



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 Denver Field Office

Teller County Jail
Divide, Colorado

April 5-8, 2021

**COMPLIANCE INSPECTION
of the
TELLER COUNTY JAIL
Divide, Colorado**

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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 Teller County Jail (TCJ) in Divide, Colorado, from April 5 to 8, 2021.¹ The facility opened in 1996 and is owned and operated by Teller County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TCJ in 2000 under the oversight of ERO’s Field Office Director in Denver (ERO Denver). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility. A TCJ warden handles daily facility operations and is supported by █ personnel. Summit provides food and commissary services, and Southern Health Partners provide medical care at the facility. The facility does not hold any national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	40
Average ICE Detainee Population ³	█
Male Detainee Population (as of April 5, 2021)	█
Female Detainee Population (as of April 5, 2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020 , ODO found 64 deficiencies in the following areas: Environmental Health and Safety (3); Admission and Release (3); Custody Classification System (6); Funds and Personal Property (4); Use of Force and Restraints (2); Special Management Units (10); Staff-Detainee Communication (2); Sexual Abuse and Assault Prevention and Intervention (1); Food Service (5); Medical Care (8); Significant Self-Harm and Suicide Prevention and Intervention (5); Disability Identification, Assessment, and Accommodation (1); Religious Practices (3); Telephone Access (4); Visitation (3); Detainee Handbook (2); and Law Libraries and Legal Materials (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 April 5, 2021.

³ *Ibid.*

⁴ Per ERO Facility List Report, dated March 1, 2021, TCJ has an FY 2020 average daily population of █ detainees, which is why ODO scheduled CCCF for an inspection in FY 2021. Although the facility’s population count during the inspection was less than 10, the facility has a current contract to house ICE detainees, which is why ODO continued with the inspection.

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 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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6&7}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	3
Sub-Total	3
Part 2 – Security	
Admission and Release	3
Custody Classification System	7
Facility Security and Control	0
Funds and Personal Property	1
Use of Force and Restraints	1
Special Management Units	7
Staff-Detainee Communication	1
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	20
Part 4 – Care	
Food Service	2
Medical Care	4
Hunger Strikes	1
Significant Self-Harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	1
Sub-Total	9
Part 5 – Activities	
Religious Practices	2
Telephone Access	0
Sub-Total	2
Part 6 – Justice	
Grievance Systems	3
Law Libraries and Legal Materials	0
Sub-Total	3
Total Deficiencies	37

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

⁷ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

The facility's ICE detainee population count was [REDACTED] during the entire inspection. The [REDACTED] declined to participate in the ODO interview process. As such, ODO did not interview any detainees during this inspection. Although the facility's population count was [REDACTED] the facility has an active contract to house detainees and their FY 2020 ADP was [REDACTED] which met ODO's inspection criteria of an ADP of 10 or more detainees.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility's lieutenant, reviewed the facility's EHS program, and found the facility did not conduct annual training on chemical use nor storage (**Deficiency EHS-23⁸**).

ODO interviewed the facility's lieutenant, reviewed the facility's EHS program, and found the facility's emergency plans do not have a fire evacuation plan (**Deficiency EHS-24⁹**).

ODO reviewed the facility's EHS program and found the facility has not documented the completion of the emergency plans training (**Deficiency EHS-26¹⁰**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed 11 detainee files and found no documentation facility staff made a determination during screening interviews on whether the detainees were at risk of becoming or were a victim of sexual abuse or assault in 11 out of 11 files (**Deficiency AR-1¹¹**).

ODO reviewed 11 detainee files and the orientation video and found nothing to indicate 11 out of 11 detainees received an orientation on how to use the telephone system to make telephone calls (**Deficiency AR-24¹²**). **This is a repeat deficiency.**

⁸ "Staff and detainees who work with hazardous materials will have appropriate training, including the classification code and safe handling procedures for each material." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6)(b).

⁹ "The facility will develop written plans and procedures for handling emergency situations reasonably likely to occur." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

¹⁰ "All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

¹¹ "Every new arrival shall undergo custody and medical screening interviews, which will include a determination as to whether the detainee is a victim of or at risk for sexual abuse or assault and a suicide risk screening; complete questionnaires and other forms; attend any site-specific orientation program; and comply with other facility admission procedures (issuance of clothing, towels, bedding, etc.)." See ICE NDS 2019, Standard, Admission and Release, Section (II)(A).

¹² "The facility orientation shall also include the following information: ...

ODO reviewed 11 released detainees' files and found nothing to indicate the facility fingerprinted 11 out of 11 detainees during the facility's release process (**Deficiency AR-28**¹³).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the training files for [REDACTED] staff members who perform classification duties and found nothing to indicate the facility trained [REDACTED] staff members on the facility's classification process (**Deficiency CCS-3**¹⁴). **This is a repeat deficiency.**

ODO reviewed 11 detainee files and found nothing to indicate a supervisor reviewed each detainee's classification in 11 out of 11 files reviewed (**Deficiency CCS-6**¹⁵). **This is a repeat deficiency.**

ODO reviewed 11 detainee files and found nothing to indicate the detainee interviews nor questionnaires included a determination as to whether the detainee was at risk or a victim of sexual abuse or assault in 11 out of 11 files reviewed (**Deficiency CCS-9**¹⁶).

ODO reviewed 11 detainee files and found nothing to indicate a supervisor reviewed the classification files for each detainee to ensure accuracy and completeness in 11 out of 11 files reviewed (**Deficiency CCS-10**¹⁷). **This is a repeat deficiency.**

ODO reviewed 11 detainee files and found nothing to indicate a supervisor reviewed the classification files for each detainee to ensure appropriate housing in 11 out of 11 files reviewed (**Deficiency CCS-11**¹⁸).

ODO reviewed 11 detainee files and found in 1 out of 11 files, the facility's classification staff overrode ERO Denver's medium-high level classification for the detainee, who has a history of violence, robbery, and a conviction for smuggling contraband into a jail, and housed him in a low-level security housing unit (**Deficiency CCS-15**¹⁹).

2. How to use the telephone system to make telephone calls." See ICE NDS 2019, Standard, Admission and Release, Section (II)(H)(2).

¹³ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc." See ICE NDS 2019, Standard, Admission & Release, Section (II)(J).

¹⁴ "The classification system shall ensure: ...

2. All officers assigned to classification duties shall be trained in the facility's classification process." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(2).

¹⁵ "The classification system shall ensure: ...

7. "Detainees with special vulnerabilities will be identified and the appropriate accommodations provided." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(7).

¹⁶ "The classification system shall ensure: ...

7. Detainees with special vulnerabilities will be identified and the appropriate accommodations provided." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(7).

¹⁷ "A supervisor will review the intake/processing officer's classification file for each detainee for accuracy and completeness." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

¹⁸ "Among other things, the reviewing officer shall ensure each detainee has been assigned to the appropriate housing unit." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

¹⁹ "The classification system shall assign detainees to the least restrictive housing consistent with facility safety and security." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(D).

ODO reviewed the facility's detainee handbook and found no explanation of the conditions nor restrictions applicable to each classification level (**Deficiency CCS-30²⁰**). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's FPP program and found the facility does not have written procedures for the inventory nor audit of detainee funds, valuables, nor personal property (**Deficiency FPP-18²¹**). **This is a repeat deficiency.**

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility's UOF program training curriculum and found it did not include the required topics of reporting requirements nor UOF techniques (**Deficiency UOFR-103²²**). **This is a repeat deficiency.**

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed disciplinary segregation (DS) documentation for two detainees placed in DS and found in two out of two files no documentation the facility completed and signed DS orders before placing the detainees in SMU (**Deficiency SMU-38²³**).

ODO reviewed DS documentation for two detainees placed in DS and found in two out of two files no documentation the facility completed DS orders, detailing the reasons for placing the detainees in SMU (**Deficiency SMU-39²⁴**).

ODO reviewed DS documentation for two detainees placed in DS and found in two out of two files and found nothing to indicate the facility completed DS orders nor provided the DS orders to the detainees in a language they could understand (**Deficiency SMU-41²⁵**).

ODO reviewed DS documentation for two detainees placed in DS and found the facility's releasing

²⁰ "The facility shall include a classification section in its detainee handbook which will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(H)(1).

²¹ "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property. An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter. The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory. Any discrepancies will be reported immediately to the facility administrator." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

²² "Staff shall be trained in approved methods of use of force techniques and reporting requirements." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(L).

²³ "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 NDS 2019, Standard, Special Management Units, Section (II)(B)(2).

²⁴ "Prior to a detainee's actual placement in disciplinary segregation, the IDP shall complete the disciplinary segregation order detailing the reasons for placing the detainee in disciplinary segregation. All relevant documentation must be attached to the order." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2)(a).

²⁵ "The completed disciplinary segregation order shall be immediately provided to the detainee and its contents communicated to him or her in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2)(b).

officer did not document the detainee DS orders with the date and time of the detainee’s release from DS in two out of two files (**Deficiency SMU-42²⁶**).

ODO reviewed the facility’s SMU program and found the facility’s written DS procedures did not require a facility supervisor to interview the detainee during the 7-day review (**Deficiency SMU-45²⁷**).

ODO reviewed 22 daily housing unit records and found 11 occasions where the SMU officer did not initial after medical staff administered medication to the detainee, 3 occasions where the SMU officer did not initial after the detainee ate, and 14 occasions where the SMU officer did not record whether the detainee recreated (**Deficiency SMU-65²⁸**).

ODO reviewed 22 daily housing unit records and found 11 occasions where the SMU officer did not initial after completion of medical visits (**Deficiency SMU-68²⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed TCJ’s SDC policy and found the facility had no written procedures to route detainee requests to ERO Denver (**Deficiency SDC-11³⁰**). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO reviewed the hood suppression system documentation, interviewed the food service director (FSD), and found the facility did not have the system serviced by a qualified contractor semiannually, as required by the standard. Specifically, the facility’s hood suppression system was last serviced by a qualified contractor in August 2020 (**Deficiency FS-112³¹**). **This is a repeat deficiency.**

ODO interviewed the FSD and found the facility did not conduct weekly inspections of all food

²⁶ “When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be included in the detainee’s detention file or maintained in a retrievable electronic format.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2)(c).

²⁷ “All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures:

a. A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. The review will confirm the detainee is being provided showers, meals, recreation, and other basic necessities, as required by this detention standard.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(3)(a).

²⁸ “The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(a)(1).

²⁹ “The facility medical staff shall sign each individual’s record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(b).

³⁰ “The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s).” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

³¹ “A qualified contractor shall inspect the system every six months.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).

service areas, including food preparation, equipment, and storage areas (**Deficiency FS-116**³²). **This is a repeat deficiency.**

MEDICAL CARE (MC)

ODO interviewed the health services administrator (HSA), reviewed TCJ's MC policy, and found the HSA did not negotiate nor keep current arrangements with nearby medical facilities and/or health care providers for detainee care unavailable within the facility (**Deficiency MC-6**³³). **This is a repeat deficiency.**

ODO reviewed four health care staff credential files and found the professional licenses for all [REDACTED] health care staff members were not primary-source verified for validity at the time of employment (**Deficiency MC-11**³⁴). **This is a repeat deficiency.**

ODO reviewed 13 detainee medical records and found in 13 out of the 13 medical records facility staff without specific training to do so, conducted the detainees' initial medical screenings (**Deficiency MC-12**³⁵). **This is a repeat deficiency.**

ODO reviewed the training records for [REDACTED] nurses assigned to conduct initial 14-day dental screenings for detainees and found all [REDACTED] nurses did not have documentation indicating they were trained on how to complete the dental screenings by a dentist, prior to conducting the exam (**Deficiency MC-45**³⁶). **This is a repeat deficiency.**

HUNGER STRIKES (HS)

ODO reviewed the facility's HS program and [REDACTED] initial/annual HS training records and found no evidence of completed training in [REDACTED] detention officer training records (**Deficiency HS-1**³⁷).

³² "The facility shall implement written procedures for the administrative or food service personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas and an annual independent inspection ensuring that all governmental health and safety codes are being met." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

³³ "The HSA will negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(A).

³⁴ "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license." See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

³⁵ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities." See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

³⁶ "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

³⁷ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section, (II)(A).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPi)

ODO reviewed the facility's SSHSPi program and found no evidence of completed training in [REDACTED] officer nor in the medical staffs' training records (**Deficiency SSHSPi-2³⁸**). **This is a repeat deficiency.**

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO reviewed the facility's DIAA orientation program, interviewed a facility corporal, and found the facility's orientation program did not notify nor inform detainees about the facility's disability accommodations policy (**Deficiency DIAA-50³⁹**). **This is a repeat deficiency.**

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO reviewed the facility's RP policy and found the facility did not allow detainees to wear nor use personal religious items during religious services, ceremonies, nor when meeting in the chapel (**Deficiency RP-25⁴⁰**). **This is a repeat deficiency.**

ODO reviewed the facility's RP policy and found the facility did not allow a detainee to wear nor use certain religious items throughout the facility (**Deficiency RP-26⁴¹**). **This is a repeat deficiency.**

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's GS program and found the facility did not have procedures in place for resolutions of detainee informal grievances (**Deficiency GS-7⁴²**).

ODO reviewed the facility's GS program, interviewed a facility corporal, and found the facility

³⁸ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section, (II)(B).

³⁹ "The facility orientation program shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand." *See* ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(I).

⁴⁰ "Limited only by a documented threat to safety, security, and orderly operation of the facility, the facility administrator shall ordinarily allow a detainee to wear or use personal religious items during religious services, ceremonies, and meetings in the chapel, and may, upon request of a detainee, allow a detainee to wear or use certain religious items throughout the facility." *See* ICE NDS 2019, Standard, Religious Practices, Section (II)(K).

⁴¹ "Limited only by a documented threat to safety, security, and orderly operation of the facility, the facility administrator shall ordinarily allow a detainee to wear or use personal religious items during religious services, ceremonies, and meetings in the chapel, and may, upon request of a detainee, allow a detainee to wear or use certain religious items throughout the facility." *See* ICE NDS 2019, Standard, Religious Practices, Section (II)(K).

⁴² "Each facility will institute procedures for informal resolution of oral grievances." *See* ICE NDS 2019, Standard, Grievance System, Section, (II)(A)(1).

does not keep a grievance log for documentation of all incoming detainee grievances (**Deficiency GS-27**⁴³).

ODO reviewed the facility's GS program and found the grievance section of the facility's detainee handbook does not provide notice of the opportunity to file a grievance both informal or formal, the procedures for filing a grievance or appeal, nor that detainees may obtain assistance in preparing a grievance (**Deficiency GS-34**⁴⁴).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 4 of those standards. ODO found 37 deficiencies in the remaining 14 standards. ODO commends facility staff for its responsiveness during this 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 (NDS 2019)	FY 2021 (NDS 2019)
Standards Reviewed	19	18
Deficient Standards	17	14
Overall Number of Deficiencies	64	37
Repeat Deficiencies	0	18
Areas of Concern	0	0
Corrective Actions	1	0

⁴³ "At a minimum, the facility will maintain a Detainee Grievance Log." *See* ICE NDS 2019, Standard, Grievance System, Section, (II)(E).

⁴⁴ "The grievance section of the facility handbook will provide notice of the following:

1. The opportunity to file a grievance, both informal and formal.
2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance.
3. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved." *See* ICE NDS 2019, Standard, Grievance System, Section, (II)(H)(1-3).