sick call appointment on February 26, 2022, the only day a dentist was available at the facility. On March 17, 2022, the HSA met with the detainee, and the detainee said he no longer had any concern over his tooth. The HSA informed the detainee on how to submit a sick call request for dental issues.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed inventory records of hazardous substances and found the facility did not update its records before, during, nor after each use for four substances. Specifically, ODO found discrepancies between the physical inventory and inventory records of Lime Away, Oasis 146, One Step, and Clear Blue (**Deficiency EHS-16⁷**).

ODO reviewed the perpetual and running inventory for items posing a security risk and found staff members did not maintain accurate inventories for syringes and lancets. Specifically, staff members did not account for two lancets on the running inventory on November 30, 2021, and one lancet on the running inventory on December 20, 2021. Additionally, staff members did not account for 11 syringes on the running inventory on November 30, 2021, and 1 syringe on the running inventory on December 20, 2021 (**Deficiency EHS-51⁸**).

ODO reviewed 43 daily inventory logs and found an individual designated by the HSA or equivalent did not reconcile inventory logs weekly. Specifically, the HSA or equivalent did not reconcile daily inventory logs of items that pose a security risk, such as sharp instruments, syringes, needles, and scissors weekly (**Deficiency EHS-52⁹**).

⁷ “Inventory records for a hazardous substance must be kept current before, during, and after each use.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

⁸ “a. Inventory A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

⁹ “a. Inventory A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee files and found in [REDACTED] out of [REDACTED] detainee files, staff members did not retain copies nor forward to ERO Saint Paul original identity documents to include identification cards, a passport, and a birth certificate. Specifically, staff members stored the identity documents in the detainees' personal property (**Deficiency AR-12¹⁰**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee files and found in [REDACTED] out of [REDACTED] files, staff members did not issue a receipt for confiscated identity documents held in the property storage room (**Deficiency AR-13¹¹**).

ODO checked the hygiene items in two housing units and found the facility did not provide detainees with all articles necessary for maintaining proper hygiene. Specifically, the facility did not provide detainees with one container of skin lotion, which the Personal Hygiene standard requires facilities provide to detainees (**Deficiency AR-16¹²**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee files and found in [REDACTED] out of [REDACTED] files, staff members did not have fully completed documentation from ERO Saint Paul for each newly arriving detainee. Specifically, [REDACTED] out of [REDACTED] Orders to Detain (Form I-203) did not have the signature of the authorizing official (**Deficiency AR-18¹³**).

ODO interviewed intake staff and found the facility did not issue an ICE National Detainee Handbook nor a facility handbook to detainees upon admission. Specifically, facility staff stated ERO Saint Paul staff issued the ICE National Handbook to the detainees and detainees could access the facility handbook on the tablets located in their housing units (**Deficiency AR-26¹⁴**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] released detainee files and found in [REDACTED] out of [REDACTED] files, staff members did not document any fingerprinting during the release process. ODO interviewed the sergeant and booking officer who confirmed staff members did not complete fingerprinting during the release process (**Deficiency AR-28¹⁵**). **This is a repeat deficiency.**

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).

¹³ "Official documentation from ICE/ERO (e.g., Form I-203, I-203a, or I-216) shall accompany each newly arriving detainee." See ICE NDS 2019, Standard, Admission and Release, Section (II)(F).

¹⁴ "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).

¹⁵ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include fingerprinting." See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's classification policy, interviewed the classification corporal and intake sergeant, and found staff members did not establish a system that readily identifies a detainee's classification level. Specifically, the facility's policy included the procedure for use of color-coded wristbands; however, staff members did not implement the color-coded system during the classification process (**Deficiency CCS-8**¹⁶). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed █ detainee files and found in █ out of █ files, staff members did not issue a receipt for all personal property (**Deficiency FPP-4**¹⁷).

ODO reviewed █ detainee files and found in █ out of █ files, staff members did not retain copies nor forward to ERO Saint Paul original identity documents to include identification cards, a passport, and a birth certificate. Specifically, staff members stored the identity documents in the detainees' personal property instead of forwarding to ERO Saint Paul (**Deficiency FPP-10**¹⁸). **This is a repeat deficiency.**

ODO reviewed █ detainee files and found in █ out of █ files, staff members did not issue a receipt for all property held until the detainees' release from the facility (**Deficiency FPP-17**¹⁹).

ODO reviewed the facility handbook and found the handbook did not include facility policies and procedures for personal property to include providing a copy upon request of any identity document (passport, birth certificate, etc.) placed in detainees' files; procedures for claiming property upon release, transfer, or removal; nor procedures for filing a claim for lost or damaged property (**Deficiency FPP-34**²⁰). **This is a repeat deficiency.**

¹⁶ "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).

¹⁷ "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).

¹⁸ "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).

¹⁹ "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).

²⁰ "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

2. That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files; ...

4. The procedures for claiming property upon release, transfer, or removal; and

5. The procedures for filing a claim for lost or damaged property."

See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2, 4, and 5).

POST ORDERS (PO)

ODO reviewed the facility's PO policy and found the facility did not have written procedures to ensure all officers read the applicable PO (**Deficiency PO-3**²¹).

ODO reviewed the facility's PO and found staff members did not sign and date the PO to indicate having read and understood its provisions, prior to assuming a post. Specifically, ODO found 11 out of 11 POs did not contain a signature page and officers did not record reading and understanding the PO (**Deficiency PO-7**²²).

ODO reviewed the PO for one armed post and found the PO did not explain the proper care and safe handling of firearms nor the circumstances and conditions the facility authorized the use of firearms (**Deficiency PO-10**²³).

ODO reviewed the facility's PO for one armed post and found the PO did not state guards are to consider any staff member taken hostage to be under duress (**Deficiency PO-11**²⁴).

ODO reviewed the facility's PO for one armed post and found the PO did not state to disregard any order issued by a staff member taken hostage, regardless of position of authority (**Deficiency PO-12**²⁵).

SEARCHES OF DETAINEES (SD)

ODO reviewed ■ staff training records and found in ■ out of ■ records, staff members who conduct searches did not receive initial training for search procedures nor an annual updated training in authorized and effective techniques (**Deficiency SD-2**²⁶).

ODO reviewed facility PO and found the facility did not have a PO for closely observing a detainee in dry cell status (**Deficiency SD-52**²⁷).

²¹ "All facilities shall have written procedures to ensure that all officers read applicable post orders." See ICE NDS 2019, Standard, Post Orders, Section (II)(B).

²² "Prior to assuming a post, officers will sign and date the post order to indicate having read and understood its provisions." See ICE NDS 2019, Standard, Post Orders, Section (II)(B).

²³ "Post orders for armed and perimeter-access post assignments will, among other things, describe and explain:

1. The proper care and safe handling of firearms; and
2. Circumstances and conditions when use of firearms is authorized."

See ICE NDS 2019, Standard, Post Orders, Section (II)(D)(1-2).

²⁴ "Post orders for armed posts, and for posts that control access to the institution perimeter, shall clearly state that any staff member who is taken hostage is considered to be under duress." See ICE NDS 2019, Standard, Post Orders, Section (II)(D).

²⁵ "Post orders for armed posts, and for posts that control access to the institution perimeter, shall clearly state that any staff member who is taken hostage is considered to be under duress. Any order/directive issued by such a person, regardless of his or her position of authority, is to be disregarded." See ICE NDS 2019, Standard, Post Orders, Section (II)(D).

²⁶ "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).

²⁷ "The facility shall have post orders for closely observing a detainee in dry cell status." See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(D)(5).

SPECIAL MANAGEMENT UNIT (SMU)

ODO toured the special management unit each day of the inspection and found unsecured hand, leg, and waist restraints on a table in the common area of the unit. Additionally, ODO found an unsecured water hose, more than 100 feet long, in the housing unit. ODO notes this as an **Area of Concern**.

CARE

FOOD SERVICE (FS)

ODO toured the food service area, observed sanitary guidelines, and found food service staff members did not maintain foods that require refrigeration at 41 Fahrenheit (F) degrees or below. Specifically, ODO observed the coleslaw served for the lunch meal on March 15, 2022, and recorded a temperature of 50 Fahrenheit degrees (**Deficiency FS-19²⁸**).

ODO observed the food service area and found food service staff members did not protect food from unclean work surfaces and other sources of contamination. Specifically, ODO observed flaking and chipping of the ceiling above the dishwashing machine station. ODO also found sheet trays with considerable carbon residue on the surface, food and debris on drying racks and preparation tables, and stained and pitted meal trays (**Deficiency FS-43²⁹**).

ODO reviewed five master common-fare menus and found in five out of five menus, no special menus for the 10 Federal Holidays (**Deficiency FS-60³⁰**). **This is a repeat deficiency.**

ODO reviewed 90 dishwashing machine rinse temperature log entries, observed the dishwashing machine while in operation, and found staff members did not maintain the dishwashing machine in good repair. Specifically, in 52 out of 90 entries, the rinse temperatures and final rinse temperatures did not meet the Food and Drug Administration's sanitation requirement of 160 F degrees for rinse temperature and 180 F degrees for final rinse temperature. Additionally, ODO observed the dishwashing machine did not reach 160 F degrees for the required temperature while in operation (**Deficiency FS-98³¹**). **This is a repeat deficiency.**

ODO reviewed the facility's most recent fire-suppression system inspection report, dated August 5, 2021, and found a qualified contractor did not inspect the fire-suppression system every 6 months. Specifically, the facility did not have a fire-suppression system inspection since August

²⁸ "The following procedures apply to the display, service, and transportation of food to mainline and satellite food service areas: ...

b. Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 135 degrees F and foods that require refrigeration maintained at 41 degrees F or below."

See ICE NDS 2019, Standard, Food Service, Section (II)(C)(2)(b).

²⁹ "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).

³⁰ "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

³¹ "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).

5, 2021 (Deficiency FS-112³²).

HUNGER STRIKES (HS)

ODO reviewed █ medical and █ non-medical staff training files and found in █ out of █ non-medical training files, staff members did not receive annual training to recognize the signs of a hunger strike, nor to implement the procedures for referral for medical assessment and management of a detainee on a hunger strike (Deficiency HS-1³³). **This is a repeat deficiency.**

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found █ out of █ detainees did not receive tuberculosis screening in accordance with the most current Centers for Disease Control and Prevention guidelines prior to placement in the general population. Specifically, medical staff members planted the detainee's Protein Purified Derivative skin test 3 days after arriving to the facility, while in general population (Deficiency MC-18³⁴).

ODO reviewed █ detainee medical records and found in █ out of █ records, staff members did not conduct a comprehensive health assessment, including a physical examination and mental health screening, within 14 days of the detainees' arrival at the facility. Specifically, staff members conducted the 14-day health assessments between 15 and 42 days after the detainees arrived at the facility (Deficiency MC-27³⁵). **This is a repeat deficiency.**

ODO reviewed █ detainee medical records and found in █ out of █ records, medical staff members did not conduct the initial dental screening exams within 14 days of detainees' arrival. Specifically, medical staff members conducted dental screening exams between 15 and 42 days after the detainees' arrival (Deficiency MC-43³⁶). **This is a repeat deficiency.**

ODO reviewed four medical records of detainees receiving psychotropic medications and found in two out of four records, medical staff members did not maintain documentation of signed informed consent, which included a description of the medications' side effects, prior to the administration of the first dose of a newly prescribed psychotropic medication. Specifically, one detainee did not have a psychotropic medication consent form on file, and one detainee signed the

³² "A qualified contractor shall inspect the system every six months." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).

³³ "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).

³⁴ "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).

³⁵ "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).

³⁶ "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).

consent form 2 days after receiving the first dose of the medication (**Deficiency MC-93**³⁷). **This is a repeat deficiency.**

ODO reviewed six detainee medical records with refusal forms and found in one out of six records, medical staff members did not document their treatment efforts, nor properly document the refusal of treatment in the detainee's medical record. Specifically, medical staff members did not document in the refusal forms explaining to the detainee the medical risks of declining treatment nor their efforts to convince the detainee to accept voluntarily treatment in a language or manner that the detainee understands (**Deficiency MC-97**³⁸). **This is a repeat deficiency.**

ODO reviewed the facility's detainee handbook and found the handbook did not notify detainees on whether the detainee or their representative could request and receive medical records pursuant to facility policy (**Deficiency MC-102**³⁹). **This is a repeat deficiency.**

PERSONAL HYGIENE (PH)

ODO interviewed staff members, observed PH items the facility provided detainees, reviewed the facility handbook, and found the facility did not issue detainees one container of skin lotion, as required (**Deficiency PH-14**⁴⁰).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility handbook and found the special correspondence notification to detainees did not specify the NDS 2019 definition of special correspondence from section E.2 of the COM standard, nor did it include any of the following examples of special correspondence:

- Embassies and consulates;
- The president and vice president of the United States;
- Members of Congress;
- The Department of Justice;
- The Department of Homeland Security;
- Administrators of grievance systems; nor

³⁷ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

³⁸ "If the detainee refuses to consent to treatment, medical staff will explain the medical risks to the detainee of declining treatment and make reasonable efforts to convince the detainee to voluntarily accept treatment in a language or manner that the detainee understands." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

³⁹ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

⁴⁰ "Each detainee shall receive, at a minimum, the following items: ...

6. One container of skin lotion ...

The facility administrator may modify this list as needed (e.g., to accommodate the use of bulk liquid soap and shampoo dispensers)." See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F)(6).

- Representatives of the news media (**Deficiency COM-7⁴¹**).

ODO interviewed the correspondence officer and found staff members did not refrain from copying incoming special correspondence. Specifically, ODO found that as a matter of routine, facility staff will copy all incoming mail, including legal mail, destroy the original mail, and then only provide copies of the mail to the detainees (**Deficiency COM-22⁴²**).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed ■ detainee files and found in ■ out of ■ files, no acknowledgment forms documenting receipt of handbook and orientation (**Deficiency DF-5⁴³**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under NDS 2019 and found the facility in compliance with 7 of those standards. ODO found 37 deficiencies in the remaining 12 standards, which included 15 repeat deficiencies. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO’s last inspection of HCDC in August 2021.

Compliance Inspection Results Compared	FY 2021 (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	13	19
Deficient Standards	6	12
Overall Number of Deficiencies	15	37
Repeat Deficiencies	7	15
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	N/A	Failure

⁴¹ “The facility shall notify detainees in a language or manner that they understand of its policy on correspondence and other mail, and shall include information on sending and receiving correspondence in the facility handbook. At a minimum, the notification shall specify: ...

5. The definition of special correspondence, including instructions on the proper labeling for special correspondence;”

See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(5).

⁴² “Staff shall neither read nor copy incoming or outgoing special correspondence.” See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(E)(2).

⁴³ “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).