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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Detroit Field Office

Morrow County Correctional Facility  
Mount Gilead, Ohio

August 17-20, 2020

**COMPLIANCE INSPECTION**  
**of the**  
**Morrow County Correctional Facility**  
Mount Gilead, Ohio

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## COMPLIANCE INSPECTION TEAM MEMBERS



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility Office of Detention Oversight (ODO) conducted a compliance inspection of the Morrow County Correctional Facility (MCCF) in Mount Gilead, OH from August 17-20, 2020.<sup>1</sup> The facility opened in September 1996 and is owned and operated by Morrow County Sherriff's Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCCF in August 2009 under the oversight of ERO's Field Office Director in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers and a detention services manager (to the facility. A MCCF captain handles daily facility operations and is supported by █ personnel. Aramark provides food services, Team Health provides medical care, and Keefe provides commissary services at the facility. The facility holds no accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	65
Average ICE Detainee Population <sup>3</sup>	35
Male Detainee Population (as of 8/13/2020)	7
Female Detainee Population (as of 8/13/2020)	0

During its last inspection, in Fiscal Year (FY) 2019, ODO found 34 deficiencies in the following areas: Admission and Release (5); Custody Classification System (5); Access to Legal Material (1); Environmental Health and Safety (5); Food Service (1); Grievance System (2); Funds and Personal Property (2); Religious Practices (1); Medical Care (2) Use of Force (4); Special Management Units (3); Staff-Detainee Communication (2); and Telephone Access (1).

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

<sup>2</sup> Data Source: ERO Facility List as of July 13, 2020

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

## 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 longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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 their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	1
Funds and Personal Property	1
Use of Force and Restraints	6
Special Management Units	1
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>9</b>
<b>Part 4 – Care</b>	
Food Service	1
Medical Care	6
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	3
<b>Sub-Total</b>	<b>11</b>
<b>Part 5 – Activities</b>	
Recreation	2
Religious Practices	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 – Justice</b>	
Grievance Systems	1
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>24</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO attempted to interview a total of 12 detainees during the Contingency Inspection; however, due to the limited number of detainees at the facility combined with detainees declining to be interviewed, ODO was not able to meet the 12 detainee interview goal. ODO interviewed 5 of the 7 detainees housed at the facility. Each detainee voluntarily agreed to participate and two detainees declined to be interviewed and did not want 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.

ODO attempted to conduct detainee interviews via video teleconference, however, the ERO field office and facility were not able to accommodate the request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Medical Care:* One detainee stated he did not receive a medical assessment at intake and had requested to see medical for gastroesophageal reflux disease and pre-diabetic health issues. The detainee alleged his requests have gone unanswered.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility medical staff. The detainee arrived on February 14, 2020, and had his physical and dental examination completed on the same day. On June 17, 2020, the detainee requested an evaluation, because he thought he was pre-diabetic. The registered nurse (RN) obtained a fasting blood glucose reading on the detainee and documented the results on the medication record as 129 milligrams/deciliter (mg/dl); however, ODO found no documented evaluation. Two days later, the RN documented on the clinical encounter form that the fasting blood glucose reading was 121mg/dl and noted since the reading was normal, no orders nor follow up was needed. According to the American Diabetes Association (ADA), a fasting blood glucose reading between 100-125 is considered prediabetes and a reading equal to or greater than 126 is considered diabetes. ADA recommends obtaining two consecutive early morning, fasting blood glucose readings and obtaining a symptom screen to diagnosis prediabetes or diabetes. Additionally, the detainee arrived at the facility on February 14, 2020, with a diagnosis of gastroesophageal reflux disease on prescribed medication. Although he had been receiving his medication as ordered, a physician had not evaluated the detainee for his chronic medical condition since arrival to the facility. ODO notified the ICE Supervisory Detention and Deportation Officer (SDDO) and the ICE Health Service Corps (IHSC) (OHIO) Field Medical Coordinator (FMC) on August 20, 2020, and ERO Headquarters on October 5, 2020, about the lack of follow-up care this detainee received by the facility medical unit.

*Telephone Access:* Three detainees stated the free, unmonitored pro bono legal line to contact attorneys was not working.

- Action Taken: ODO spoke with a facility officer and ERO Detroit and learned the inoperability of the unmonitored pro bono legal line issue had not been brought to the facility's attention. Additionally, no grievances were filed regarding the problem. ODO reviewed the telephone serviceability records for the past six months and found there were some issues with the free, pro bono legal line in March 2020. Detainees

reported being disconnected after entering their alien number. ODO requested a detainee place a call to the free, unmonitored legal line to check the line's operability. On August 19, 2020, a facility officer notified ODO a random detainee placed a call to the free, unmonitored legal line, which was operational.

*Recreation:* Four detainees stated they almost never receive the full hour of recreation time per day that the standard required.

- Action Taken: During the inspection, ODO interviewed a facility officer and found staffing issues and scheduled visitation affected the length of time detainees were allowed recreation per day. ODO further learned if a detainee had scheduled visitation during recreation hours, all detainees had to come in from recreating due to the lack of available staff to supervise the detainees. ODO reviewed the facility's July recreation log and found the average time for recreation was about 45 to 50-minutes per day. See the Recreation section of the report regarding this complaint.



# COMPLIANCE INSPECTION FINDINGS

## SAFETY

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

ODO interviewed the safety manager and health services administrator (HSA) and found there was no documentation available to indicate regulated medical waste was disposed of properly by an approved contractor (**Deficiency EH&S-1<sup>6</sup>**).

ODO reviewed approximately 30 photographs of various areas of the facility such as the housing areas, kitchen, medical, intake, and laundry and found four photographs showed sanitation in the areas could be improved. Specifically, paint on some walls and floors was slightly deteriorating, minor dust was observed on some floors, minor soap residue in some showers, and several mattresses appeared slightly worn. ODO cites this as an **Area of Concern**.

## SECURITY

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed seven detainee files and found six detainees required reclassification; however, reclassifications were not conducted for all six detainees (**Deficiency CCS-1<sup>7</sup>**).

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

ODO reviewed the quarterly inventories of detainee baggage and other non-valuable property for the 12 months preceding the inspection and found the facility staff only audited the property of three detainees per quarter (**Deficiency F&PP-2<sup>8</sup>**). ODO interviewed the captain responsible for conducting the quarterly inventories who confirmed a roster of all detainees was prepared, but only the property for three detainees was audited. The captain also stated, “Well, we don’t normally have people here very long, so we only inventoried three.”

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

ODO reviewed the files of 17 immediate UOF incidents and found a prohibited technique, a [REDACTED] was used on a detainee in one incident (**Deficiency UOF-1<sup>9</sup>**).

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<sup>6</sup> “The facility will make arrangements for disposal with an approved contractor. The facility is responsible for validating that the contractor’s disposal methods comply with all infectious and hazardous waste disposal laws and regulations.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(b)(1).

<sup>7</sup> “All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events. Reclassification assessments shall consider, among other factors, the detainee’s risk of victimization or abusiveness. Subsequent reclassification assessments shall be completed any other time when warranted based upon the receipt of additional, relevant information, or following an incident of abuse or victimization. A detainee may request reclassification at any time.” See ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

<sup>8</sup> “An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter.” See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

<sup>9</sup> “Facility staff shall only use force, restraints, and non-lethal weapons that are approved by facility policy in a manner

ODO interviewed the captain and found the facility did not have [REDACTED] for staff use during UOF incidents (**Deficiency UOF-2**<sup>10</sup>).

ODO reviewed the files of 17 immediate UOF incidents and interviewed the captain and found medical assessments were not conducted in 15 out of 17 UOF incidents (**Deficiency UOF-3**<sup>11</sup>).

ODO interviewed the captain and found the facility did not have video cameras available for staff to obtain and record UOF incidents (**Deficiency UOF-4**<sup>12</sup>).

ODO interviewed the captain and found the facility did not maintain all written documentation for a minimum of six years of video, audio, and other recordings of UOF incidents for 30-months (**Deficiency UOF-5**<sup>13</sup>). ODO confirmed with the captain that recordings from the stationary cameras throughout the facility were only maintained for 45-days or less following an incident.

ODO reviewed the files for 17 immediate UOF incidents and found there was no documentation of an after-action review in 17 out of 17 immediate UOF files (**Deficiency UOF-6**<sup>14</sup>).

## **SPECIAL MANAGEMENT UNITS (SMU)**

ODO interviewed the captain and found a permanent log was not maintained in the SMU to record all activities concerning detainees placed in the SMU (**Deficiency SMU-1**<sup>15</sup>).

## **CARE**

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

ODO interviewed the food service supervisor and found weekly inspections of all food service

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consistent with policy, procedure, and training requirements. The following acts and techniques are prohibited when using non-deadly force: ... 2. Choke holds, using a baton to apply choke or “come along” holds to the neck area, and other neck restraints.” See ICE NDS 2019, Standard, Use of Force, Section (II)(C)(2).

<sup>10</sup> “2. Use-of-Force Team members and others participating in a calculated use of force shall wear appropriate [REDACTED]. 3. Whenever possible, staff shall use protective devices when entering a cell or area where blood or other body fluids could be present.” See ICE NDS 2019, Standard, Use of Force, Section (II)(D)(2)(3).

<sup>11</sup> “1. In immediate use-of-force situations, staff shall seek the assistance of mental health or other medical personnel immediately upon gaining physical control of the detainee... 3. After any use of force or application of [REDACTED] medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented.” See ICE NDS 2019, Standard, Use of Force, Section (II)(G)(1)(3).

<sup>12</sup> “Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage.” See ICE NDS 2019, Standard, Use of Force, Section (II)(J)(3).

<sup>13</sup> “Facilities shall maintain all written use-of-force documentation for a minimum of six years. Video, audio, and other recordings shall be catalogued and preserved until no longer needed, but for no less than 30 months after their last documented use.” See ICE NDS 2019, Standard, Use of Force, Section (II)(J)(4).

<sup>14</sup> “Written procedures shall govern the mandatory after-action review for use-of-force incidents (whether calculated or immediate), and for the application of [REDACTED]. The After-Action Review shall examine all relevant materials for facility staff’s compliance with facility policy and these standards.” See ICE NDS 2019, Standard, Use of Force, Section (II)(K)(1).

<sup>15</sup> “A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g. meals served, recreational time, visitors, etc.)” See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(I).

areas were not conducted (**Deficiency FS-1<sup>16</sup>**).

### **MEDICAL CARE (MC)**

ODO reviewed seven detainee medical files and found three detainees lacked follow-up care for abnormal findings. ODO reviewed one of the detainee's medical records and spoke with facility medical staff. A RN obtained a fasting blood glucose reading on the detainee and documented the results on the medication record as 129 mg/dl; however, ODO found no documented evaluation. Two days later, the RN documented on the clinical encounter form that the fasting blood glucose reading was 121mg/dl since the reading was normal no orders nor follow up was needed. The detainee should have had two consecutive early morning, fasting blood glucose readings and obtaining a symptom screen to diagnosis prediabetes or diabetes, which was not performed. ODO reviewed the medical files of the two other detainees and found the detainees had documented high blood pressure readings on their initial physical examinations. One detainee was seen on February 18, 2020, and had a reading of 152/90. The other detainee was seen on March 24, 2020, and had a reading of 150/99. On subsequent encounters, medical staff evaluated these two detainees for various sick call complaints; however, blood pressure readings were not obtained on any of the encounters. ODO interviewed the HSA, who stated vital signs were not obtained during sick call encounters unless the detainee's symptoms suggest they may be needed. The American Heart Association recommends getting three blood pressure readings on separate days to diagnosis high blood pressure. A blood pressure reading greater than 140/90 is considered stage two hypertension. No follow up blood pressure checks were taken (**Deficiency MC-1<sup>17</sup>**).

ODO reviewed seven detainee medical files and found the RN completed an initial dental screening exam within 14-days of the seven detainees' arrival to the facility. Although ODO reviewed the RN's training file and found the RN received training by the clinical director on how to conduct an initial dental screening exam, a dentist did not provide the training (**Deficiency MC-2<sup>18</sup>**).

ODO reviewed seven detainee medical files and found two detainees were prescribed psychotropic medications and a signed consent form was not obtained prior to the administration of the medication (**Deficiency MC-3<sup>19</sup>**). Additionally, medical professionals did not evaluate any detainees regularly to ensure proper treatment and medication dosage were administered

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<sup>16</sup> “The facility shall implement written procedures for the administrative or food service, personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11).

<sup>17</sup> “Every facility shall directly or contractually provide its detainee population with the following: Comprehensive, routine and preventive healthcare, as medically indicated.” See ICE NDS 2019, Standard, Medical Care, Section (II)(A)(3).

<sup>18</sup> “An initial dental screening exam shall be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a ..... registered nurse. Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist.” See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>19</sup> “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).

**(Deficiency MC-4<sup>20</sup>).**

ODO reviewed seven medical files and found the detainees signed general consent forms for medical care during the intake screening process. However, ODO found three instances where detainees did not participate in treatment prescribed by the medical staff and there were no signed refusal forms in the detainees' medical files. Additionally, there was no documentation medical staff discussed the refusals with the detainees. In other instances, detainees did not show up to receive their prescribed medications, which occurred 26 out of 88 times. No follow-up was performed **(Deficiency MC-5<sup>21</sup>).**

ODO reviewed seven medical files and found one detainee was evaluated by a mental health professional but there was no documentation of a complete evaluation and treatment plan **(Deficiency MC-6<sup>22</sup>).**

**SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH SP&I)**

ODO reviewed the facility's Suicide Prevention Program and Suicide Procedures policy dated July 2019 and found the policy directed staff to immediately place detainees identified as being suicidal in [REDACTED] on close observation, rather than constant one-on-one visual observation as required by the standard **(Deficiency SSH SP&I-1<sup>23</sup>).**

**DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)**

The facility did not have a process in place regarding how to review a reasonable accommodation or how to modify or reassess an accommodation in place **(Deficiency DIA&A-1<sup>24</sup>).**

The facility did not appoint a Disability Compliance Coordinator **(Deficiency DIA&A-2<sup>25</sup>).**

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<sup>20</sup> "Any detainee prescribed psychiatric medications must be regularly evaluated by a duly licensed and appropriate medical professional to ensure proper treatment and dosage." See ICE NDS 2019, Standard, Medical Care, Section (II)(S)(2).

<sup>21</sup> "If the detainee refused 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. Medical staff will document their treatment efforts and the refusal of treatment in the detainee's medical record." See ICE NDS 2019, Standard, Medical Care, Section (III)(O).

<sup>22</sup> "Any detainee referred for mental health treatments shall be triaged for any emergency needs and receive an evaluation by a qualified mental health provider no later than seven days after the referral. The provider shall develop an overall treatment/management plan." See ICE NDS 2019, Standard, Medical Care, Section (II)(S)(2).

<sup>23</sup> "Until this evaluation takes place, security staff shall place the detainee in a secure environment on constant (one-to-one) visual observation." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(D).

<sup>24</sup> "The facility shall develop a process, which includes reasonable timelines, for reviewing detainees' requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessments." See ICE NDS 2019, Standard, Disability Identification, Assessment and Accommodation, Section (II)(B)(1).

<sup>25</sup> "The facility or public entity shall designate a Disability Compliance Coordinator to assist facility personnel in ensuring compliance with this standard and all applicable federal, state and local laws related to accommodation of detainees with disabilities." See ICE NDS 2019, Standard, Disability Identification, Assessment and Accommodation, Section (II)(B)(2).

The facility did not have an orientation program that informed and notified detainees about the disability accommodations policy. Additionally, the facility did not post disability documents for detainee awareness in detainee living areas and in the medical unit (**Deficiency DIA&A-3<sup>26</sup>**).

## **ACTIVITIES**

### **RECREATION (R)**

ODO reviewed the facility's recreation log and found detainees did not have access to outdoor recreation for at least one hour per day, five days per week (**Deficiency R-1<sup>27</sup>**).

ODO reviewed the facility's recreation area and found there was not a variety of fixed and movable equipment (**Deficiency R-2<sup>28</sup>**).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

The facility did not have a grievance committee (**Deficiency GS-1<sup>29</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with seven of those standards. ODO found 24 deficiencies in the remaining 11 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were two Areas of Concern in the Environmental Health and Safety section.

ODO noted six deficiencies in the medical care standard. **Of particular concern, ODO was advised by facility staff members that "medical care and services were not being provided because the facility normally only housed detainees for a few days." On August 20, 2020, ODO notified the ICE SDDO and ICE IHSC (OHIO) FMC that follow-up medical care was not being provided to detainees with serious health issues. Additionally, ODO learned from the ICE IHSC (OHIO) FMC that the facility was providing inadequate medical care, which impacts continuity of medical care and the quality and prompt delivery of chronic and preventive detainee healthcare. The ODO medical Subject Matter Expert and the IHSC (OHIO) FMC requested follow-up medical records to validate the concerns, but the facility**

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<sup>26</sup> "The facility orientation program shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by ICE/ERO." See ICE NDS 2019, Standard, Disability Identification, Assessment and Accommodation, Section (II)(I).

<sup>27</sup> "If outdoor recreation is available at the facility, it shall be offered at a reasonable time of day. Weather permitting, each detainee shall have access for at least one hour per day, five days per week." See ICE NDS 2019, Standard, Recreation, Section (II)(A)(1).

<sup>28</sup> "Exercise areas shall offer a variety of fixed and moveable equipment." See ICE NDS 2019, Standard, Recreation, Section (II)(C)(1).

<sup>29</sup> "The facility must allow the detainee to submit a formal, written grievance to the facility's grievance committee." See ICE NDS 2019, Grievance System, Section (II)(A)(2).

**refused to provide the medical records during and after the inspection. After the inspection, ODO informed Headquarters ICE of the serious medical concerns to ensure they were aware of the insufficient medical care at the facility.** ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (NDS 2000)</b>	<b>FY 2020 (NDS 2019)</b>
Standards Reviewed	18	18
Deficient Standards	14	11
Overall Number of Deficiencies	34	24
Repeat Deficiencies	N/A	0
Corrective Actions	0	0