



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

---

**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO Miami Field Office  
Monroe County Detention Center  
Key West, Florida**

**May 22 – 24, 2018**

**COMPLIANCE INSPECTION  
for the  
MONROE COUNTY DETENTION CENTER  
KEY WEST, FL**

**TABLE OF CONTENTS**

**OVERVIEW**

    Facility Overview ..... 2

    Findings by Performance-Based National Detention Standards (PBNDS) 2008 Major  
    Categories..... 3

**COMPLIANCE INSPECTION PROCESS** ..... 4

**DETAINEE RELATIONS**..... 5

**COMPLIANCE INSPECTION FINDINGS** ..... 7

**SAFETY** ..... 7

    Environmental Health and Safety ..... 7

**SECURITY** ..... 7

    Classification System..... 7

    Funds and Personal Property ..... 8

    Use of Force and Restraints ..... 8

**CARE**..... 9

    Food Service ..... 9

**ACTIVITIES**..... 10

    Telephone Access ..... 10

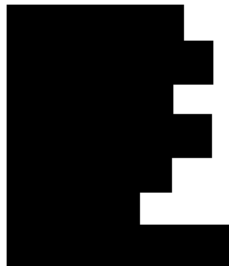
**JUSTICE**..... 10

    Grievance System ..... 10

**CONCLUSION** ..... 11

---

**COMPLIANCE INSPECTION TEAM MEMBERS**



Section Chief	ODO
Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

## FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Monroe County Detention Center (MCDC) in Key West, Florida from May 22-24, 2018<sup>1</sup>. The MCDC opened in 1994 and is owned by Monroe County, FL and operated by the Monroe County Sheriff's Office. ERO began housing detainees at MCDC in 1994, under oversight of the ERO Miami Field Office Director (FOD). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

No Detention Services Manager or ERO Deportation Officers (DO) are assigned to the facility. An Assistant Field Office Director is responsible for oversight of daily facility operations and is supported by ██████ personnel. Aramark Services Inc., provides food services and medical care is provided by Correct Care Solutions (CCS). The facility is accredited by the American Correctional Association, the Florida Model Jail Standards, Florida Corrections Accreditation Commission, and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	94
Average ICE Detainee Population <sup>3</sup>	████
Male Detainee Population (as of 5/22/2018)	████
Female Detainee Population	N/A

In FY 2014, ODO conducted an inspection of MCDC and found 14 deficiencies in the following areas: Disciplinary System (1 deficiency), Funds and Personal Property (2), Grievance System (3), Law Libraries and Legal Material (2), Sexual Abuse and Assault Prevention and Intervention (4), and Staff-Detainee Communication (2). Six of these deficiencies are priority components and found in four standards: Disciplinary System (1), Grievance System (1), Sexual Abuse and Assault Prevention and Intervention (3) and Staff-Detainee Communication (1).

---

<sup>1</sup> This facility holds male detainees with low, medium low, medium high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility Questionnaire as of April 12, 2018.

<sup>3</sup> *Ibid.*

## FY 2018 FINDINGS BY PBNDS 2008 MAJOR CATEGORIES

PBNDS 2008 STANDARDS INSPECTED <sup>4</sup>	DEFICIENCIES
<b>Part 1 - Safety</b>	
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Classification System	3
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	4
<b>Sub-Total</b>	<b>8</b>
<b>Part 4 - Care</b>	
Food Service	2
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
Grievance System	3
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>3</b>
<b>Total Deficiencies</b>	<b>15</b>

<sup>4</sup> 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 10, 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.<sup>5</sup> 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.

After 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.

---

<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

ODO interviewed twenty-four (24) detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Food Service:* Seventeen of the 24 detainees complained about the food calling it “horrible,” “bland,” and stating it “lacks seasoning.” Detainees also complained the food is repetitive, sometimes undercooked, and meals are recycled within the same day (i.e. breakfast foods are served again at lunch or dinner).

- Action Taken: ODO interviewed the Food Service Director (FSD) and reviewed the dietician-certified 28-day cyclic menu, which provides 2,600 calories per day. MCDC utilizes a satellite system of meal service where food is prepared in the kitchen and placed on insulated trays and transported to housing units under the direct supervision of staff. During the review, ODO observed food service staff taking temperatures of food and documenting the readings. ODO notes breakfast meals are on a seven-day cycle rather than a 28-day cycle and carrots were served five times for the evening meal one week and potatoes were served for three consecutive meals, multiple times throughout the cycle. Though subjective, ODO inspectors found the food bland and visually unappealing, as all food items were the same color. The FSD was receptive to ODO’s concerns regarding the menu and committed to working with the corporate dietician to revise the menu to provide a better variety of menu items that are more appealing.

*Medical Care:* One detainee stated he is diabetic and needs food more frequently.

- Action Taken: ODO reviewed the detainee’s medical file and found he arrived at MCDC on October 2, 2017, and claimed to have a history of non-medicated diabetes during his initial assessment. The detainee’s physical was completed on October 16, 2018 and his initial blood glucose reading was in the normal range. Subsequent readings also came back normal except for one fasting reading which was very high; however, the detainee admitted to having eaten before the test. To confirm his diagnosis, the facility placed the detainee on a 7-day continuous glucose monitoring protocol that began on May 21, 2018 and was to be completed after ODO’s inspection ended. ODO recommends once the monitoring period has elapsed the facility place the detainee on an appropriate treatment and food regimen if warranted.

*Medical Care:* One detainee stated medical personnel are not managing his sugar levels. He stated the nurse gives him insulin once in the morning before breakfast and again at approximately 5:00 pm. The detainee further states his sugar levels are 300+.

- Action Taken: ODO discussed the matter with medical staff and found during the detainee’s intake on April 17, 2018, he revealed a 10-year history of diabetes which was treated with medication and insulin. Medical staff performed a physical on the detainee on April 26, 2018, and he was evaluated by the chronic care physician the next day. ODO reviewed the detainee’s glucose monitoring results for April and May 2018 (which was tested twice a day). All readings were normal except for several evening readings which were above 300 (considered high). The detainee was also given a more predictable laboratory test on May 4, 2018, which came back as high. Medical personnel felt the higher

evening readings indicated poor diet and/or noncompliance with dietary recommendations and adjusted his prescribed medication accordingly, but noted the detainee also has responsibility to help control glucose levels. Medical staff confirmed the detainee's commissary purchases for April-May included many sugar-based foods such as sugar packets, honey buns, cappuccino, lemonheads, chocolate chip cookies, and Ramen noodles, etc. Staff also confirmed the detainee has been counselled on making healthier food choices. Medical records indicate the physician ordered a 2,400-calorie diabetic diet for the detainee. However, ODO found the Food Service department has been providing the detainee with a 2,800-calorie diet. ODO brought the discrepancy to the attention of Medical personnel and the Food Administrator. The dietician then issued a memo instructing the change to a lower calorie plan.

*Medical Care:* Another detainee stated he sought an eye exam due to blurred vision, dizziness, and to help with reading. The detainee claimed he was seen by the nurse, diagnosed with vertigo and given Ibuprofen. After the detainee submitted another sick call request due to worsening symptoms, the detainee claims the facility doctor had him read an eye chart but did not conduct a screening using any equipment. He claimed the doctor informed him that he had three cataracts and the nurse told him to obtain glasses from the commissary to help with reading.

- Action Taken: ODO reviewed the detainee's medical record and found he arrived at MCDC on February 28, 2018. His medical screening and physical exam were completed in a timely manner. Records show on April 13, 2018, the detainee submitted a sick call request for dizziness and poor vision. He was evaluated by the physician the same day and was prescribed medication for dizziness. An optical exam indicated reading glasses (magnifiers) would help his vision; the facility provides these at no charge for detainees through the commissary. ODO found no reference to cataracts in the medical record. On May 21, 2018, the detainee submitted another request regarding his vision. He was seen on May 23, 2018, and a treatment authorization request was completed for a referral to the local Optometrist. ODO recommends staff ensure the detainee understands reading glasses are available for free through the commissary.

*Telephone Access:* Two detainees complained that the telephone automatically cuts off after 15 minutes, and the rates are expensive.

- Action Taken: ODO interviewed the Director of Inmate Programs who stated the telephones automatically cut-off after 15 minutes for monitored phone calls only. The cut-off time limit is not applicable to pro-bono calls, legal calls, or other pre-programmed phone numbers such as the DHS OIG and consulates. ODO reviewed the MCDC telephone contract, and the rates are within the FCC guidelines.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO's review of documentation found emergency power generators were inspected and tested [REDACTED] minutes. Preventive maintenance and [REDACTED] load testing is contracted with Key West Engine Service, Inc., of Key West, Florida; however, documentation reflected the last load testing was completed on December 1, 2017 (**Deficiency EH&S-1<sup>6</sup>**).

Evacuation diagrams are posted throughout the facility; however, they do not include "area of safe refuge" markers and explanations (**Deficiency EH&S-2<sup>7</sup>**). Identifying and explaining these areas ensure staff and visitors understand they have reached a safe location from a fire emergency.

## SECURITY

### CLASSIFICATION SYSTEM (CS)

ODO's review of 32 detainee files found each Classification Decision Tree was identical. ODO interviewed the classification supervisor and two classification officers who stated that although ERO provides the facility with a classification assessment and criminal history forms, MCDC does not use this information. Instead the facility's own classification system scores all individuals with a detainer, warrant, or pending charge, which includes all ICE detainees, automatically as [REDACTED] (**Deficiency CS-1<sup>8</sup>**). While ODO's review of housing rosters found no evidence of prohibited co-mingling, ODO believes the existing classification practice of ignoring criminal history data and assigning all ICE detainees to one category may result in under-or over-classification of individuals and could lead to inappropriate co-mingling in the housing unit.

---

<sup>6</sup> "At least [REDACTED], emergency power generators shall be tested for one hour, and the oil, water, hoses and belts of these generators shall be inspected for mechanical readiness to perform in an emergency. Power generators are inspected [REDACTED] and load tested [REDACTED] at a minimum, or in accordance with manufacturer's recommendations and instruction manual. Among other things, the technicians shall check starting battery voltage, generator voltage and amperage output. Other emergency equipment and systems shall be tested [REDACTED] and needed follow-up repairs or replacement shall be accomplished as soon as feasible." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (V)(F).

<sup>7</sup> "In addition to a general area diagram, the following information must be provided on signs:

- Instructions in English, Spanish and the next most prevalent language at the facility;
- 'You Are Here' markers on exit maps; and
- 'Areas of Safe Refuge' shall be identified and explained on diagrams. Diagram posting will be in accordance with applicable fire safety regulations of the jurisdiction." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(E).

<sup>8</sup> "Staff shall use facts and other objective, credible evidence documented in the detainee's A-file, criminal history checks, or work-folder during the classification process. Relevant considerations include current offense(s), past offense(s), escape(s), institutional disciplinary history, documented violent episodes and incidents, medical information, and a history of victimization while in detention. Opinion, including opinions based on profiling, familiarity, or personal experience, may not be considered in detainee classification. As appropriate, ICE/DRO offices shall provide non-ICE/DRO facilities with the relevant information for the facility to classify ICE/DRO detainees. Staff is not to use opinion, including assumptions based on familiarity, personal experience, or stereotypes, when classifying detainees." See ICE PBNDS 2008, Standard, Classification System, Section (V)(E).

**This is a priority component.**



MCDC has procedures for classification reassessments to review classification levels every 45 to 120 days and prior to release from the Special Management Unit (SMU); however, ODO's review of files found reassessments were inconsistently completed. ODO's file review found nine detainees who had been at MCDC long enough to require a classification reassessment, and none had been completed. This is likely due to the facility's practice of assigning all ICE detainees to [REDACTED]. Additionally, there were 22 instances where detainees were sanctioned to disciplinary segregation for institutional misconduct, and according to classification staff, no special reassessment is completed within 24 hours of the detainee leaving disciplinary segregation (**Deficiency CS-2<sup>9</sup>**).

ODO's review of the facility's handbook found it does not include an explanation of classification levels with the conditions and restrictions applicable to each classification level (**Deficiency CS-3<sup>10</sup>**).

### **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO found the detainee handbook does not inform detainees that upon request, they shall be provided an ICE/ERO-certified copy of any identity document (**Deficiency F&PP-1<sup>11</sup>**). Additionally, the procedure for mailing property not allowed in the detainee's possession is not in the handbook.

### **USE OF FORCE AND RESTRAINTS (UOF&R)**

Based on staff interviews and documentation, ODO determined there were seven immediate and two calculated use of force incidents involving detainees during the year preceding the inspection. ODO reviewed the written and video documentation for the immediate use of force incidents and determined in one instance the immediate use of force incident should have been managed as a calculated use of force as there was no immediate threat (**Deficiency UOF&R-1<sup>12</sup>**).

ODO's review of one of the calculated use of force incidents found that it was not audio visually

---

<sup>9</sup> "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 because of an assault, a criminal act, or victimization." *See ICE PBNDS 2008, Standard, Classification System, Section (V)(B).*

<sup>10</sup> "The Detainee Handbook Standard section on classification shall include:

- An explanation of the classification levels, with the conditions and restrictions applicable to each." *See ICE PBNDS 2008, Standard, Classification System, Section (V)(J).*

<sup>11</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: Upon request, they shall be provided an ICE/DRO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files." *See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C).*

<sup>12</sup> "An 'immediate-use-of-force' situation is created when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. In that situation, staff may respond without a supervisor's direction or presence." *See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(H).*

recorded in accordance with the standard (**Deficiency UOF&R-2**<sup>13</sup>).

There was available video footage of the incident taken from a wall mounted camera [REDACTED] and ODO's review of this video and the audiovisual recording of the other calculated use of force incident found staff participating in the calculated use of force incidents did not wear protective gear (**Deficiency UOF&R-3**<sup>14</sup>).

ODO's review of documentation found six of nine reviews were not completed and submitted within the timeframes outlined in the standard (**Deficiency UOF&R-4**<sup>15</sup>). Note: MCDC staff identified this deficiency prior to the inspection, and implemented a tracking system to monitor the after-action report process to ensure timely completion and submission going forward.

## **CARE**

### **FOOD SERVICE (FS)**

The food service staff consists of a food service director, food service manager (vacant), five cook supervisors, and a support crew of ten inmate workers per shift. ODO's review of documentation found training records, job descriptions, and health screenings were completed for inmate workers. However, pre-employment medical screenings were not available for two civilian employees (**Deficiency FS-1**<sup>16</sup>).

The staff and detainee restrooms provide a ready supply of cold water, hand soap dispensers, paper towels, and handwashing signs; however; the temperature of the hot water in the inmate worker restroom did not reach nominal temperatures (**Deficiency FS-2**<sup>17</sup>). Instead, readings showed 87 degrees F, well below appropriate temperatures for effective handwashing purposes.

---

<sup>13</sup> "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." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(2). **This is a Priority Component.**

<sup>14</sup> "When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use-of-force [REDACTED] to prevent or diminish injury to staff and detainees and exposure to communicable disease. [REDACTED]"

[REDACTED] Team members enter the detainee's area together and have coordinated responsibility for achieving immediate control of the detainee." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(3).

<sup>15</sup> "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. The After-Action Review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an After-Action Report to record the nature of its review and findings. The After-Action Report is due within two working days of the detainee's removal from restraints." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(2).

<sup>16</sup> "All food service personnel, including staff and detainees, shall receive a preemployment medical examination noting the importance of identifying those communicable diseases more likely to be found in the immigrant population. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work." See ICE PBNDS 2008, Standard, Food Service, Section, (V)(J)(3)(a).

<sup>17</sup> "Lavatories shall have readily available hot and cold water." See ICE PBNDS 2008, Standard, Food Service, Section, (V)(J)(9).

## ACTIVITIES

### TELEPHONE ACCESS

ODO notes as an **Area of Concern**, although all telephones and speed-dial numbers were in good working order and up-to-date, facility staff were unable to demonstrate the Text Telephone (TTY)<sup>18</sup> was operable during ODO's visit.

## JUSTICE

### GRIEVANCE SYSTEM (GS)

Through document review and interviews with ERO and facility staff, ODO verified MCDC allows detainee grievances to be addressed at the lowest level possible, identifies and handles emergency grievances, electronically tracks all grievances, and in the most efficient and timely manner. However, the facility does not have written policy and procedures for a detainee grievance system (**Deficiency GS-1<sup>19</sup>**).

The detainee handbook does not mention complaints or grievances should be handled orally or informally; it also does not include reference to the right to appeal to specified higher levels if the detainee disagrees with lower decisions, and lacks procedures for contacting ERO to appeal IGSA grievance decisions (**Deficiency GS-2<sup>20</sup>**).

---

<sup>18</sup> "The facility shall provide a TTY device or Accessible Telephone (telephones equipped with volume control and telephones that are hearing-aid compatible for detainees who are deaf or hard of hearing)." See PBNDS 2008, Standard, Telephone Access, Section (V)(G).

<sup>19</sup> "Written Procedures Required:

Each facility shall have written policy and procedures for a detainee grievance system that:

- Establishes a procedure for any detainee to file a formal grievance;
- Establishes a procedure to track or log all formal grievances;
- Establishes reasonable time limits for:
  - o Processing, investigating, and responding to grievances, including medical grievances;
  - o Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and
  - o Providing written responses to detainees who filed formal grievances, including the basis for the decision.
- Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day;
- Establishes a special procedure for time-sensitive, emergency grievances;
- Ensures each grievance receives supervisory review;
- Provides at least one level of appeal;
- Includes guarantees against reprisal; and
- Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(A). **This is a Priority Component.**

<sup>20</sup> "The facility shall provide each detainee, upon admittance, a copy of the Detainee Handbook / local supplement, in which the grievance section provides notice of:

- The expectation that, to the greatest extent possible, complaints and grievances should be handled orally and informally by staff in their daily interaction with detainees.

The procedures for filing and resolving an appeal, including the right to appeal to specified higher levels if the detainee disagrees with the lower decisions; and the procedures for contacting ICE/DRO to appeal a decision in a CDF or IGSA facility." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(B).

The medical grievance process follows the same process as the formal grievance system. Detainees may submit a written grievance to facility medical staff or place a written form in the locked medical box located in the ICE detainee housing unit. The medical box is checked twice daily. ODO did not see any envelopes in the housing unit to allow detainees to submit "Sensitive" or "Medically Sensitive" grievances directly to the facility administrator, administrative health authority, or designee (**Deficiency GS-4<sup>21</sup>**).

## CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 15 standards under the under the PBNDS 2008 finding the facility compliant with nine (9) standards. ODO found fifteen (15) deficiencies in the remaining six (6) standards. This was ODO's third oversight inspection of this facility. Unfortunately, ODO found nearly the same number deficiencies during this inspection as in 2014--though most deficiencies were in different areas. ODO recommends ERO work with the facility to remedy any deficiencies which remain outstanding, as applicable and in accordance with contractual obligations.

ODO would like to commend facility staff for their responsiveness during the inspection. Inspectors found staff to be very amenable to making changes to improve operations and were attentive when concerns were brought to their attention. Additionally, ODO would like to highlight the facility's computerized kiosk which allows detainees to order commissary items and make non-medical requests of facility staff. Detainees can also access health education materials in English or Spanish provided by a Patient Educational Network. ODO considers use of this kiosk which is in the housing unit as a **Best Practice**.

Compliance Inspection Results Compared	FY 2014 (PNDS 2008)	FY 2018 (PNDS 2008)
Standards Reviewed	16	15
Deficient Standards	6	6
Overall Number of Deficiencies	14	15
Deficient Priority Components	6	2
Corrective Action	NA	0

<sup>21</sup> "If the detainee claims that the issue is sensitive or the detainee's safety or well-being would be jeopardized if others in the facility learned of the grievance, the detainee: Has the right to seal the grievance in an envelope, clearly marked 'Sensitive' or 'Medically Sensitive' and submit it directly to the facility administrator, administrative health authority, or designee." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(3)(2)(a).