



U.S. Department of Homeland Security
U.S. 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 Salt Lake City Field Office**

**Nevada Southern Detention Center
Pahrump, Nevada**

December 7-11, 2020

COMPLIANCE INSPECTION
of the
Nevada Southern Detention Center
Pahrump, Nevada

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	12
SECURITY	12
Admission and Release	12
Classification System	12
Facility Security and Control	13
Searches of Detainees	13
Special Management Units	13
Staff-Detainee Communication	14
CARE	15
Food Service	15
ACTIVITIES	15
Religious Practices	15
JUSTICE	15
Grievance System	15
CONCLUSION	16

COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a contingency compliance inspection of the Nevada Southern Detention Center (NSDC) in Pahrump, Nevada, from December 7-11, 2020.¹ The facility opened in 2010, and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NSDC in 2016 under the oversight of ERO’s Field Office Director (FOD) in Salt Lake City (ERO Salt Lake City). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned deportation officers and a detention service manager (DSM) to the facility. A warden handles daily facility operations and is supported by █████ personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2018 and by the National Commission on Correctional Health Care in December 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	288
Average ICE Detainee Population ³	████
Male Detainee Population (as of 12/7/2020)	████
Female Detainee Population (as of 12/7/2020)	████

During its last inspection, in Fiscal Year (FY) 2020, ODO conducted an inspection of NSDC and found 18 deficiencies in the following areas: Environmental Health and Safety (2), Classification System (1), Funds and Personal Property (2), Special Management Units (1), Use of Force and Restraints (1), Medical Care (8), Personal Hygiene (1), Suicide Prevention and Intervention (1), and Grievance System (1).

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

² Data Source: ERO Facility list Report as of December 7, 2020.

³ *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.⁴

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

**FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008
MAJOR CATEGORIES**

PBND Standards Inspected^{5,6}	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	2
Classification System	1
Facility Security and Control	4
Funds and Personal Property	0
Population Counts	0
Searches of Detainees ⁷	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	3
Staff-Detainee Communication	7
Use of Force and Restraints	0
Sub-Total	18
Part 4 – Care	
Food Service	2
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 – Activities	
Religious Practices	1
Telephone Access	0
Sub-Total	1
Part 6 – Justice	
Grievance Systems	3
Law Libraries and Legal Material	0
Sub-Total	3
Other Standards Reviewed	
Federal Performance-Based National Detention Standards (FPBND)	
Detainees with Disabilities	0
Sub-Total	0
Total Deficiencies	24

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁶ NDS 2008 does not include Detainees with Disabilities; therefore, it was addressed under the Federal Performance Based National Detention Standard.

⁷ The deficiency cited under the Searches of Detainees standard was identified while performing the detainee interviews, as the Searches of Detainees standard was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed 12 detainees, each of whom voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment; however, two detainees disclosed abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Admission and Release: Five detainees stated they did not receive the ICE National Detainee Handbook nor the facility detainee handbook upon their arrival at the facility.

- Action Taken: ODO interviewed facility staff and reviewed the detainees' admission documents. ODO reviewed the detainees' signed admission documents, which indicated each detainee received their respective ICE detainee handbooks and facility detainee handbooks. The facility confirmed with ODO that any lost and/or damaged detainee handbooks are replaced upon a detainee's request.

Food Service: Seven detainees complained the facility does not provide healthy, balanced, nor nutritious meals.

- Action Taken: ODO reviewed the facility's temporary food menu and interviewed the food service director (FSD). ODO found the facility has implemented a temporary food menu due to the COVID-19 pandemic; however, the temporary food menu has been certified nutritionally adequate by an authorized dietician but has less variety in meals than the normal 35-day menu cycle. ODO found no further record of additional complaints regarding food nutrition.

Food Service: Two detainees complained the facility serves detainees expired bread and bologna for meals.

- Action Taken: ODO interviewed the FSD, reviewed photos of bread and bologna stored in the storage units and found the facility appropriately discarded food items with expired dates of consumption. The FSD advised ODO all food items are dated upon receipt and are rotated in compliance with the "First In First Out" stock rotation system.

Grievance System: One detainee complained she has been in ICE custody since September 2019 and has never met with her assigned ERO officer, and it takes three weeks for ERO to respond to a visit request.

- Action Taken: ODO interviewed ERO staff and reviewed the detainee's grievance file. ERO advised ODO that the detainee met with her assigned case officer on November 2, 2020. On November 14, 2020, the attending ERO officer met with the detainee, which advised the detainee her immigration case is pending the court's scheduling. The detainee's grievance record indicated, ERO staff responded to the detainee's complaint within the allotted five days. ERO records indicated ERO officers visit the facility two times a week as required.

Grievance System: One detainee complained ERO officers failed to respond to her request made in October 2020.

- Action Taken: ODO interviewed the GC and reviewed the detainee's grievance file. ODO found the detainee met with an ERO officer on October 26, 2020, who advised the detainee her immigration case was under the judge's review. Additionally, the detainee's file revealed the detainee did not submit any additional grievances in October 2020.

Medical Care: One detainee complained it takes three weeks to receive a response to a medical request.

- Action Taken: ODO reviewed the detainee's medical record and interviewed the HSA. On September 28, 2020, the detainee submitted a sick call request concerning lower back pain. The detainee was evaluated by a registered nurse (RN) on October 1, 2020, and prescribed pain medication as treatment. On October 13, 2020, the detainee submitted a sick call request which resulted in a doctor's appointment scheduled for October 22, 2020. On October 22, 2020, the detainee met with the doctor; however, the detainee refused evaluation. On November 5, 2020, the detainee submitted a sick call request concerning lower back pain and was evaluated by the provider, with no annotated treatment being provided. On November 8, 2020, during the detainee's follow-up, the provider provided the detainee with a prescribed pain medication as treatment. ODO found no further record of additional complaints regarding this detainee.

Medical Care: One detainee complained she submitted multiple sick call requests over the past four months regarding loss of pigmentation on her face and has not been evaluated by the medical provider.

- Action Taken: ODO interviewed the HSA and reviewed the detainee's medical record. ODO found the detainee was evaluated by either the RN or a doctor on each of her sick call requests. The detainee's medical records indicated each sick call request received a scheduled medical response within three days and medical treatment was always provided.

Medical Care: One detainee complained the medical staff only responds to detainees with medical emergencies and not non-medical emergencies. The detainee indicated she submitted multiple sick calls requests before being evaluated for a toothache.

- Action Taken: ODO interviewed the HSA and reviewed the detainee's medical record. On April 15, 2020, the detainee submitted a sick call request concerning a toothache, which the provider prescribed pain medication as treatment. On May 5, 2020, during the detainee's scheduled dental appointment, the dentist applied a temporary filling, prescribed medication, and scheduled a tooth extraction for May 19, 2020. As scheduled, on May 19, 2020, the detainee's tooth was extracted. Further review of the detainee's file revealed the detainee was seen by the provider on each of the five sick calls within three days of each submission.

Medical Care: One detainee complained her religious and medical diet requests were denied.

- Action Taken: ODO interviewed the HSA and reviewed the detainee's medical record. ODO found the detainee submitted requests for both medical and special religious diets. On October 8, 2020, the detainee requested a common fare diet with coffee and milk alternatives, which the chaplain submitted the request on that day. On October 29, 2020, the detainee requests a dairy free diet, which the chaplain submitted the request on that day. On November 3, 2020, the detainee's father complained there was meat on the detainee's common fare tray, which the chaplain resolved with the assistance of food services on that day. On November 4, 2020, the detainee requested a kosher diet which contains meat; however, the facility accommodated the detainee by placing her on both a common fare and allergy specific diet as requested.

Medical Care: One detainee complained she submitted a request to see a gynecologist concerning constant bleeding and has yet to receive an appointment.

- Action Taken: ODO interviewed the HSA and reviewed the detainee's medical record. On November 20, 2020, the detainee submitted a sick call request concerning "spot" bleeding, which the provider immediately treated the detainee. On December 5, 2020, the detainee submitted a sick call request concerning pain and was immediately evaluated by the provider. During the detainee's evaluation, the detainee advised she was no longer bleeding but was still suffering from pain. The provider scheduled the detainee to see the specialist on December 10, 2020.

Medical Care: One detainee complained he submitted multiple medical requests concerning pain in his eye and the surgical removal of a cyst in his groin area. The detainee also advised he was not provided his COVID-19 test results by the provider as requested.

- Action Taken: ODO reviewed the detainee's medical record and interviewed the acting HSA. On June 22, 2020, the detainee submitted a sick call request concerning pain in his eye, which he was evaluated by the provider and prescribed medicated eye drops as treatment on the same day. On September 21, 2020, the detainee submitted a sick call request concerning pain in his eye, which the detainee was evaluated by the doctor the same day; however, the detainee did not report any pain in his eye during the evaluation. Instead, the detainee addressed his request for surgical removal of the cyst in his groin area. The detainee was advised of the non-urgent surgery restrictions due to COVID-19 and released. On November 12, 2020, the detainee submitted a sick call request concerning pain in his eye. On December 8, 2020, the HSA advised ODO the detainee has been scheduled to be evaluated by the doctor on December 9, 2020.

The HSA advised ODO the detainee was placed in medical observation due to his positive confirmation for COVID-19 and not for pre-surgery observation. Regarding the detainee's complaint of not receiving his requested test results, the acting HSA reported the detainee was provided his positive COVID-19 test results back in June 2020.

Medical Care: One detainee stated she has a skin abscess and complained she must submit multiple sick call requests in order to receive medical treatment.

- Action Taken: ODO reviewed the detainee's medical record and interviewed the HSA. On October 28, 2020, the detainee submitted a sick request concerning a skin abscess. On October 31, 2020, the detainee was evaluated by the RN and prescribed medication as treatment. On November 10, 2020, the detainee submitted a sick call request concerning a skin abscess, was evaluated and treated by the provider on November 12, 2020. The HSA advised ODO the detainee had a follow-up appointment scheduled for December 16, 2020, at which the detainee indicated her treatment is working and she is seeing improvements in her skin.

Medical Care: One detainee complained he submitted a request for dental services concerning a toothache on November 14, 2020 and has yet to receive medical treatment.

- Action Taken: ODO reviewed the detainee's medical record, which revealed on November 26, 2020, the detainee submitted a sick call request concerning a toothache. On December 1, 2020, the detainee was evaluated by a dentist and advised of the treatment options; however, the detainee opted for pain medication and antibiotics as treatment. On December 4, 2020, the detainee submitted a sick call request concerning a toothache and requested a tooth extraction. The HSA advised ODO the detainee was scheduled for the tooth extraction on December 14, 2020.

Medical Care: One detainee complained he submitted a medical request regarding a fractured finger; however, he never evaluated by the provider.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical record and grievance files. ODO found on October 29, 2020, during the detainee's initial admission into ICE custody, the detainee did not declare any injuries nor deformities on his intake medical forms. ODO found no record of the detainee officially notifying the facility of his injury. The detainee advised ODO his finger had since healed. ODO advised the HSA to educate the detainees' of how to properly submit a sick call request.

Medical Care: One detainee complained he requested a special diet due to his chronic constipation; however, his request was denied by medical.

- Action Taken: ODO reviewed the detainee's medical record and interviewed the acting HSA. The HSA advised ODO that medical diets are not prescribed specifically due to chronic constipation; however, was seen by the provider and issued laxatives as treatment. On August 17, 2020, the detainee submitted a sick call request concerning constipation, was issued evaluated the same day and provided a second laxative as treatment. The HSA advised ODO the detainee was educated on how to properly maintain good digestive health with water and exercise.

Searches of Detainees: One detainee complained of being subject to a stripped searched prior to being placed in restrictive housing.

- Action Taken: ODO reviewed the facility's policy and interviewed the chief of security.

ODO found the facility's prohibits strip searches of ICE detainees and should not have subjected the detainee to the strip search. On December 10, 2020, the chief of security conducted ICE Strip Search Training for all staff assigned to the restrictive housing unit to address the complaint and prevent future recurrence. ODO addressed this complaint as a deficiency under Compliance Inspection Findings - Searches of Detainees within this report.

Sexual Abuse and Assault Prevention and Intervention: Three detainees advised they did not know how to report instances of sexual assault or abuse.

- Action Taken: ODO interviewed the facility staff, reviewed the facility's Sexual Abuse and Assault Prevention and Intervention (SAAPI) program. ODO found the facility has multiple postings regarding reporting sexual assault or abuse, and the information is in the detainee handbook. On December 11, 2020, the facility staff escorted the three detainees to the housing telephones, informed the detainees of the PREA numbers listed on the back of their identification cards and in their detainee handbooks, identified the postings throughout the facility, how to file PREA compliant, and explained how to complete the calls. ODO did not have any deficiency findings within the SAAPI standard.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated she had been sexually assaulted by another detainee.

- Action Taken: Upon receiving the detainee's allegation of sexual assault, the acting team lead ended the detainee interview and notified the warden who initiated the facility's PREA protocols. On December 8, 2020, the detainee was medically evaluated and interviewed by the facility's PREA investigator. Local law enforcement was notified, and the facility initiated its investigation. ERO leadership, the Nye County Sheriff's Office (NCSO), ICE Health Services Corps (IHSC), and the Joint Intake Center were all notified by the supervisory detention and deportation officer (SDDO). ODO observed the facility to initiate PREA protocols.

Sexual Abuse and Assault Prevention and Intervention: One detainee complained another male detainee made non-contact sexual advances towards him; however, when he reported the advances to the facility, the facility did not discipline nor act on the alleged suspect.

- Action Taken: ODO interviewed facility staff, which stated the detainee did not report any instances of sexual harassment nor advances towards him. However, for precautionary reasons, ODO reported the allegations to facility officials, which initiated the facility's PREA protocols. The detainee was taken to medical and placed in restrictive housing for a medical evaluation. During the PREA investigative interview, the detainee declined victim advocate, declined to file charges, and declined to speak with local law enforcement. Local law enforcement, ERO leadership, NCSO, IHSC, and the Joint Intake Center were all notified by the SDDO. ODO found no further record of additional disclosures from the detainee. ODO observed the facility to initiate PREA protocols.

Staff-Detainee Communication: Two detainees advised facility officers of the opposite sex do not announce their presence before entering the housing unit.

- Action Taken: ODO interviewed the DSM, reviewed facility documentation, and confirmed the facility has posted notices regarding gender announcements prior to entering housing units; however, the DSM submitted a refresher training memo reinforcing the policy regarding staff non-gender related announcements. ODO found no further record of additional complaints regarding the lack of staff presence announcements.

Staff-Detainee Communication: Five detainees complained ERO officers do not give the detainees an opportunity nor the time to ask questions nor interact with them.

- Action Taken: ODO interviewed the assigned ERO officer, the FOD, and reviewed ERO's documentation. ODO found ERO officers visit the facility twice a week; however, as a result of the COVID-19 pandemic and to limit exposure to both ERO officers and the detainees, ERO officers have been instructed to enter the housing units and retrieve the detainees' ICE requests. However, ERO officers should be effective but try to limit their interactions as much as possible. ODO found no other record of additional complaints regarding ERO visits.

Telephone Access: One detainee complained some of the buttons on the telephone receiver do not work properly.

- Action Taken: ODO interviewed the facility staff, which confirmed the buttons on the telephone receiver were being affected by the COVID-19 cleaning products; however, the telephone remained operative. On December 9, 2020, the facility placed a work order for the telephone to be repaired.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's A&R program and found the facility's written release procedures did not have prior approval from ERO Salt Lake City (**Deficiency AR-76⁸**).

ODO reviewed five detainee release files and found one out of five detainee release files did not contain the Order to Release (Form I-203) with a signature of an authorized ERO official (**Deficiency AR-77⁹**).

CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's CCS program and found the facility's detainee handbook does not provide an explanation of all the classification levels with conditions and restrictions of each

⁸ "ICE/DRO shall approve IGSA release procedures." See ICE PBNDS 2008, Standard Admission and Release, Section (V)(H).

⁹ "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." See ICE PBNDS 2008, Standard Admission and Release, Section (V)(H)(1).

(Deficiency CCS-53¹⁰).

FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the facility's FS&C program and found the visitor's log contained entries that did not identify the purpose of the visits nor the time of the visitor's departures (Deficiency FSC-18¹¹).

ODO reviewed the facility's FS&C program and found the visitor's log does not have a location to indicate the visitor's relationship to the detainee, immigration status, nor their address (Deficiency FSC-19¹²).

ODO reviewed the facility's FS&C program and found the visitor's log does not have an entry column to require each visitor to print his/her name within the logbook (Deficiency FSC-20¹³).

ODO reviewed the facility's FS&C program and found the vehicle's entrance logbook does not log the vehicle's tag number, firm represented, the vehicle contents, nor the employee responsible for the vehicle on-site (Deficiency FSC-46¹⁴).

SEARCHES OF DETAINEES (SD)

ODO interviewed 12 detainees, interviewed facility staff, and determined one out of 12 detainees was subjected to a strip search at the facility (Deficiency SD-1¹⁵).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed 12 detainee files for the SMU Program and found three out of 12 detainee files failed to document whether the detainees were personally observed every [REDACTED]; one out of 12 detainee files were missing observation documentation for three consecutive days; and two out of 12 detainee files were missing observation documentation for one day (Deficiency SMU-21¹⁶).

ODO reviewed 12 detainee files for disciplinary segregation (DS) and found six out of 12 detainee files did not contain the DS orders signed by the disciplinary hearing officer (Deficiency SMU-

¹⁰ "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). **This is a Repeat Deficiency.**

¹¹ "Every entry in the logbook shall identify the person or department visited; date and time of visitor's arrival; purpose of visit; unusual requests; and time of departure." See ICE PBNDS 2008, Standard Facility Security and Control, Section (V)(C)(1)(b)(2).

¹² "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, along with the visitor's relationship to the detainee, immigration status, and address." See ICE PBNDS 2008, Standard Facility Security and Control, Section (V)(C)(1)(b)(3).

¹³ "The post officer shall require the visitor to print and sign his or her name in the visitor logbook." See ICE PBNDS 2008, Standard Facility Security and Control, Section (V)(C)(1)(b)(3).

¹⁴ "The post officer shall log the following information on every vehicle: tag number, driver's name, firm represented, vehicle contents, date, time in, time out, and facility employee responsible for the vehicle on-site." See ICE PBNDS 2008, Standard Facility Security and Control, Section (V)(C)(2)(b).

¹⁵ "Staff may conduct a strip search only where there is reasonable suspicion that contraband may be concealed on the person." See ICE PBNDS 2008, Standard Searches of Detainees, Section (V)(D)(2)(c).

¹⁶ "Detainees in SMUs shall be personally observed at least every [REDACTED] See ICE PBNDS 2008, Standard Special Management Units, Section (V)(B)(7). **This is a Repeat Deficiency.**

131¹⁷).

ODO reviewed the facility's SMU Program, reviewed 12 detainee files, and found two out of 12 detainee files did not record the detainees' meals, showers, nor recreation; one out of 12 detainee files did not record the detainees' meals, showers, nor recreation for three consecutive days and one out of 12 detainee files did not record the detainees' meals, showers, nor recreation for one day (**Deficiency SMU-153¹⁸**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's SDC program and found ERO staff members do not provide general information to detainees pertaining to the immigration court process (**Deficiency SDC-4¹⁹**).

ODO reviewed the facility's SDC program and found ERO staff members did not conduct unannounced visits on a weekly basis (**Deficiency SDC-9²⁰**).

ODO reviewed the facility's SDC program and found ERO staff members are not knowledgeable about the ICE/ERO Detention Standards nor reporting the violations to the FOD/ERO Salt Lake City (**Deficiency SDC-13²¹**).

ODO reviewed the facility's SDC program and found the facility does not have written procedures in place to promptly route and deliver detainee requests to the appropriate ICE/ERO officials (**Deficiency SDC-24²²**).

ODO reviewed the facility's SDC program and found the facility does not record detainee requests in a logbook specifically designed for that purpose (**Deficiency SDC-30²³**).

ODO reviewed the facility's SDC program and found the facility does not place copies of confidential requests in the detainee's A-file (**Deficiency SDC-34²⁴**).

¹⁷ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation." See ICE PBNDS 2008, Standard Special Management Units, Section (V)(D)(2).

¹⁸ "The special housing unit officer shall immediately record:

Whether the detainee ate, showered, recreated, and took any medication." See ICE PBNDS 2008, Standard Special Management Units, Section (V)(E)(3)(a).

¹⁹ "Staff should provide general information to detainees pertaining to the immigration court process. At a minimum, this information should include the types of hearings such as master calendar and merits hearings." See ICE PBNDS 2008, Standard Staff-Detainee Communication, Section (V)(A).

²⁰ "These unannounced visits shall be conducted at least weekly." See ICE PBNDS 2008, Standard Staff-Detainee Communication, Section (V)(A)(1).

²¹ "Visiting staff shall be knowledgeable about the ICE/DRO Detention Standards and report any violations to the Field Officer Director." See ICE PBNDS 2008, Standard Staff-Detainee Communication, Section (V)(A)(2).

²² "Each facility administrator shall:

Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/DRO officials by authorized personnel (not detainees) without reading, altering, or delaying." See ICE PBNDS 2008, Standard Staff-Detainee Communication, Section (V)(B).

²³ "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose." See ICE PBNDS 2008, Standard Staff-Detainee Communication, Section (V)(B)(2).

²⁴ "Copies of confidential requests shall be maintained in the A-file." See ICE PBNDS 2008, Standard Staff-Detainee Communication, Section (V)(B)(2).

ODO reviewed the facility's SDC program and found the Detention Standards Compliance Unit does not conduct random audits to ensure field office compliance (**Deficiency SDC-40²⁵**).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's food service (FS) program and found hot items purchased were not identified nor given special-handling instructions (**Deficiency FS-26²⁶**).

ODO reviewed the facility's FS program and found the facility has a no-pork menu; however, this information is not addressed in the facility's handbook nor in the facility's orientation (**Deficiency FS-199²⁷**).

ODO reviewed the facility's FS program, reviewed food service reports, and notes as an **Area of Concern** the facility's annual independent inspection expired on May 9, 2020. ODO interviewed the assistant FSD who indicated the U.S. Department of Health and Human Services (DHHS) was unable to schedule an annual inspection within required timeframe due to the COVID-19 pandemic. However, the facility provided ODO with a payment receipt from DHHS, indicating the facility is only waiting for an inspection to be scheduled sometime in December 2020.

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO reviewed the facility's RP program and found the facility does not maintain records that reflect the limitation nor the discontinuance of a religious practice, along with the reason for such limitation or discontinuance (**Deficiency RP-7²⁸**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's GS program and found the facility does not act on detainee grievances filed within five working days of its receipt (**Deficiency GS-58²⁹**).

²⁵ "The Detention Standards Compliance Unit shall conduct random audits of field office compliance." *See* ICE PBNDs 2008, Standard Staff-Detainee Communication, Section (V)(C).

²⁶ "████████████████████ flavorings also require special handling and storage. The purchase order for any of these items shall specify the special-handling requirements for delivery." *See* ICE PBNDs 2008, Standard Food Service, Section (V)(B)(4)(b).

²⁷ "If a facility has a no-pork menu, in order to alleviate any confusion for those who observe no-pork diets for religious reasons, this information should be included in the facility's handbook and the facility orientation." *See* ICE PBNDs 2008, Standard Food Service, Section (V)(G)(2nd 5).

²⁸ "Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance." *See* ICE PBNDs 2008, Standard Religious Practices, Section (V)(A)."

²⁹ "That person shall act on the grievance within five working days of receipt." *See* ICE PBNDs 2008, Standard Grievance System, Section (V)(C)(3)(2)(f).

ODO reviewed the facility's GS program and found the facility does not have the additional level of appeal by the medical personnel available to the detainee (**Deficiency GS-63**³⁰).

ODO reviewed 49 detainee grievance files and found the facility did not log the grievance number on seven out of 49 detainee grievance files (**Deficiency GS-87**³¹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2008, one standard under FBPND, and found the facility in compliance with 11 of those PBNDS 2008 and FBPND standards. ODO found 24 deficiencies in the remaining nine PBNDS 2008 standards. ODO noted one **Area of Concern** in the FS standard regarding the expiration of the facility's annual independent compliance inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2008)	FY 2021 (PBNDS 2008, FBPND)
Standards Reviewed	18	21
Deficient Standards	9	9
Overall Number of Deficiencies	18	24
Repeat Deficiencies	3	3
Areas of Concern	N/A	1
Corrective Actions	N/A	N/A

³⁰ "An additional level of appeal by medical personnel shall be available to the detainee." See ICE PBNDS 2008, Standard Grievance System, Section (V)(D). **This is a Repeat Deficiency.**

³¹ "Staff shall assign each grievance a log number, enter it in the space provided on the Detainee Grievance Form, and record it in the Detainee Grievance Log in chronological order." See ICE PBNDS 2008, Standard Grievance System, Section (V)(E).