



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
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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

Seneca County Jail  
Tiffin, OH

July 27-30, 2020

**COMPLIANCE INSPECTION  
of the  
SENECA COUNTY JAIL  
Tiffin, OH**

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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 (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Seneca County Jail (SCJ) in Tiffin, Ohio, from July 27 to 30, 2020.<sup>1</sup> The facility opened in 1994 and is owned and operated by the County of Seneca. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCJ in 2003 under the oversight of ERO's Field Office Director in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned deportation officers and a detention services manager to the facility. A SCJ sheriff handles daily facility operations and is supported by █ personnel. Facility staff provide food services and medical services. Stellar Services provides commissary services at the facility. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	As Needed
Average ICE Detainee Population <sup>3</sup>	48
Male Detainee Population (as of July 27, 2020)	41
Female Detainee Population (as of July 27, 2020)	1

During its last inspection, in Fiscal Year (FY) 2019, ODO found 38 deficiencies in the following areas: Admissions and Release (4), Detainee Classification System (3), Funds and Personal Property (2), Religious Practices (2), Staff-Detainee Communication (8), Environmental Health and Safety (2), Special Management Units – Administrative Segregation (5), Special Management Units – Disciplinary Segregation (4), Use of Force (7), and Medical Care (1).

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

<sup>2</sup> Data Source: ERO Facility List Report 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 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	1
Detainee Classification System	3
Detainee Grievance Procedures	1
Food Service	0
Funds and Personal Property	1
Recreation	1
Religious Practices	0
Staff-Detainee Communication	3
Telephone Access	2
Visitation	3
<b>Sub-Total</b>	<b>15</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	2
Special Management Unit (Disciplinary Segregation)	2
Use of Force	2
<b>Sub-Total</b>	<b>6</b>
<b>Part 3 – Health Services</b>	
Medical Care	1
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>FPBDS Standard Inspected</b>	
Disability, Identification, Assessment, and Accommodation <sup>6</sup>	0
<b>PBNDS 2011 Standard Inspected</b>	
Sexual Abuse and Assault Prevention and Intervention <sup>7</sup>	1
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>23</b>

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

<sup>6</sup> This standard was inspected under the Federal Performance-Based Detention Standards (FPBDS).

<sup>7</sup> This standard was inspected under the 2011 Performance-Based National Detention Standards (PBNDS).

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Food Service:* One detainee complained the food menu was repetitive. He stated SCJ served pasta for every meal over the last two weeks.

- Action Taken: ODO interviewed the assistant food supervisor and reviewed the menu and found the menu was not repetitive; furthermore, the detainee was not served pasta for every meal. The assistant food supervisor stated the kitchen rotated meals as required by the dietician approved menu to ensure detainees are served nutritious meals. ODO did not find any grievances filed regarding repetitive meals.

*Environmental Health and Safety:* Three detainees complained the bathrooms and showers in two housing units were dirty.

- Action Taken: ODO reviewed photographs of the bathrooms and showers in both housing units, which showed the bathrooms and showers were in acceptable sanitary conditions. However, ODO found the shower area showed signs the floors and walls needed some painting and repair. ODO interviewed facility staff who stated the facility could not schedule work crews to repair needed areas since crews were not able to enter the facility due to the COVID-19 pandemic.

*Medical Care:* One detainee complained he has been waiting for a tooth operation for over a year and the facility has used the COVID-19 pandemic as an excuse to deny dental care.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee arrived at SCJ on February 18, 2020, and underwent a physical assessment on March 3, 2020. On February 19, 2020, the detainee submitted a sick call request for a toothache and was evaluated and diagnosed with tooth decay by a nurse. On February 20, 2020, the detainee requested to be evaluated by a physician. On February 21, 2020, a physician and dentist performed an evaluation and referred the detainee to an outside dentist for an extraction of tooth #31 for symptoms present prior to the detainee's arrival at SCJ. The detainee was referred to an outside oral surgeon due to the treatment with anticoagulants because of a history of a stroke. Due to COVID-19, only emergency dental procedures were being performed. The detainee was a high-risk patient and prior to a tooth extraction his anticoagulation therapy must be stopped for five days, placing the detainee at a higher risk for reoccurrence of a stroke.

*Medical Care:* One detainee complained he was not satisfied with medical care because requests take too long to answer, and he had been seen mostly by nurses and not doctors.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee arrived at SCJ on February 10, 2020, and underwent a physical examination on February 14, 2020. On April 20, 2020, the detainee submitted a sick call request with symptoms of frequent urination. He was triaged by the nurse and referred to the physician, who evaluated the detainee on April 22, 2020. The physician completed a physical examination and discovered the detainee had a very fast heart rate and ordered an electrocardiogram and blood work. On April 23, 2020, the physician evaluated the detainee and prescribed medication to regulate his heart rate and blood pressure. On June 2, 2020, the detainee submitted a sick call request for a skin issue and was prescribed a topical cream. On June 5, 2020, he was evaluated by a nurse to ensure the topical medication was working for the detainee's skin issue. The nurse confirmed the skin issue was resolved. On June 17, 2020, the physician evaluated the detainee as a follow-up for hypertension, ordered appropriate laboratory diagnostic studies, and renewed the detainee's medications. On June 19, 2020, the detainee submitted another sick call request for frequent urination and bladder pain. After a consultation with the physician, the doctor prescribed the antibiotic Ciprofloxacin for frequent urination. On July 20, 2020, the detainee submitted a sick call request due to testicular pain. The nurse evaluated and dispensed ibuprofen for pain and the physician concurred with the treatment on the same day. Based on information provided to ODO, the detainee had received timely and appropriate medical care.

*Medical Care:* One detainee complained he was not satisfied with medical care and stated he had not seen a medical professional since his initial evaluation upon arriving to SCJ. In addition, he stated SCJ stopped providing him mental health medication, which was prescribed at a prior facility.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee arrived at SCJ on February 10, 2020, with prescribed psychotropic medications and a diagnosis of depression. The detainee's medications were continued as prescribed and he was scheduled for a follow-up in August 2020. On July 13, 2020, a [REDACTED] revealed the detainee was concealing his medication in between his cheek and teeth and not swallowing it. Additionally, he was hoarding all his medications that were administered to him under medical supervision. Accordingly, the clinical director and physician determined the medications were no longer required.



# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (A&R)

ODO reviewed 15 detainee files and found 2 out of 15 files did not contain an Order to Detain or Release (Form I-203), and 1 out of 15 files contained an I-203 that lacked the signature of the authorizing official (**Deficiency A&R-1<sup>8</sup>**)

### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 15 detainee files and found 4 out of 15 files showed detainee classifications were not consistently reviewed and approved by the SCJ supervisor (**Deficiency DCS-1<sup>9</sup>**)

ODO reviewed 15 detainee files and found 4 out of 15 files did not include a SCJ supervisory review for accuracy and completeness (**Deficiency DCS-2<sup>10</sup>**)

ODO reviewed 15 detainee files and found 4 out of 15 files did not contain the Risk Classification Assessment (RCA) (**Deficiency DCS-3<sup>11</sup>**)

### DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO found informal/oral grievances resolved at the lowest level; however, the grievances were not recorded in the grievance log and placed in the detainees' detention files (**Deficiency DGP-1<sup>12</sup>**)

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

ODO found booking staff did not obtain a forwarding address from every detainee who had personal property stored at the facility (**Deficiency F&PP-1<sup>13</sup>**)

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<sup>8</sup> "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H). **This is a Repeat Deficiency.**

<sup>9</sup> "The first-line supervisor will review and approve each detainee's classification." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(3). **This is a Repeat Deficiency.**

<sup>10</sup> "In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things the reviewing officer shall ensure that each detainee has been assigned the appropriate housing unit." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C). **This is a Repeat Deficiency.**

<sup>11</sup> "INS offices shall provide non-INS facilities with the necessary information for the facility to classify INS detainees. Because INS selectively release materials from the detainee's record to persons who are not INS employees (e.g. CDF or IGSA facility personnel), non-INS officers must rely on the judgement of the INS staff who select material from the files for facility use." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(D). **This is a Repeat Deficiency.**

<sup>12</sup> "If an oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome, however the staff member will document the results for the record and place his/her report in the detainee's detention file." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(1)

<sup>13</sup> "Standard operating procedures will include obtaining a forwarding address from every detainee who has personal

## RECREATION (R)

ODO reviewed photos of the outdoor recreation areas and found detainees did not have access to any fixed or moveable equipment (**Deficiency R-1<sup>14</sup>**).

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO found there were no policies or procedures in place to ensure and document regular unannounced (not scheduled) visits by key ICE/ERO Detroit staff nor did ICE/ERO Detroit document their visits (**Deficiency SDC-1<sup>15</sup>**).

ODO found the ICE/ERO Detroit request log did not record the date the request, with staff response and action, is returned to the detainee nor did it have any other site-specific pertinent information (**Deficiency SDC-2<sup>16</sup>**).

ODO found Model Protocol Forms from weekly scheduled visits were not consistently completed (**Deficiency SDC-3<sup>17</sup>**).

## TELEPHONE ACCESS (TA)

ODO found SCJ did not have a written policy on the monitoring of detainee telephone calls (**Deficiency TA-1<sup>18</sup>**).

ODO found the facility had not placed a notice at each monitored telephone stating the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation (**Deficiency TA-2<sup>19</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility completed corrective action by placing a notice at each monitored telephone on July 28, 2020, in all

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property that could be lost or forgotten in the facility after the detainee's release, transfer, or removal." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(C)

<sup>14</sup> "Exercise areas will offer a variety of fixed and moveable equipment. Weight training, if allowed, will be limited to fixed equipment; free weights are prohibited." See ICE NDS 2000, Standard, Recreation, Section (III)(G)(1)

<sup>15</sup> "Policy and procedures shall be in place to ensure and document the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct [REDACTED] to the facility's living and activity areas to ensure informal communication between staff and detainees and informally observing living and working conditions. ... Each facility shall develop a method to document the unannounced visits and ICE will document visits to IGSAs." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1). **This is a Repeat Deficiency**

<sup>16</sup> "All requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain: ... 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)(f)(g)

<sup>17</sup> "For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently." See ICE NDS 2000, Change Notice, Staff-Detainee Communication, Model Protocol Form

<sup>18</sup> "The facility shall have a written policy on the monitoring of detainee telephone calls." See ICE NDS 2000, Standard, Telephone Access, Section (III)(K).

<sup>19</sup> "It shall also place a notice at each monitored telephone stating: ... 2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation." See ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(2).

housing units **(C-1)**.

## **VISITATION (V)**

ODO found the facility did not maintain a separate log for legal visitors **(Deficiency V-1<sup>20</sup>)**.

ODO found the facility did not have a written procedure in place allowing legal service providers and legal assistants to call the facility in advance of a visit to determine whether a particular individual was detained in the facility **(Deficiency V-2<sup>21</sup>)**.

ODO found the facility did not have a written legal visitation procedure to provide for the exchange of documents between detainee and legal representative even when contact visitation rooms were unavailable **(Deficiency V-3<sup>22</sup>)**.

## **SECURITY AND CONTROL**

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

ODO found the floors in one of the housing unit restroom and shower areas had cracked tiles, tile joints not sealed, worn tile surface, and peeling wall paint in need of repair. SCJ staff stated due to COVID-19 restrictions, outside work crews had been restricted from coming into the facility to make necessary repairs. ODO noted this as an **Area of Concern**.

### **SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)**

ODO reviewed five AS orders and found one out of five orders did not contain the required approval by a supervisor **(Deficiency SMU AS-1<sup>23</sup>)**.

ODO reviewed the SMU AS permanent log and found SCJ staff did not consistently record meals served to detainees, showers taken by detainees, or participation in recreation by detainees **(Deficiency SMU AS-2<sup>24</sup>)**.

### **SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)**

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<sup>20</sup> “The facility shall maintain a log of all general visitors, and a separate log of legal visitors as described below.” *See* ICE NDS 2000, Standard, Visitation, Section (III)(C).

<sup>21</sup> “Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility.” *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(6).

<sup>22</sup> “The facility’s written legal visitation procedures must provide for the exchange of documents between detainee and legal representative (or legal assistant) even when contact visitation rooms are unavailable.” *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(10).

<sup>23</sup> “A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable.” *See* ICE NDS 2000, Standard, Special Management Units (Administrative Segregation), Section (III)(B).

<sup>24</sup> “A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.” *See* ICE NDS 2000, Standard, Special Management Units, Section (III)(E)(1). **This is a Repeat Deficiency.**

ODO reviewed 11 DS orders and found 6 out of 11 orders were not signed by the hearing officer (**Deficiency SMU DS-1<sup>25</sup>**).

ODO reviewed the SMU DS permanent log and found staff did not consistently record meals served to detainees, showers taken by detainees, or participation in recreation by detainees (**Deficiency SMU DS-2<sup>26</sup>**).

## **USE OF FORCE (UOF)**

ODO interviewed staff concerning calculated UOF incidents and found SCJ did not provide staff with helmets, face shields, vests, and forearm protectors as protective gear for UOF incidents (**Deficiency UOF-1<sup>27</sup>**).

ODO reviewed 34 training records and 3 lesson plans for UOF and found all staff members were not trained in confrontational avoidance procedures (**Deficiency UOF-2<sup>28</sup>**).

## **HEALTH SERVICES**

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

ODO reviewed 18 detainee medical files and found one detainee did not undergo a dental assessment within 14-days of arrival to SCJ (**Deficiency MC-1<sup>29</sup>**).

ODO reviewed the SCJ detainee handbook and noted it did not address dental care and gender specific medical care. Specifically, there was no information addressing breast examinations, pap-smears, prostate examinations, annual physicals, dental examinations, and tuberculosis screenings. ODO noted this as an **Area of Concern**.

ODO reviewed the medical file of the only female detainee currently at SCJ and found she received a pregnancy test four months after arrival to SCJ. SCJ's policy for Pregnancy and Medical Special Needs stated, "Detainees will be given a pregnancy test no later than the 14-day health assessment." ICE Health Services Corps provider advised the health service administrator

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<sup>25</sup> "A written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize safety, security, or the orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Units (Disciplinary Segregation), Section (III)(B).

<sup>26</sup> "A permanent log will be maintained in the SMU. The log will not all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Units (Disciplinary Segregation), Section (III)(E)(1). **This is a Repeat Deficiency.**

<sup>27</sup> "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply. a [REDACTED]"

[REDACTED] See ICE NDS 2000, Standard, Use of Force, Section (III) (A)(4)(a). **This is a Repeat Deficiency.**

<sup>28</sup> "Among other things, training shall include: 1. Communication techniques; 2. Cultural diversity; 3. Dealing with the mentally ill; 4. Confrontation-avoidance procedures; 5. Application of restraints (progressive and hard); and 6. Reporting procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(O)(4). **This is a Repeat Deficiency.**

<sup>29</sup> "An initial dental screening exam should be performed within 14 days of the detainee's arrival." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

in November 2019 that all females would need to undergo a pregnancy test upon arrival to SCJ. ODO noted this as an **Area of Concern**.

ODO reviewed SCJ's Chronic Care policy, which stated, "All patients that have been in the facility for four months shall have a follow-up doctor sick call to determine medical necessity of labs and diagnostic testing." ODO noted this practice as an **Area of Concern**.

ODO reviewed SCJ's mental health clinic documentation and found while SCJ did not report any detainees enrolled in a mental health clinic, two detainees were identified by ODO as receiving psychotropic medications. Neither of the detainees' medical records had a consent form for the use of psychotropic medications prior to treatment initiation (but did have a general medical consent form). Additionally, neither detainee had treatment plans for follow-up for a mental health assessment nor medication compliance every 90-days. ODO noted this as an **Area of Concern**.

## **PBNDS 2011 STANDARD INSPECTED**

### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed SCJ's SAAPI policy and procedures and found no evidence the policy was approved by ICE/ERO Detroit (**Deficiency SAAPI-1**<sup>30</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000, one standard under PBNDS 2011, and one standard under FPBDS and found the facility in compliance with six of those standards. ODO found 23 deficiencies in the remaining 13 standards. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the inspection. Additionally, 4 Areas of Concern were cited in the Medical Care standard.

ODO observed several deferred maintenance issues throughout the facility. The walls in the bathroom areas of some of the housing units, some of the mop rinsing areas, and showers all needed to be painted. Additionally, several of the bathroom areas in the housing units needed the floors repaired. ODO noted repair crews were not able to enter the facility due to the COVID-19 pandemic.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>30</sup> "The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(6).

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (NDS 2000)</b>	<b>FY 2020 (NDS 2000/PBNDS 2011/FPBDS)</b>
Standards Reviewed	17	19
Deficient Standards	10	13
Overall Number of Deficiencies	38	23
Repeat Deficiencies	3	9
Corrective Actions	3	1