



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations  
ERO Saint Paul Field Office**

**Phelps County Jail  
Holdrege, Nebraska**

**August 9-11, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**PHELPS COUNTY JAIL**  
Holdrege, Nebraska

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Phelps County Jail (PCJ) in Holdrege, Nebraska, from August 9 to 11, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of PCJ from January 31 to February 3, 2022. The facility opened in 2003 and is owned by and operated by the Phelps County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in 2003 under the oversight of ERO’s Field Office Director in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2000.

ERO has no staff assigned to the facility. A PCJ facility administrator handles daily operations and manages ■ support personnel. Summit Food Service provides food services, Advance Correctional Healthcare provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	■
Average ICE Population <sup>3</sup>	■
Adult Male Population (as of August 9, 2022)	■
Adult Female Population (as of August 9, 2022)	■

During its last inspection, in Fiscal Year (FY) 2022, ODO found 12 deficiencies in the following areas: Correspondence and Other Mail (1); Environmental Health and Safety (9); Funds and Personal Property (1); and Marriage Requests (1).

<sup>1</sup> This facility holds male and female 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 List as of August 1, 2022.

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

<sup>4</sup> PCJ’s FY 2021 average daily population was 11, which is why ODO scheduled PCJ for two inspections in FY 2022.

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Detainee Services</b>	
Admission and Release	2
Correspondence and Other Mail	2
Detainee Classification System	0
Detainee Grievance Procedures	1
Food Service	0
Funds and Personal Property	2
Marriage Requests	0
Recreation	0
Staff-Detainee Communication	2
Telephone Access	0
<b>Sub-Total</b>	<b>9</b>
<b>Part 2 - Security and Control</b>	
Detainee Transfers <sup>7</sup>	1
Emergency Plans	0
Environmental Health and Safety	8
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>9</b>
<b>Part 3 - Health Services</b>	
Hunger Strikes	0
Medical Care	1
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Other Standards Reviewed</b>	
NDS 2019 Personal Hygiene <sup>8</sup>	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>19</b>

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

<sup>6</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

<sup>7</sup> The deficiency cited in Detainee Transfers was found while reviewing documentation for the Admission and Release Standard, ODO did not review the Detainee Transfers standard in its entirety.

<sup>8</sup> The Area of Concern cited in NDS 2019 Personal Hygiene was found during detainee interviews. ODO did not review the NDS 2019 Personal Hygiene standard in its entirety.

## DETAINEE RELATIONS

ODO interviewed all three detainees the facility housed during the inspection, 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.

*Admission and Release:* Three detainees stated they did not receive the facility site-specific detainee handbook upon admission nor did the facility inform them how they could access the handbook.

- Action Taken: On August 9, 2022, ODO interviewed the facility jail administrator and found detainees do not receive a physical copy of the facility site-specific detainee handbook upon admission nor does the facility advise detainees how they can access the handbook. ODO cited this as a deficiency in the *Admission and Release* section of the report. ODO reviewed the detainees' detention files and found no signed acknowledgement forms confirming detainees' awareness of how to access the handbook. ODO observed the detainees' housing units and found the handbook is available for virtual review on kiosks, tablets, and monitors. ODO requested the facility to speak with the detainees and advise them of the procedures for accessing the handbook. On August 10, 2022, the facility spoke with the detainees and explained the procedures for accessing the handbook on the tablets, kiosks, and monitors.

*Personal Hygiene:* One detainee stated female facility staff members did not announce their presence when entering his housing unit.

- Action Taken: ODO interviewed the facility jail administrator and found the facility requires staff of the opposite gender to announce themselves when entering housing units. However, on August 9, 2022, ODO observed two female officers entering a male housing unit without announcing their presence. Although the facility does not have a contract obligating them to comply with the NDS 2019 Personal Hygiene standard, ODO cited this as an area of concern in the *Personal Hygiene* section of the report.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### DETAINEE SERVICES

#### ADMISSION AND RELEASE (AR)

ODO interviewed the post officer, reviewed three detainee inventory forms, and found in three out of three forms, the facility did not provide identity documents, such as passports, birth certificates, etc., to ERO Saint Paul for placement in the detainees' A-files. Specifically, facility staff inventoried the identity documents, made copies for the detainee detention files, and placed

the original documents in the detainees' valuable property bags (**Deficiency AR-25**<sup>9</sup>).

ODO interviewed three detainees and the facility jail administrator and found detainees did not receive a physical copy of the facility site-specific detainee handbook upon admission. Instead, the facility placed an electronic copy on the housing unit kiosks and tablets, and displays a copy on the housing unit monitors. ODO reviewed three detainee detention files and found in three out of three files, the detainees did not sign an acknowledgement form confirming their awareness of how to access the handbook. On August 11, 2022, ODO observed the admission process for one detainee entering PCJ and found the facility did not inform the detainee of the procedures for accessing the handbook (**Deficiency AR-65**<sup>10</sup>).

## **CORRESPONDENCE AND OTHER MAIL (COM)**

ODO reviewed the facility's COM policy and their site-specific detainee handbook and found the handbook did not include the following items:

- Instructions for addressing envelopes;
- Instructions for addressing outgoing mail;
- The opening and inspecting of general correspondence and other mail by the staff in the detainee's presence, unless the officer-in-charge (OIC) authorizes inspection without the detainee's presence for security reasons;
- The definition of special correspondence, including instructions on the proper labeling for special correspondence, without which it will not be treated as mail;
- The sending or receiving of packages requiring advance arrangements approved by the OIC and the procedure to obtain such approval;
- Identity documents, such as passports, birth certificates, etc., are contraband and may be used by the ICE/ERO as evidence or as otherwise appropriate. The notification will state that if detainees are not allowed to keep an identity document in their possession, they will be provided with a copy of the document, certified by an ICE officer to be a true and correct copy; and
- The rules for providing indigent and certain other detainees free postage (**Deficiency COM-5**<sup>11</sup>). **This is a repeat deficiency.**

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<sup>9</sup> "Identity documents, such as passports, birth certificates, etc., will be inventoried, then given to a deportation officer/INS for placement in the detainee's A-file." See ICE NDS 2000, Standard, Admission and Release, Section (III)(E).

<sup>10</sup> "Upon admission every detainee will receive a detainee handbook. It will fully describe all policies, procedures, and rules in effect at the facility, in accordance with the 'Detainee Handbook' standard." See ICE NDS 2000, Standard, Admission and Release, Section (III)(K).

<sup>11</sup> "The facility shall notify detainees of its policy on correspondence and other mail through the detainee handbook or equivalent provided to each detainee upon admittance. At minimum, the notification shall specify:

1. That a detainee may receive mail, the mailing address of the facility and instructions on how envelopes should be addressed;
2. That a detainee may send mail, the procedure for sending mail, and instructions on how outgoing mail must be addressed;
3. That general correspondence and other mail addressed to detainees shall be opened and inspected in the detainee's presence, unless the OIC authorizes inspection without the detainee's presence for security reasons;
5. The definition of special correspondence, including instructions on the proper labeling for special correspondence, without which it will not be treated as special mail. The notification shall clearly state



ODO interviewed the facility jail administrator, reviewed the facility site-specific detainee handbook, and found the facility copies detainee special mail correspondence. Specifically, the facility's procedure is to copy the original documentation, provide a copy to the detainee, and shred the original in the detainee's presence (**Deficiency COM-21**<sup>12</sup>).

## **DETAINEE GRIEVANCE PROCEDURES (DGP)**

ODO reviewed the facility site-specific detainee handbook and found the grievance section does not provide detainees notice of the opportunity to file a complaint about officer misconduct directly with the DHS Office of Inspector General (previously the Department of Justice) (**Deficiency DGP-72**<sup>13</sup>).

## **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO interviewed the facility booking officer, reviewed three detainee inventory forms, and found in three out of three forms, the facility did not provide identity documents, such as passports, birth certificates, etc., to ERO Saint Paul for placement in the detainees' A-files. Specifically, facility staff inventoried the identity documents, made copies for the detention files, and placed the original documents in the detainees' valuable property (**Deficiency FPP-12**<sup>14</sup>).

ODO reviewed the facility site-specific detainee handbook, interviewed the facility booking officer, and found upon request, the facility advises detainees of the procedure to obtain a copy of identify documents, such as passports, birth certificates, etc., certified by an ICE official. However, the facility's procedure is to submit the detainee's request to ERO Saint Paul for certified copies of the detainee's identity documents if they are not at PCJ or to provide the detainee non-certified copies of the identity documents if PCJ has the documents (**Deficiency FPP-13**<sup>15</sup>).

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that it is the detainee's responsibility to inform senders of special mail of the labeling requirement.

6. That packages may not be sent or received without advance arrangements approved by the OIC and provide the procedure for obtaining such approval;
7. A description of mail which may be rejected by the facility and which the detainee will not be permitted to keep in his/her possession (for additional information refer to Section III.G., below). The notification will state that identity documents, such as passports, birth certificates, etc., are contraband and may be used by the INS as evidence or as otherwise appropriate. The notification will state that if detainees are not allowed to keep an identity document in their possession, they will be provided with a copy of the document, certified by an INS officer to be a true and correct copy; and
9. The procedure for purchasing postage (if any), and the rules for providing indigent and certain other detainees free postage."

*See* ICE NDS 2000, Standard, Correspondence and other Mail, Section (III)(B)(1-3)(5-7)(9).

<sup>12</sup> "Staff shall neither read nor copy special correspondence." *See* ICE NDS 2000, Standard, Correspondence and Other Mail, Section (III)(E)(2).

<sup>13</sup> "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following: ...

5. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to: Department of Justice, P.O. Box 27606."

*See* ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(E)(2).

<sup>14</sup> "Identity documents, such as passports, birth certificates, etc., will be held in the detainee's A-file." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(3).

<sup>15</sup> "Upon request, staff will provide the detainee with a copy of the document, certified by an INS official to be a

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed the facility jail administrator and found the facility did not maintain a logbook to record all detainee requests (**Deficiency SDC-31**<sup>16</sup>).

Additionally, the facility's lapse in maintaining a detainee request logbook resulted in no information for the following essential items:

- The date the facility received the detainee's request;
- The detainee's name, A-number, and nationality;
- The officer's name who logged the request;
- The date the staff returned the request along with the staff response and action; and
- Any other site-specific and pertinent (**Deficiency SDC-32**<sup>17</sup>).

## SECURITY AND CONTROL

### DETAINEE TRANSFERS (DT)

ODO reviewed seven Prisoner in Transit Summary forms (USM-553) for detainees departing PCJ, and found the facility did not include all required information. Specifically, ODO found in three out of seven summaries, no documented tuberculosis clearance, to include purified protein derivative tests, chest X-ray results, and test dates. Additionally, medical staff did not note all significant health issues, i.e., sickle cell and COVID-19 screening (**Deficiency DT-64**<sup>18</sup>).

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility jail administrator, reviewed the facility emergency electrical power generator test and maintenance logs, and found the following deficiencies:

- The facility does not test the generators at least every 2 weeks. Specifically, the facility tested the emergency electrical power generators monthly (**Deficiency EHS-76**<sup>19</sup>). **This is a repeat deficiency;**

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true and correct copy." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(3).

<sup>16</sup> "All requests shall be recorded in a logbook specifically designed for that purpose." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

<sup>17</sup> "The log, at minimum, shall contain:

- a. The date the detainee request was received;
- b. Detainee's name;
- c. A-number;
- d. Nationality;
- e. Officer logging the request;
- f. The date that the request, with staff response and action, is returned to the detainee; and
- g. Any other site-specific pertinent information." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2)(a-g).

<sup>18</sup> "A transfer summary sheet, prepared by the sending facility's medical staff, must accompany the transferee. Either the USM 553 Form or a facility-specific form may be used, provided it shows:

- a. TB clearance, including PPD and Chest x-rays, including test dates; and
- b. Current mental health status, including all significant health issues." See ICE NDS 2000, Standard, Detainee Transfers, Section (III)(D)(6)(3)(a-b).

<sup>19</sup> "Power generators will be tested at least every two weeks." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

- The facility does not conduct biweekly tests of the generator for a minimum on 1-hour and instead they tested the emergency electrical generator only once per month and the test lasted for 1-hour (**Deficiency EHS-78<sup>20</sup>**). **This is a repeat deficiency;**
- The facility does not inspect the generator’s oil, water, hoses, and belts biweekly for mechanical readiness, and instead tested the emergency electrical power generator’s oil, water, hoses, and belts only once per month (**Deficiency EHS-79<sup>21</sup>**). **This is a repeat deficiency;**
- The facility emergency electrical power generator did not receive quarterly testing and servicing from an external generator-service company. Specifically, ODO found no record that an external generator-service company tested and serviced the generator (**Deficiency EHS-80<sup>22</sup>**). **This is a repeat deficiency;** and
- The facility did not have an external generator-service company technician check the starting battery voltage, generator voltage, and amperage output of the generator. Specifically, ODO found no record of an external generator-service company testing and servicing the generator (**Deficiency EHS-81<sup>23</sup>**).

ODO interviewed the facility jail administrator, observed the space used for barbershop operations, and found the following deficiencies:

- The facility did not locate the barbershop in a separate room with the single purpose of cutting hair. Specifically, the facility uses the same space for both barber operations and as a holding cell for detainees placed on suicide watch (**Deficiency EHS-84<sup>24</sup>**). **This is a repeat deficiency;**
- The facility did not have dispensable headrest covers (**Deficiency EHS-92<sup>25</sup>**); and
- After cleaning, facility staff did not immerse clipper blades in a disinfectant solution and agitate for not less than 15 seconds before use on the next detainee. Specifically, the facility uses a “Clippicide” aerosol spray for disinfecting clipper blades (**Deficiency EHS-97<sup>26</sup>**).

ODO observed the cell used for barbershop operations and found no operable windows to provide fresh air. As such, ODO could not confirm the cell received mechanical ventilation changes at a minimum of 5 air changes per hour. ODO cites this an **Area of Concern**.

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<sup>20</sup> “The biweekly test of the emergency electrical generator will last one hour.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

<sup>21</sup> “During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

<sup>22</sup> “The emergency generator will also receive quarterly testing and servicing from an external generator-service company.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

<sup>23</sup> “The emergency generator will also receive quarterly testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

<sup>24</sup> “The operation will be located in a separate room not used for any other purpose.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

<sup>25</sup> “Each shop will be provided with appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(2).

<sup>26</sup> “After cleaning, the clipper blades will be immersed in the disinfectant solution and agitated for a period of not less than 15 seconds before use on any other detainee. The solution will be replaced as often as necessary.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(4)(b).

## **HEALTH SERVICES**

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

ODO reviewed 10 detainee health appraisals and found in 1 out of 10 appraisals, the facility did not meet the standards set by the National Commission on Correctional Health Care and the Joint Commission on the Accreditation of Health Care Organizations. Specifically, one detainee reported a history of diabetes during intake screening on March 14, 2022, and facility medical staff did not follow through with an initial blood glucose test followed by scheduling additional laboratory tests. A facility registered nurse (RN) noted the detainee's diabetes in his medical record one day later. On March 17, 2022, the RN tested the detainee's blood glucose level and obtained a high-level reading. A nurse practitioner (NP) gave the RN a verbal order to start a sliding-scale insulin regimen for the detainee and to take blood glucose readings four times a day, and the RN followed up by updating the detainee's medical record. ODO reviewed the detainee's record and found the medical staff completed the NP's order. The facility released the detainee 67 days later with no scheduled chronic care clinic visits nor laboratory tests prior to his departure (**Deficiency MC-34**<sup>27</sup>).

ODO reviewed the facility MC policies, interviewed an RN and lieutenant, and found the facility did not implement ERO's COVID-19 Pandemic Response Requirement, which required a 10-day isolation period for all new detainees after the intake process. ODO cites this as an **Area of Concern**.

## **OTHER STANDARDS REVIEWED**

### **PERSONAL HYGIENE (PH)**

ODO interviewed the facility jail administrator, observed facility staff entering the detainee housing units over a 3-day period, and noted two female staff members entering a male housing unit without announcing their presence. ODO cites this as an **Area of Concern**.

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found 21 deficiencies in the remaining 8 standards. ODO recommends ERO Saint Paul work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of PCJ which occurred in February 2022.

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<sup>27</sup> "Health appraisals will be performed according to NCCHC and JCAHO standards." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (NDS 2000)</b>	<b>Second FY 2022 (NDS 2000)/(NDS 2019)</b>
Standards Reviewed	22	19/1
Deficient Standards	4	8
Overall Number of Deficiencies	12	19
Repeat Deficiencies	0	6
Areas Of Concern	0	3
Corrective Actions	0	0
Facility Rating	Superior	N/A