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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 New York Field Office

Hudson County Correctional Center

Kearny, NJ 07032

April 4-6, 2017

**COMPLIANCE INSPECTION
for the
HUDSON COUNTY CORRECTIONAL CENTER
Kearny New Jersey**

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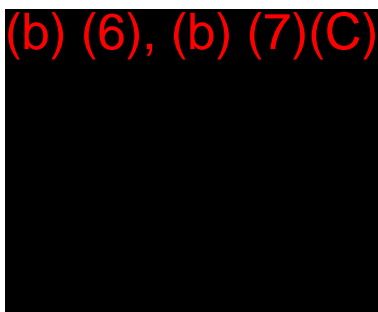
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), conducted a compliance inspection of the Hudson County Correctional Center (HCCC), in Kearny, NJ from April 4 to 6, 2017¹. HCCC opened in 1991 and is owned by Hudson County and operated by the Hudson County Department of Corrections. The Office of Enforcement and Removal Operations (ERO) began housing detainees at HCCC in 2009 pursuant to an Inter-Governmental Service Agreement under the oversight of ERO's Field Office Director (FOD) in New York.

ERO staff members and a Detention Services Manager (DSM) are assigned to the facility. A HCCC Director is responsible for oversight of daily facility operations and is supported by (b) (7)(E) personnel. The Center for Family Guidance Health Care Systems, LLC provides medical services and the Aramark Company provides food services. The facility is accredited by the National Commission on Correctional Healthcare.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	476
Average ICE Detainee Population ³	545
Male Detainee Population (as of 4/4/2017)	474
Female Detainee Population	46

In FY 2013, ODO conducted an inspection of the HCCC under the Performance-Based National Detention Standards (PBNDS) 2008, reviewing the facility's compliance with 20 standards and finding the facility compliant with six standards. ODO found 34 deficiencies in the following 14 standards: Admission and Release (6 deficiencies), Classification System (2), Detainee Handbook (3), Environmental Health and Safety (2), Food Service (1), Funds and Personal Property (1), Grievance System (4), Medical Care (2), Sexual Abuse and Assault Prevention and Intervention (4), Special Management Units (2), Staff-Detainee Communication (1), Suicide Prevention and Intervention (1), Use of Force and Restraints (2), and Visitation (3).

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

² Data Source: ERO Facility List Report as of April 10, 2017.

³ *Ibid.*

FY 2017 FINDINGS BY MAJOR CATEGORIES OF PBNDS 2008

PBNDS 2008 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 - Safety	
2 - Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
4 - Admission and Release	2
5 - Classification System	1
6 - Funds and Personal Property	1
14 - Sexual Abuse and Assault Prevention and Intervention	0
15 - Special Management Units	3
16 - Staff-Detainee Communication	0
18 - Use of Force and Restraints	4
Sub-Total	11
Part 4 – Care	
20 - Food Service	0
22 - Medical Care	2
24 - Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 - Activities	
29 - Recreation	1
31 - Telephone Access	1
32 - Visitation	0
Sub-Total	2
Part 6 – Justice	
34 - Detainee Handbook	2
35 - Grievance System	2
36 - Law Libraries and Legal Materials	2
Sub-Total	6
Total Deficiencies	22

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

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. 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 linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

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

DETAINEE RELATIONS

ODO interviewed 29 detainees to assess conditions of confinement at HCCC. Interview participation was voluntarily, and most detainees expressed satisfaction with facility services with the exception of several complaints described below. Also, three detainees alleged verbal abuse on the part of facility staff as cited below.

Detainee Handbook: Eight detainees claimed they did not receive the ICE National Handbook upon admission to the facility.

- Action Taken: ODO reviewed each detainee's detention file and interviewed facility and ICE staff and determined HCCC does not provide copies of the ICE National Detainee Handbook to detainees during admission or have copies on hand to distribute to detainees. The SDDO informed ODO detainees receive the ICE National Detainee Handbook prior to their arrival at HCCC at the local field office. ODO informed the SDDO the standard requires the handbooks be issued during the admissions process. Prior to completion of the inspection all ICE detainees were provided an ICE National Handbook.

Medical Care: One detainee claimed he requested a copy of his medical record but never received it.

- ODO found HCCC policy prohibits copies of medical records be shared with detainees (or inmates) while actively detained at the facility. However, HCCC staff informed ODO that a copy of the detainee's medical record would be provided to the detainee's attorney, in accordance with all applicable laws and regulations.

Medical Care: One detainee reported she has a tumor on top of brain, gets headaches with dizziness and the nurse only tells her to keep still and lie down.

- Action Taken: ODO's review of the detainee's medical record and interview with the clinical director found the detainee was diagnosed with a medical condition by diagnostic MRI in 2015, prior to her admission at HCCC. The detainee was also diagnosed with ten other conditions requiring treatment. ODO confirmed this detainee is enrolled in the facility chronic care clinic and is monitored by the clinical director. ODO also confirmed the detainee has received several consultations with specialists and refused surgery on at least one occasion. A follow up appointment with the surgical specialist is pending and did not occur prior to the completion of the inspection.

Medical Care: One detainee indicated that he was placed on a low sodium diet by medical personnel but consistently received a regular diet.

- Action Taken: ODO's review of the detainee's medical record found he requested removal from special diet on March 16, 2017. This detainee has been diagnosed with and is receiving treatment for several medical conditions. As of April 4, 2017, the detainee had no complaints of adverse reactions to the treatment. The detainee was last evaluated by medical staff on March 30, 2017.

Sexual Assault Awareness and Prevention Intervention: Twenty-two (22) detainees claimed when officers of the opposite sex enter the housing units they do not announce their presence.

- Action Taken: ODO toured the housing units and interviewed facility staff members regarding announcements of the presence of opposite sex staff entering housing units. ODO observed that staff members of the opposite gender did not consistently announce themselves when entering housing units. This issue was addressed with the SDDO.

Staff Detainee Communications: Fourteen (14) detainees stated they had not seen any ICE officer to discuss their cases.

- Action Taken: ODO discovered ICE staff members assigned to the HCCC conduct scheduled and unscheduled visits Tuesday through Friday for staff-detainee communication. ODO also confirmed schedules are posted in the housing units and identify the day of the week and officer who will be visiting. ODO advised detainees to review the posted schedule. Upon ODO's inquiry with the SDDO, all 22 detainees were visited by ICE officers on April 18, 2017. Detainees were reminded how to contact their assigned ICE officer.

Staff Detainee Communications: Three detainees alleged some facility officers were verbally abusive.

- Action Taken: Upon ODO's inquiry, each detainee claimed they filed a grievance. ODO then reviewed the detainees' detention records as well as the facility grievance and inmate request logs; however, ODO was unable to find documentation to substantiate two of the three detainees' claims. ODO also spoke with the SDDO regarding the alleged staff misconduct and reviewed officer personnel files and found no reports of misconduct or verbally abusive language. The SDDO followed up with the two detainees who had not filed grievances and explained the grievance process to them in detail. The SDDO also informed facility leadership of the allegations.

ODO confirmed the third detainee did make a formal complaint which was adjudicated affirmatively and in accordance with facility policy. In response to the grievance the offending facility officer was moved to another tier. The local ICE field office was aware of the alleged incident; however, ERO New York leadership decided, given the nature of the allegation, not to report it in JICMS, as they were satisfied with the facility response.

Special Management Units: Four detainees housed in the SMU claimed they do not receive outdoor recreation, and the indoor recreation that is offered is limited to walking a segment of the upper tier for 30 minutes to an hour in handcuffs.

- Action Taken: ODO reviewed the recreation standard as well as the facility recreation policy. ODO informed the SDDO that the standard states: "If a facility does not have an outdoor area, a large recreation room with exercise equipment and access to sunlight shall be provided." See the Inspection Findings: SPECIAL MANAGEMENT UNITS section of this report for further information.

Special Management Units: Four detainees housed in the SMU claimed they are not provided visitation privileges.

- Action Taken: ODO reviewed the facility visitation policy and found the facility automatically revokes visitation privileges of detainees housed in disciplinary segregation which is contrary to the Standard. See the Inspection Findings: SPECIAL MANAGEMENT UNITS section of this report for further information.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO found the sanitation of most facility areas to be acceptable, with the exception of staff restrooms, elevators, and the shower and cells in the infirmary. ODO observed significant build-up of wax on the floors in the staff restroom and elevators. Also, the shower and cells in the infirmary had a build-up of dirt and mildew on all walls and floors (**Deficiency EH&S-1**⁶).

SECURITY

ADMISSION AND RELEASE (AR)

ODO verified HCCC has an English and Spanish orientation video that is shown in the intake area and in the housing units; however, review of the HCCC admissions process and interviews of admissions staff found no documentation verifying HCCC's orientation procedures were approved by the ERO field office (**Deficiency AR-1**⁷).

ODO confirmed a detention file is created during the intake process. However, ODO's review of 45 files found they did not include all documents generated during the detention period (**Deficiency AR-2**⁸) (R-1).

CLASSIFICATION SYSTEM (CS)

ODO verified that the HCCC classification policy requires reassessment in accordance with the standard. A review of the classification files of thirteen (13) detainees housed at the facility in excess of 90 days and seven (7) files of detainees placed in disciplinary segregation contained no documentation showing any reassessments were completed (**Deficiency CS-1**⁹).

⁶ "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (V)(C).

⁷ "Orientation procedures in IGSA's must be approved in advance by the ICE/ERO office of jurisdiction." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

⁸ "As part of the admission process, staff shall open a detainee detention file that shall contain all paperwork generated by the detainee's stay at the facility." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(8). **This is a repeat deficiency.**

⁹ "First Reassessment: A Classification Reassessment shall be completed 60 to 90 days after the date of the initial assessment. Subsequent Reassessments. *At SPCs and CDFs, subsequent reassessments are to be completed at 90 to 120 day intervals from the first reassessment.* Detainees in IGSA facilities shall be offered subsequent classification reassessments at similar intervals. Special Reassessment. A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation, and at any other time when additional, relevant information becomes known. Reclassification may occur as a result of an assault, a criminal act, or victimization." See ICE PBNDS 2008, Standard, Classification System, Section (V)(B).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed and confirmed that HCCC policies address requirements for safeguarding detainee funds and personal property. ODO found the detainee handbook notifies detainees of approved property they may retain in their possession; however, the handbook does not notify detainees: (i) that they may request a copy of identity documents; (ii) of the rules for storing or mailing property not allowed in their possession; (iii) of the procedure for claiming property upon release, transfer, or removal; (iv) the procedures for filing a claim for lost or damaged property; and (v) that they may access their personal funds to pay for legal services. **(Deficiency F&PP-1¹⁰)(R-2)**.

SPECIAL MANAGEMENT UNITS (SMU)

ODO's review of HCCC's SMU operations found that detainees in disciplinary segregation are not permitted recreation privileges **(Deficiency SMU-1¹¹)(R-3)**. Instead, they are allowed to walk around a portion of the upper tier of the unit, in handcuffs, for up to two hours per day. Staff and detainee interviews confirmed outdoor recreation is denied for detainees in disciplinary segregation.

Detainees housed in the general population are provided visitation privileges four days a week, to include evening visitations; one day of weekend visitation and one day of contact visitation. However, those detainees housed in the SMU in disciplinary segregation are denied social visits **(Deficiency SMU-2¹²)(R-4)**. ODO reviewed disciplinary sanctions for the four detainees in disciplinary segregation during the inspection, and six detainees who served sanctions in the past, and confirmed social visits for these detainees have been suspended.

ODO's review of disciplinary sanctions for the four detainees in disciplinary segregation during the inspection and six who served sanctions in the past found that telephone privileges are suspended while housed in disciplinary segregation **(Deficiency SMU-3¹³)**.

¹⁰ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: That, upon request, they shall be provided a ICE/DRO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files; the rules for storing or mailing property not allowed in their possession; the procedure for claiming property upon release, transfer, or removal; the procedures for filing a claim for lost or damaged property; access to detainee personal funds to pay for legal services." See ICE PBNDS 2008, Standard, Funds and Personal Property Section (V)(C). **This is a repeat deficiency.**

¹¹ "All facilities shall implement written procedures for the regular review of all Disciplinary Segregation cases, consistent with the following procedures: At 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 it would result in a compromise of institutional security. If for some reason it cannot be delivered, then the detainee should be advised of the decision orally and the detention file should be so noted and the reasons identified in writing as to why the notice could not be provided in writing." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(19)(b). **This is a repeat deficiency.**

¹² "In accordance with the Detention Standard on Visitation, while in an SMU, a detainee ordinarily retains visiting privileges." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(13). **This is a repeat deficiency.**

¹³ "As detailed in the Detention Standard on Telephone Access, detainees in SMUs shall have access to telephones in a manner that is consistent with the special safety and security requirements of such units. Telephone access for legal calls will be provided, including calls to attorneys, other legal representatives, courts, government offices (including the Office of the Inspector General, Office for Civil rights, and Civil Liberties, DHS Joint Intake Center, and DHS Office of Internal Audit), and embassies or consulates, according to the facility schedule. Any denial of telephone access will be documented." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(20).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO interviewed facility staff and found calculated use of force was audio-visually recorded on body cameras and supplemented by stationary camera video. The video reportedly captured the detainee being given a last chance to cooperate before force was used, and the actual use of force. However, ODO found that other elements mandated by the standard are not consistently recorded such as the introduction of team members with a description of the incident leading to the use of force, the faces of all team members, a close up of the detainee's body during medical examination, and a debriefing with a full discussion, analysis, or assessment of the incident (**Deficiency UOF&R-1**¹⁴).

The facility's audio visual recordings of use-of-force on detainees are not consistently maintained and stored for a minimum 30 months (**Deficiency UOF&R-2**¹⁵). ODO's interview found that recordings from both body cameras and stationary security cameras automatically delete after 30 days.

ODO's review of written calculated use of force documentation found that (b) (7)(E) was deployed in a use-of-force incident; however, HCCC was unable to provide any documentation to verify medical staff was contacted prior to the calculated use-of-force to determine if the detainee had medical conditions which could be exacerbated by (b) (7)(E) (**Deficiency UOF&R-3**¹⁶). Additionally interviews with facility staff found that medical staff members are not consistently consulted prior to calculated use of force incidents.

ODO's review of after action documentation pertaining to six use-of-force incidents confirmed after action reviews were conducted promptly in all cases, with ERO notification. However, there is no documentation to verify that the field office approved the HCCC after action review procedures. Additionally, the reviews were conducted by an individual, rather than a team as required by the standard (**Deficiency UOF&R-4**¹⁷) (R-5).

¹⁴ "While ICE/DRO requires that all use-of-force incidents be documented and forwarded to ICE/DRO for review, for calculated use of force, it is required that the entire incident be audio visually recorded. Calculated use-of-force incidents shall be audio visually-recorded in the following order: Introduction by Team Leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present, faces of all team members should briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title, record entire use-of-force team operation, unedited, until the detainee is in restraints, take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries, staff injuries, if any, are to be described but not shown, and debrief the incident with a full discussion/analysis/assessment of the incident." See ICE 2008 PBNDS, Standard, Use of Force and Restraints, Section (V)(I)(2)(1)(2)(5)(6). **This is a priority component.**

¹⁵ "Each audiovisual record shall be catalogued and preserved until no longer needed, but shall be kept no less than 30 months after its last documented use. In the event of litigation, the facility shall retain the relevant audiovisual record a minimum of six months after the litigation has concluded or been resolved." See ICE 2008 PBNDS, Standard, Use of Force and Restraints, Section (V)(K).

¹⁶ "Staff shall consult medical staff before using pepper spray or other intermediate force weapon unless escalating tension makes such action unavoidable. When possible, medical staff shall review the detainee's medical file for a disease or condition that an intermediate force weapon could seriously exacerbate, including, but not limited to, asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, angina pectoris, cardiac myopathy, or congestive heart failure." See ICE 2008 PBNDS, Standard, Use of Force and Restraints, Section (V)(G)(3). **This is a priority component.**

¹⁷ "All facilities shall have ICE/DRO-approved written procedures for After-Action Review of use-of-force incidents (immediate or calculated) and applications of restraints. The primary purpose of an After-Action Review is to assess the reasonableness of the actions taken and determine whether the force used was proportional to the detainee's actions. IGSA's shall model their incident review process after ICE/DRO's process and submit it to

CARE

MEDICAL CARE (MC)

ODO verified narcotics and scheduled drugs were properly secured and perpetual audits were documented. The Director of Nursing (DON) inventories needles and syringes maintained in the medication room on a weekly basis. ODO verified the inventories were accurate. However, in addition to needles maintained in the medication room, the phlebotomist maintains needles used for laboratory services in the phlebotomy room. ODO's review of documentation and interview of medical staff found that the quantity of needles available and used by the phlebotomist had not been accounted for since January 10, 2017 (**Deficiency MC-1¹⁸**).

ODO's review of the medical grievance log supported timely responses to detainee grievances. However, ODO interviews with medical staff and review of detainee records found medical grievances are not filed in the detainee's medical records (**Deficiency MC-2¹⁹**) (**R-6**).

RECREATION (R)

Although HCCC does not have outdoor recreation for ICE detainees, each ICE housing unit has an adjoining area designed for outdoor-type activities that is well lit with natural light and has access to outdoor air. However, all adjoining recreation areas do not have access to exercise equipment (**Deficiency R-1²⁰**).

TELEPHONE ACCESS (TA)

ODO's review of the detainee handbook and a subsequent interview with the facility phone representative found that all phone calls made by detainees, to include legal calls, are time restricted to 15 minutes by automatic cutoff (**Deficiency TA-1²¹**).

ICE/DRO for DRO review and approval. The process must meet or exceed the requirements of ICE/DRO's process." The facility administrator, the assistant facility administrator, the Field Office Director's designee, and the Health Services Administrator shall conduct the After-Action Review. This four-member After-Action Review team shall convene on the workday after the incident." See ICE 2008 PBNDS, Standard, Use of Force and Restraints, Section (V)(P)(1)(2). **This is a priority component and a repeat deficiency.**

¹⁸ "Each facility shall have written policy and procedures for the management of pharmaceuticals that include: secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes and needles." See ICE 2008 PBNDS, Standard, Medical Care, Section (V)(F)(5).

¹⁹ "See Grievance System Detention Standard (V)(E)": "Each facility shall devise a method for documenting detainee grievances, at a minimum, a Detainee Grievance Log. The documentation shall include the date of the grievance, nature of the grievance in detail, and the date the grievance was resolved. Medical grievances are maintained in the detainee's medical file. Medical grievances are maintained in the medical file". See ICE 2008 PBNDS, Standard, Medical Care, Section (V)(Z). **This is a repeat deficiency.**

²⁰ "If a facility does not have an outdoor area, a large recreation room with exercise equipment and access to sunlight shall be provided." See ICE PBNDS 2008, Standard, Recreation, Section (V)(A).

²¹ "A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call at the first available opportunity if desired." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(F)(1).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO's review of the local supplement and interviews with facility staff found that although the handbook informs each detainee of their responsibilities while detained at the facility, it does not advise the detainees of the rights which are inherent to them (**Deficiency DH-1²²**).

Although all detainees are issued the HCCC facility handbook during the admissions process, they are not issued the ICE National Detainee Handbook (**Deficiency DH-2²³**) (R-7). Also, HCCC does not have copies of the ICE National Detainee Handbook on hand to distribute to detainees who did not receive one from ERO.

GRIEVANCE SYSTEM (GS)

The HCCC has an efficient, effective, and easily accessible method to ensure grievances and requests are tracked by the Grievance Officer (GO). However, the resolved oral grievances are not documented in the detainee's file as required by the standard (**Deficiency GS-1²⁴**).

ODO's review of the medical grievance log supports timely responses to detainee grievances. ODO's interviews with HCCC medical staff and reviews of records found that although HCCC has devised a method for documenting detainee grievances, medical grievances are still not maintained in the detainee's medical file (**Deficiency GS-2²⁵**) (R-8). This is the third time ODO has identified this deficiency at HCCC.

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO's review of the HCCC detainee handbook found that it notifies detainees of their opportunity to use the law library a minimum of five hours per week and that additional time can be requested as needed. However, the handbook fails to notify detainees of the process to request additional time in the law library and how to access the computers, printers and supplies; additionally, the basic instructions for the use of the Lexis Nexis computer system is not posted in the law library (**Deficiency LL&LM-1²⁶**).

²² "While all applicable topics from the ICE National Detainee Handbook must be addressed, it is particularly important that each local supplement notify each detainee of: Detainee rights and responsibilities." *See* ICE PBNDS 2008, Standard, Detainee Handbook, Section (V)(2).

²³ "Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook." *See* ICE PBNDS 2008, Standard, Detainee Handbook, Section (V)(4). **This is a priority component and a repeat deficiency.**

²⁴ "If an oral grievance is resolved, the employee need not provide the detainee written confirmation of the outcome but shall document the result of the record in the detainee's Detention File. If the grievance is resolved at this informal level, the person who resolved the issue shall document the circumstances and resolution in the detainee's Detention File." *See* ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(1).

²⁵ "Each facility shall devise a method for documenting detainee grievances, at a minimum, a Detainee Grievance Log. The documentation shall include the date of the grievance, nature of the grievance in detail, and the date the grievance was resolved. Medical grievances are maintained in the detainee's medical file." *See* ICE PBNDS 2008, Standard, Grievance System, Section (V)(E). **This is a priority component and a repeat deficiency.**

²⁶ "The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: The scheduled hours of access to the law library; The procedure for requesting additional time in the law library (beyond the 5- hours-per-week minimum); Required access to computers, printers, and other supplies. If applicable, that Lexis/Nexis is being used at the facility and that

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action for a portion of the finding by posting the policies and procedures and the rules that govern access to legal materials, and the library’s holdings in the law library (C-1).

The law library has 20 computers, three printers and one copier. All computers have the latest version of Lexis Nexis. However, the facility does not consistently dispose of the outdated materials after receiving updated replacements (**Deficiency LL&LM-2²⁷**).

CONCLUSION

During this inspection ODO reviewed the facility’s compliance with eighteen (18) standards and found the facility compliant with five (5) standards. ODO found twenty-two (22) deficiencies in the remaining twelve (12) standards, five (5) of which were priority components and seven (7) which were repeat deficiencies. Finally, ODO identified one instance where the facility initiated corrective action prior to the completion of the inspection.

Inspection Results Compared	FY 2013 (PBNS 2008)	FY 2017 (PBNS 2008)
Standards Reviewed	20	18
Deficient Standards	6	12
Overall Number of Deficiencies	34	22
Deficient Priority Components	8	5
Corrective Action	N/A	1

instructions for its use are available.” See ICE PBNS 2008, Standard, Law Libraries and Legal Material, Section (V)(O).

²⁷ “When a facility receives replacement supplements or other materials, it shall dispose of the outdated ones.” See ICE PBNS 2008, Standard, Law Libraries and Legal Material, Section (V)(E)(2)(b).