



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 Saint Paul Field Office**

**Phelps County Jail
Holdrege, Nebraska**

January 31 - February 3, 2022

**COMPLIANCE INSPECTION
of the
PHELPS COUNTY JAIL
Holdrege, Nebraska**

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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 compliance inspection of the Phelps County Jail (PCJ) in Holdrege, Nebraska, from January 31 to February 3, 2022.¹ The facility opened in 2003 and is owned 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 does not have any staff assigned to the facility. A PCJ facility administrator handles daily facility operations and manages support personnel. Summit Food Service provides food services, Advanced Correctional Healthcare provides medical care, and Trinity provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	
Average ICE Detainee Population ³	
Male Detainee Population (as of January 31, 2022)	
Female Detainee Population (as of January 31, 2022)	

During its last inspection, in Fiscal Year (FY) 2021, ODO found six deficiencies in the following areas: Admission and Release (3); Funds and Personal Property (1); and Use of Force (2).

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

² Data Source: ERO Facility List Report as of January 31, 2022.

³ *Ibid.*

⁴ PCJ's FY 2021 average daily population was 11, which is why ODO scheduled PCJ for two inspections in FY 2022.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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.⁵

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 its 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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{6,7}	Deficiencies
Part 1 – Detainee Services	
Admission and Release	0
Correspondence and Other Mail	1
Detainee Classification System	0
Food Service	0
Funds and Personal Property	1
Group Presentations on Legal Rights	0
Issuance and Exchange of Clothing, Bedding and Towels	0
Marriage Requests	1
Non-Medical Emergency Escorted Trips	0
Voluntary Work Program	0
Sub-Total	3
Part 2 – Security and Control	
Detention Files	0
Detainee Transfers	0
Emergency Plans	0
Environmental Health and Safety	9
Post Orders	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	9
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	12

⁶ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁷ 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 inspections.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during this inspection, and therefore, ODO did not interview any detainees. Although the population count was zero, the facility has an active contract to house detainees, which is why ODO conducted the inspection.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

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:

- Facility staff may not read a detainee's special correspondence mail;
- The definition of the term special correspondence, and that it is the detainee's responsibility to inform senders of special mail what the facility's requirements are;
- Detainees may not send or receive packages without advanced arrangements approved by the facility, nor the procedure to obtain such approval;
- A description of what mail the facility may reject and what mail the detainee may keep in his/her possession, nor guidance on what identity documents the facility considers contraband, nor notification on what identity documents the facility will allow detainees to possess; and
- The instructions to detainees for how to obtain writing implements, paper, and envelopes (**Deficiency COM-5⁸**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's site-specific detainee handbook and found it does not notify detainees that upon request, the facility would provide detainees with an ICE certified copy of any identity

⁸ "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 a minimum, the notification shall specify: ...

4. That special correspondence may only be opened in the detainee's presence, and may be inspected for contraband, but not read;

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 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

8. How to obtain writing implements, paper, and envelopes." See ICE NDS 2000, Standard, Correspondence and Other Mail, Section (III)(B)(4-8).

document ERO Saint Paul placed in their non-citizen files (**Deficiency FPP-89**⁹).

MARRIAGE REQUESTS (MR)

ODO reviewed the facility's site-specific detainee handbook and found it does not notify detainees of the facility's marriage request procedures (**Deficiency MR-25**¹⁰).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility's administrator, reviewed the facility's master safety data sheet (MSDS) files, and found no documentation of semiannual reviews in the MSDS master file (**Deficiency EHS-12**¹¹).

ODO interviewed the facility's administrator, reviewed photographs, and found the facility does not legibly label nor identify the contents of portable containers that are not in the original shipping containers (**Deficiency EHS-24**¹²).

ODO interviewed the facility's administrator and found she does not assign the responsibility of placing correct labels on all smaller containers when the shipping container bears the manufacturer-affixed label (**Deficiency EHS-55**¹³).

ODO interviewed the facility's administrator, reviewed the facility's EHS policy, and found the facility's fire prevention, control, and evacuation plan does not document that the facility will conduct monthly fire inspections. Additionally, ODO's review of PCJ EHS records found the facility's last documented fire inspection was on January 28, 2021 (**Deficiency EHS-64**¹⁴).

ODO interviewed the facility's maintenance supervisor, reviewed the facility's EHS policy, and found the facility does not conduct testing of its electrical power generators (**Deficiency EHS-**

⁹ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...

2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their non-citizen files." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2).

¹⁰ "Among other things, the handbook will advise detainees of the facility's marriage request procedures." See ICE NDS 2000, Standard, Marriage Requests, Section (III)(B).

¹¹ "Documentation of the semiannual reviews will be maintained in the MSDS master file." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

¹² "A portable container that is not the original shipping container must be an approved safety can, listed or labeled by a nationally recognized testing laboratory. Each will bear a legible label that identifies its contents." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(F)(6).

¹³ "The OIC will individually assign the following responsibilities associated with the labeling procedure: ...

4. Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J)(4).

¹⁴ "Every institution will develop a fire prevention, control, and evacuation plan to include, among other things, the following: ...

e. Monthly fire inspections." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(3)(e).

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ODO interviewed the facility's maintenance supervisor, reviewed the facility's EHS policy, and found the facility does not conduct biweekly tests of its emergency electrical generator for the duration of an hour (**Deficiency EHS-78**¹⁶).

ODO interviewed the facility's maintenance supervisor, reviewed the facility's EHS policy, and found the facility does not inspect biweekly its electrical power generator's oil, water, hoses, and belts for mechanical readiness in an emergency situation (**Deficiency EHS-79**¹⁷).

ODO interviewed the facility's maintenance supervisor, reviewed the facility's EHS policy, and found the facility does not use an external generator-service company to test quarterly and service its emergency electrical generator (**Deficiency EHS-80**¹⁸).

ODO interviewed the facility's administrator and found the facility's barber operation is in a multi-purpose room. Specifically, the facility uses a lone holding cell for barber operations and also as a detainee holding cell (**Deficiency EHS-84**¹⁹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 17 of those standards. ODO found 12 deficiencies in the remaining 4 standards. ODO commends facility staff members for their responsiveness during this inspection. 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 uniform corrective action plan for ODO's last inspection of PCJ in July 2021.

¹⁵ "Power generators will be tested at least every two weeks." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

¹⁶ "The biweekly test of the emergency electrical generator will last one hour." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

¹⁷ "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).

¹⁸ "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).

¹⁹ "Guidelines for Specific Areas of the Facility; Barber Operations ...

1. 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).

Compliance Inspection Results Compared	FY 2021 (NDS 2000)/ (NDS 2019)	FY 2022 (NDS 2000)/ (NDS 2019)
Standards Reviewed	15/1	21/1
Deficient Standards	3	4
Overall Number of Deficiencies	6	12
Repeat Deficiencies	1	0
Areas of Concern	1/1	0
Corrective Actions	0	0
Facility Rating	N/A	Superior