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U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Denver Field Office

Teller County Jail  
Divide, Colorado

July 20-23, 2020

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

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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 Teller County Jail (TCJ) in Divide, Colorado, from July 20-23, 2020.<sup>1</sup> The facility opened in 1996 and is owned and operated by Teller County Sheriff's Office. 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 (FOD) 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 provides 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 <sup>2</sup>	56
Average ICE Detainee Population <sup>3</sup>	14
Male Detainee Population (as of 7/20/2020)	9
Female Detainee Population (as of 7/20/2020)	0

During its last inspection, in Fiscal Year (FY) 2019,<sup>4</sup> ODO found 74 deficiencies in the following areas: Access to Legal Material (5); Admission and Release (6); Detainee Classification System (4); Food Service (9); Funds and Personal Property (4); Recreation (5); Religious Practices (5); Staff-Detainee Communication (3); Telephone Access (4); Visitation (1); Environmental Health and Safety (8); Key and Lock Control (Security, Accountability, and Maintenance) (1); Special Management Unit (Administrative Segregation) (4); Special Management Unit (Disciplinary Segregation) (4); Use of Force (10); and Medical Care (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of July 20, 2020.

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

<sup>4</sup> ODO conducted the FY 2019 inspection using the NDS 2000. TCJ has since transitioned to NDS 2019.

## 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>5</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>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>6</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 2 – Security</b>	
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
<b>Sub-Total</b>	<b>28</b>
<b>Part 4 – Care</b>	
Food Service	5
Medical Care	8
Significant Self-harm and Suicide Prevention and Intervention	5
Disability Identification, Assessment, and Accommodation	1
<b>Sub-Total</b>	<b>19</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	3
Telephone Access	4
Visitation	3
<b>Sub-Total</b>	<b>10</b>
<b>Part 6 – Justice</b>	
Detainee Handbook <sup>7</sup>	2
Grievance System	0
Law Libraries and Legal Materials	2
<b>Sub-Total</b>	<b>4</b>
<b>Total Deficiencies</b>	<b>64</b>

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

<sup>7</sup> The Detainee Handbook standard was not reviewed in its entirety. The deficiencies found in the Detainee Handbook standard were found while reviewing the Admission and Release standard.

## DETAINEE RELATIONS

ODO interviewed eight out of nine detainees housed at TCJ at the time of the inspection; each voluntarily agreed to participate. One detainee declined an interview with ODO. None of the detainees made allegations of discrimination, mistreatment, or abuse by facility staff; however, one detainee alleged that a county inmate was verbally abusive towards him. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Verbal Abuse:* One detainee stated he was comingled with a county inmate who was verbally abusive, and the inmate threatened to harm him physically. Additionally, the detainee stated he did not trust the facility staff, which was why he did not report the incident to the facility.

- Action Taken: ODO referred the detainee's complaint to facility leadership and ERO Denver. Facility staff immediately interviewed the detainee and collected specific information. Following the interview, the detainee submitted a written complaint, and the facility moved the county inmate to another housing unit and initiated an investigation. The facility completed their investigation, found the county inmate violated facility rules, and imposed disciplinary measures against the inmate.

*Law Libraries and Legal Materials:* One detainee stated he did not know how to print his legal research, nor whom to ask for help, and needed help getting his legal research printed.

- Action Taken: ODO spoke with facility staff and reviewed the detainee request log. ODO found nothing to indicate the detainee requested facility staff assist with printing his legal research. Facility staff followed up with the detainee, determined what needed to be printed, and on July 23, 2020, provided the requested assistance to the detainee.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

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

ODO reviewed TCJ's emergency response policy and found there were no written procedures for evacuating detainees with disabilities during an emergency (**Deficiency EH&S-1<sup>8</sup>**).

ODO interviewed the safety manager and found facility staff did not test the emergency generators, in accordance with the manufacturer's instructions, nor did they conduct [REDACTED] testing for other emergency equipment and systems (**Deficiency EH&S-2<sup>9</sup>**).

ODO interviewed the safety manager and found the facility's barbering areas did not have hot and cold running water (**Deficiency EH&S-3<sup>10</sup>**).

ODO reviewed general population housing unit records and found [REDACTED] did not meet the recognized industry<sup>11</sup> standard of hygiene for the minimum detainee to shower ratio (12 to 1). [REDACTED] had a capacity of [REDACTED] detainees and only two showers. ODO noted the detainee to shower ratio as an **Area of Concern**.

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO interviewed facility staff, reviewed TCJ's policy, and found the facility did not document or log strip searches conducted on detainees during the admissions process (**Deficiency A&R-1<sup>12</sup>**).

ODO reviewed the facility's orientation records and found that the facility allowed detainees to refuse participation in the orientation program. Specifically, the facility did not provide an orientation to two detainees who refused the orientation (**Deficiency A&R-2<sup>13</sup>**).

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<sup>8</sup> "The facility will develop written plans and procedures for handling emergency situations reasonably likely to occur. Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

<sup>9</sup> "Power generators will be tested according to the manufacturer's instructions. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary. Testing documentation will be retained for review." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(G).

<sup>10</sup> "1. Barber Operations

Sanitation of barber operations is of the utmost concern due to the possible transfer of diseases through direct contact or by the tools, implements, and supplies including the towels, combs, and clippers...

b. At least one lavatory/sink with hot and cold running water, or waterless hand sanitizer, will be available."

See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(b).

<sup>11</sup> The American Correctional Association standard 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.

<sup>12</sup> "Each new arrival will be searched in accordance with Standard 2.7 'Searches of Detainees'...." See ICE NDS 2019, Standard, Admission and Release, Section (II)(B).

<sup>13</sup> "All facilities shall provide detainees an orientation to the facility as soon as practicable, in a language or manner detainees can understand." See ICE NDS 2019, Standard, Admission and Release, Section (II)(I).



ODO reviewed the facility's orientation video and found that it did not show detainees how to use the telephone system (**Deficiency A&R-3<sup>14</sup>**).

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed 12 detainee files and found 1 file did not contain a documented detainee classification form (**Deficiency CCS-1<sup>15</sup>**). Prior to completion of the inspection, the facility completed a classification for the detainee.

ODO reviewed training records, interviewed supervisory staff, and found that officers assigned to classification duties were not trained in the facility's classification process (**Deficiency CCS-2<sup>16</sup>**).

ODO interviewed facility staff, reviewed 12 detainee files, and found that a supervisor did not review the classification for any of the 12 detainees (**Deficiency CCS-3<sup>17</sup>**).

Additionally, a supervisor did not review the intake officer's classification for accuracy and completeness, nor did the supervisor ensure the detainees were assigned to the appropriate housing units (**Deficiency CCS-4<sup>18</sup>**).

The facility's detainee handbook did not include an explanation of the classification levels, nor the conditions and restrictions applicable to each classification level (**Deficiency CCS-5<sup>19</sup>**).

The facility's Spanish detainee handbook did not notify detainees how to appeal their classification (**Deficiency CCS-6<sup>20</sup>**).

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

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<sup>14</sup> "...The facility orientation shall also include the following information: ...

2. How to use the telephone system to make telephone calls...."

See ICE NDS 2019, Standard, Admission and Release, Section (II)(H)(2).

<sup>15</sup> "...The classification system shall ensure:

1. All detainees are classified upon arrival, before being admitted into the general population."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(1).

<sup>16</sup> "...The classification system shall ensure: ...

2. All officers assigned to classification duties shall be trained to the facility's classification process."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(2).

<sup>17</sup> "...The classification system shall ensure: ...

4. A supervisor will review each detainee's classification."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

<sup>18</sup> "A supervisor will review the intake/processing officer's classification file for each detainee for accuracy and completeness. 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).

<sup>19</sup> "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).

<sup>20</sup> "The facility shall include a classification section in its detainee handbook which will include the following: ...

2. The procedures by which a detainee may appeal his or her classification."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(H)(2).

ODO reviewed 12 detainee files and found that 4 files did not have a forwarding address for the detainee (**Deficiency F&PP-1<sup>21</sup>**).

ODO interviewed facility staff, reviewed F&PP policy, and found that the facility did not have a written procedure for the inventory and audit of detainee funds, personal property, and valuables. Additionally, the facility did not conduct [REDACTED] audits of detainee property, nor did they maintain an audit log (**Deficiency F&PP-2<sup>22</sup>**).

ODO found that the facility did not have a written procedure for detainee property reported missing or damaged (**Deficiency F&PP-3<sup>23</sup>**).

ODO reviewed the facility's detainee handbook and found it did not notify detainees of the following: that detainees may request and receive identity documents; rules for storing and mailing property not allowed in their possession; procedures for claiming property upon release, transfer or removal; and procedures for filing a claim for lost or damaged property (**Deficiency F&PP-4<sup>24</sup>**).

## USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed TCJ's UOF&R policy and found that it permitted the facility review team 30 days to submit their after-action review to the facility administrator, instead of 5 working days as specified by the standard. Additionally, ODO reviewed documentation for one UOF incident and found that the facility administrator did not review, sign, or send the report to ERO Denver

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<sup>21</sup> "All detention facilities shall have policies and procedures to account for and safeguard detainee property at time of admission...."

1. Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property."

See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(1).

<sup>22</sup> "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).

<sup>23</sup> "Each facility shall have a written policy and procedures for detainee property reported missing or damaged.

1. All procedures for investigating and reporting property loss or damage will be implemented in a timely fashion;
2. Supervisory staff will conduct the investigation;
3. The facility will promptly reimburse detainees for all validated property losses caused by facility negligence; and
4. The facility will immediately notify ICE/ERO of all claims and outcomes."

See ICE NDS 2019, Standard, Funds & Personal Property, Section (II)(F)(1) through (4).

<sup>24</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

2. That, upon request, they will be provided a copy of identity documents (passport, birth certificate, etc.) placed in their A-files or detention files;
3. The rules for storing or mailing property not allowed in their possession;
4. The procedure for claiming property upon release, transfer, or removal; and
5. The procedures for filing a claim for lost or damaged property."

See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2) through (5).

**(Deficiency UOF&R-1<sup>25</sup>).**

ODO reviewed the UOF training curriculum and found that it did not include the following required topics: recognizing signs and symptoms of mental illness; reporting requirements; and the prohibited UOF acts and techniques **(Deficiency UOF&R-2<sup>26</sup>).**

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed administrative segregation (AS) files for three detainees the facility had placed on AS and found there was no written AS order in any of the files. Additionally, the facility did not document the date and time of release on a written AS order for any of the three detainees **(Deficiency SMU-1<sup>27</sup>).**

ODO reviewed TCJ's SMU policy and found that it did not have written procedures to regularly review a detainee's placement in AS **(Deficiency SMU-2<sup>28</sup>).**

ODO reviewed TCJ's SMU policy and found that it did not have written procedures to regularly review all disciplinary segregation (DS) cases **(Deficiency SMU-3<sup>29</sup>).**

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<sup>25</sup> "The facility review team shall complete and submit its report to the facility administrator within five working days of the incident or the detainee's release from restraints. The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate. ...The facility shall forward a copy of the After-Action Report to the local ICE/ERO Field Office Director within seven days of completion." See ICE NDS 2019, Standard, Use of Force, Section (II)(J)(5).

<sup>26</sup> "Staff shall be trained in approved methods of self-defense, crisis intervention, conflict de-escalation, use of force techniques, recognizing signs and symptoms of mental illness, and reporting requirements. Staff will be made aware of prohibited use-of-force acts and techniques." See ICE NDS 2019, Standard, Use of Force, Section (II)(L).

<sup>27</sup> "A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation..."

- a. The administrative segregation order shall be provided to the detainee within 24 hours of placement in administrative segregation, and its contents communicated to him or her in a language or manner the detainee can understand.
- b. A copy of the administrative segregation order shall be immediately provided to ICE/ERO.
- c. When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order..."

See ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2)(a) through (c).

<sup>28</sup> "All facilities shall implement written procedures for the regular placement review of all detainees held in administrative segregation, consistent with the procedures specified below..."

- a. A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation...
- b. A supervisor shall conduct an identical review after the detainee has spent seven days in administrative segregation, every week thereafter for the first 30 days, and every 10 days thereafter, at a minimum.
- c. A copy of the decision and justification in each review shall be given to the detainee....The detainee shall also be given an opportunity to appeal a review decision to the facility administrator.
- d. After seven consecutive days in administrative segregation, the detainee may exercise the right to appeal the conclusions and recommendations of any review conducted to the facility administrator...
- e. If a detainee has been in administrative segregation for more than 30 days and objects to that status, the facility administrator shall review the case to determine whether that status should continue...."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(a) through (e).

<sup>29</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases..." See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(3).

ODO requested to review SMU logs, interviewed facility staff, and found that the facility did not have a permanent SMU log to record SMU detainees' activities (**Deficiency SMU-4**<sup>30</sup>).

ODO requested to review the facility's SMU housing record form, interviewed facility staff, and found that the facility did not have an SMU housing record form (**Deficiency SMU-5**<sup>31</sup>).

ODO reviewed TCJ's SMU policy and found that the facility did not issue guidelines for detainee retention of personal property (**Deficiency SMU-6**<sup>32</sup>).

The facility's SMU policy did not include guidelines concerning the privileges detainees retain if assigned to AS or DS (**Deficiency SMU-7**<sup>33</sup>).

ODO reviewed the detainee files for three AS detainees and found that the facility did not log [REDACTED] observation checks on an [REDACTED] (**Deficiency SMU-8**<sup>34</sup>).

ODO reviewed [REDACTED] staff training files and training records and found that the facility did not train staff assigned to SMU on required specialized topics. Specifically, staff did not receive training on identifying signs of mental health decompensation, techniques for appropriate interactions with mentally ill detainees, the impact of isolation, and de-escalation techniques (**Deficiency SMU-9**<sup>35</sup>).

ODO's review of three AS detainee files found that medical staff did not conduct a health care evaluation for any of the detainees prior to their placement in SMU, nor did they conduct daily rounds in the SMU to check the detainees' well-being (**Deficiency SMU-10**<sup>36</sup>).

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<sup>30</sup> "A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)..." See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(1).

<sup>31</sup> "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU..."

a. The special housing unit officer shall immediately record...

c. Upon a detainee's release from the SMU, the releasing officer shall attach the detainee's entire housing unit record..."

See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2).

<sup>32</sup> "Each facility shall issue guidelines in accordance with this standard concerning the property detainees may retain in each type of segregation. Generally, detainees in administrative segregation shall be subject to less stringent personal property restrictions and control than those in disciplinary segregation." See ICE NDS 2019, Standard, Special Management Units, Section (II)(I).

<sup>33</sup> "Each facility shall issue guidelines in accordance with this standard concerning the privileges detainees may have in each type of segregation." See ICE NDS 2019, Standard, Special Management Units, Section (II)(J).

<sup>34</sup> "SMU staff shall observe and log observations at least every [REDACTED] on an [REDACTED]. For cases that warrant increased observation, the SMU staff shall observe detainees accordingly." See ICE NDS 2019, Standard, Special Management Units, Section (II)(K).

<sup>35</sup> "Security staff assigned to SMU shall receive training in relevant topics, such as:

1. Identifying signs of mental health decompensation;
2. Techniques for appropriate interactions with mentally ill detainees;
3. The impact of isolation; and
4. De-escalation techniques."

See ICE NDS 2019, Standard, Special Management Units, Section (II)(L)(1) through (4).

<sup>36</sup> "Detainees must be evaluated by a health care professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement)...Health care personnel shall conduct face-to-

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed TCJ's policy and found that the facility did not have written procedures to route detainee requests to ERO Denver (**Deficiency SDC-1**<sup>37</sup>).

ODO reviewed pictures of postings inside the detainee housing units and found that the facility did not have a posting that contained ERO Denver's contact information (**Deficiency SDC-2**<sup>38</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by posting ERO Denver's contact information in the detainee housing units (**C-1**).

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

ODO reviewed the facility's SAAPI documentation and found that their SAAPI policy was in draft status and had not been approved by ERO Denver, and that the facility had not implemented most of the SAAPI requirements (**Deficiency SAAPI-1**<sup>39</sup>).

## **CARE**

### **FOOD SERVICE (FS)**

ODO interviewed the food service supervisor (FSS) and found that the facility kept leftover food longer than the 24-hour maximum allowed by the standard (**Deficiency FS-1**<sup>40</sup>).

ODO interviewed facility staff, reviewed certified food service menus and the facility detainee handbook, and found that the facility did not offer detainees a common fare menu for religious

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face medical assessments at least once daily for detainees in an SMU." See ICE NDS 2019, Standard, Special Management Units, Section (II)(M).

<sup>37</sup> "...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).

<sup>38</sup> "The facility shall provide contact information for ICE/ERO and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. Contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel..." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

<sup>39</sup> "... The facility shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program. The policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct....The facility's written policy and procedures must be reviewed and approved by ICE/ERO. The facility administrator shall ensure that, within 90 days of the adoption of this detention standard, written policy and procedures are in place and that the facility is in full compliance with its requirements and guidelines. The facility must meet all other requirements in this standard which do not require written policy or procedure on the date the standard is adopted. Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocols available to the public." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>40</sup> "Prepared and properly maintained food items which have not been placed on the serving line may be retained for no more than 24 hours. Leftovers offered for service a second time shall not be retained but discarded immediately after offering. All saved prepared food shall be labeled to identify the product, preparation date, and time." See ICE NDS 2019, Standard, Food Service, Section (II)(E)(4).

diets of various faiths (**Deficiency FS-2**<sup>41</sup>).

ODO interviewed the religious services coordinator (RSC) and found that the RSC did not develop or provide a ceremonial-meal schedule for the subsequent calendar year to the facility administrator (**Deficiency FS-3**<sup>42</sup>).

ODO reviewed the hood suppression system documentation and found that the system was not serviced semi-annually as required by the standard (**Deficiency FS-4**<sup>43</sup>).

ODO interviewed the FSS and found that the facility did not conduct weekly inspections of all food service areas, including food preparation, equipment, and storage areas (**Deficiency FS-5**<sup>44</sup>).

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

ODO interviewed the health services administrator (HSA), reviewed TCJ's policy, and found that the HSA did not negotiate, or keep current, arrangements with nearby medical facilities or health care providers for detainee care unavailable within the facility (**Deficiency MC-1**<sup>45</sup>).

ODO reviewed [REDACTED] health care staff credential files and found that the professional licenses for [REDACTED] health care staff members were not primary source verified for validity at the time of employment (**Deficiency MC-2**<sup>46</sup>).

ODO reviewed 17 detainee medical records and found that in all records, facility staff who were not specially trained conducted the detainees' initial medical screenings. Additionally, ODO found a health care practitioner did not review the intra-system transfer health summaries within

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<sup>41</sup> "Facilities must make available a 'common fare' menu, which serves as the foundation to which modifications may be made to accommodate the religious diets of various faiths (e.g., for the inclusion of halal flesh-food options). Common fare represents a no-flesh protein option, offering vegetables, starches, and other foods that are not seasoned with flesh, and must be provided whenever an entrée containing flesh is offered as part of a meal..." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

<sup>42</sup> "The chaplain, in consultation with local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the subsequent calendar year, providing it to the facility administrator. This schedule shall include the date, religious group, estimated number of participants, and special foods required. Ceremonial and commemorative meals shall be prepared in the food service facility unless otherwise approved by the facility administrator." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

<sup>43</sup> "An approved, fixed, fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers, and open flame devices. A qualified contractor shall inspect the system every six months. The fire-suppression system shall be equipped with a locally audible alarm and connected to the control room's annunciator panel." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).

<sup>44</sup> "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. Staff shall check refrigerator and water temperatures daily, recording the results." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

<sup>45</sup> "...The HSA will negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available with the facility. These arrangements will include appropriate custodial officers to transport and remain with the detainee for the duration of any off-site treatment or hospital admission." See NDS 2019, Standard, Medical Care, Section (II)(A).

<sup>46</sup> "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 the clinical license." See NDS 2019, Standard, Medical Care, Section (II)(C).

12 hours of the detainees' arrival to ensure continuity of care (**Deficiency MC-3<sup>47</sup>**).

ODO found that 4 out of 17 records had no documentation of tuberculosis screening (**Deficiency MC-4<sup>48</sup>**).

A nurse conducted one detainee's physical examination, and a provider did not review the physical examination as required by the standard (**Deficiency MC-5<sup>49</sup>**).

ODO found that a nurse practitioner (NP) conducted the initial dental screenings of 17 detainees. However, the facility did not have documentation showing that a dentist trained the NP to conduct dental examinations (**Deficiency MC-6<sup>50</sup>**).

ODO found the facility did not obtain a signed medical consent form for one detainee, nor did they obtain separate informed consent forms for four detainees, prior to the administration of prescribed psychotropic medications (**Deficiency MC-7<sup>51</sup>**).

ODO reviewed initial female health assessment records, interviewed the HSA, and found that the initial health assessments did not cover the following: nursing status; history of breast and gynecological problems; history of physical or sexual victimization; and when the incidents occurred (**Deficiency MC-8<sup>52</sup>**).

ODO reviewed one medical record and found that a detainee's blood pressure reading, taken during his physical examination, was high. The medical provider gave a verbal order, telephonically, to administer clonidine to lower his blood pressure. Medical staff conducted only one follow-up blood pressure reading the next day, and it was still high. Additionally, the practitioner did not sign or review the telephonic order. ODO noted both issues as **Areas of**

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<sup>47</sup> "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....For intra-system transfers, a health care practitioner will review each incoming detainee's health record or health summary within 12 hours of arrival, to ensure continuity of care." See NDS 2019, Standard, Medical Care, Section (II)(D).

<sup>48</sup> "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." See NDS 2019, Standard, Medical Care, Section (II)(D)(1).

<sup>49</sup> "...When a physical examination is not conducted by a provider, it must be reviewed by a provider..." See NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>50</sup> "...If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, or registered nurse. Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>51</sup> "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances. Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained..." See NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>52</sup> "All initial health assessments of female detainees shall be conducted by a qualified health care practitioner. In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following: ...

b. If the detainee is currently nursing (breastfeeding); ...

f. History of breast and gynecological problems;

g. Family history of breast and gynecological problems; and

h. Any history of physical or sexual victimization and when the incident occurred...."

See NDS 2019, Standard, Medical Care, Section (II)(U)(1)(b), (f), (g) and (h).

## Concern.

ODO's review of 17 medical records found that 7 medical records belonged to Spanish-speaking detainees. Medical staff noted using a language line service to communicate with Spanish-speaking detainees in only two medical records. One out of seven medical records had a medical treatment consent form in Spanish. ODO noted the facility's inconsistent documentation of the language line service for non-English speaking detainees and their lack of using the Spanish version forms for Spanish-speaking detainees as an **Area of Concern**.

## SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed [REDACTED] facility staff training files and found that none of the [REDACTED] files had documentation indicating the staff member completed annual suicide prevention training for the preceding 12 months (**Deficiency SP&I-1**<sup>53</sup>).

ODO interviewed the mental health counselor, mental health provider (MHP), and HSA and found that mental health staff did not document MHP evaluations and re-evaluations in detainee medical records (**Deficiency SP&I-2**<sup>54</sup>).

Additionally, ODO found that the MHP kept a treatment plan for detainees identified as at risk for self-harm or suicide in a database, and not in the detainees' medical records (**Deficiency SP&I-3**<sup>55</sup>).

ODO interviewed the MHP, reviewed the facility's suicide prevention policy and records, and found that the MHP did not perform welfare checks every [REDACTED] for detainees placed on constant monitoring (**Deficiency SP&I-4**<sup>56</sup>).

ODO found that, in the event of a suicide or suicide attempt, the facility's preliminary incident report did not include relevant medical history/diagnosis as required by the standard (**Deficiency SP&I-5**<sup>57</sup>).

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<sup>53</sup> "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 NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

<sup>54</sup> "...The mental health provider's evaluation shall be documented in the medical record....Each re-evaluation must be documented in the detainee's medical record." See NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(D).

<sup>55</sup> "For a detainee who has been identified at risk for self-harm or suicide, a mental health provider will develop a treatment plan. This plan will be documented and placed in the detainee's medical record." See NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(E).

<sup>56</sup> "A mental health provider may place a detainee in a suicide-resistant cell with constant monitoring (one-to-one). A suicide-resistant cell must be free of objects and structural elements that could facilitate a suicide attempt and must be approved by a health care practitioner. The monitoring must be documented every [REDACTED] minutes or more frequently if necessary. A mental health provider will perform welfare checks every [REDACTED]." See NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>57</sup> "...The preliminary Incident Report must include detainee name, alien number, relevant medical history/diagnosis, reason for suicide placement (if applicable), date of death, and name and title of person providing information." See NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(K).



## **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)**

ODO reviewed TCJ's orientation and admission procedures and found that they did not notify detainees about the facility's disability policy, their right to request reasonable accommodations, and how to make such a request (**Deficiency DIA&A-1**<sup>58</sup>).

## **ACTIVITIES**

### **RELIGIOUS PRACTICES (RP)**

ODO interviewed the facility's religious services coordinator (RSC), reviewed religious programming records, and found that the facility had limited and discontinued certain religious practices due to COVID-19. However, TCJ did not maintain facility records describing the limited and discontinued religious programming or the reason for the limitation and discontinuance (**Deficiency RP-1**<sup>59</sup>).

ODO reviewed TCJ's religious practices policy and found that the facility did not have a policy for detainees to observe important religious holy days (**Deficiency RP-2**<sup>60</sup>).

ODO interviewed facility staff, reviewed 12 detainee files, and found that in all files, the facility did not permit detainees access to their personal religious property. Also, the facility did not record any denials of detainee access to personal religious property, or, if they did, they did not place a copy in the detainee files. Additionally, the facility did not ordinarily allow detainees to wear or use personal religious items during religious services, ceremonies, or throughout the facility (**Deficiency RP-3**<sup>61</sup>).

ODO interviewed the RSC, food service staff, and reviewed the facility detainee handbook, and found that the facility did not inform detainees how to request a religious diet, which ODO noted as an **Area of Concern**.

### **TELEPHONE ACCESS (TA)**

ODO reviewed pictures of postings inside the housing units and found that the facility did not post

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<sup>58</sup> "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).

<sup>59</sup> "When necessary for the security or good order of the facility, the facility administrator may discontinue a religious activity or practice....Facility records shall reflect the limitation or discontinuance of a religious practice, as well as the reason for such limitation or discontinuance." See ICE NDS 2019, Standard, Religious Practices, Section (II)(B).

<sup>60</sup> "A policy consistent with maintaining safety, security and the orderly operation of the facility shall be in place to facilitate the observance of important religious holy days." See ICE NDS 2019, Standard, Religious Practices, Section (II)(I).

<sup>61</sup> "Detainees shall have access to personal religious property, consistent with facility security. Any denial of access to personal religious property and the reason for it shall be documented and placed in the detention file or maintained in an [*sic*] retrievable electronic format....[T]he facility administrator shall ordinarily allow a detainee to wear or use personal religious items during religious services, ceremonies...[and] 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).

telephone access rules (**Deficiency TA-1**<sup>62</sup>).

ODO interviewed facility staff, reviewed the facility's TA policy, and found that TCJ did not allow detainees to speak by telephone with an immediate family member detained in another facility (**Deficiency TA-2**<sup>63</sup>).

ODO found that the facility did not inform detainees to contact a facility staff member if they had difficulty making a confidential call relating to a legal matter (**Deficiency TA-3**<sup>64</sup>).

ODO reviewed TCJ's policy, the facility's detainee handbook, and housing unit postings, and found that the facility did not notify detainees of the telephone access policy in a language they could understand in any of these documents. Additionally, the facility did not place a notice by each monitored telephone informing detainees their calls were subject to monitoring (**Deficiency TA-4**<sup>65</sup>).

## VISITATION (V)

ODO reviewed TCJ's visitation policy and found that the facility did not have written procedures regarding incoming property and money for detainees (**Deficiency V-1**<sup>66</sup>).

ODO found that the facility did not have written procedures allowing legal service providers and legal assistants to call the facility in advance to determine if a specific individual was detained at the facility (**Deficiency V-2**<sup>67</sup>).

ODO reviewed TCJ's orientation program and the facility's detainee handbook and found that the facility did not provide detainees with information about their right to consular access (**Deficiency V-3**<sup>68</sup>).

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<sup>62</sup> "The facility shall provide telephone access rules in the facility handbook and shall post these rules where detainees may easily see them." *See* ICE NDS 2019, Standard, Telephone Access, Section (II)(B).

<sup>63</sup> "Upon a detainee's request, the facility shall make special arrangements permitting the detainee to speak by telephone with an immediate family member detained in another facility..." *See* ICE NDS 2019, Standard, Telephone Access, Section (II)(H).

<sup>64</sup> "The facility shall ensure privacy fore detainees' telephone calls regarding legal matters....The facility shall inform detainees to contact a facility staff member if they have difficulty making a confidential call relating to a legal matter." *See* ICE NDS 2019, Standard, Telephone Access, Section (II)(J).

<sup>65</sup> "The facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees of this in a language or manner that they understand and in the facility handbook provided upon admission. The facility shall also place a notice at each monitored telephone stating:

1. That detainee calls are subject to monitoring; and
2. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation."

*See* ICE NDS 2019, Standard, Telephone Access, Section (II)(K).

<sup>66</sup> "The facility shall have written procedures regarding incoming property and money for detainees..." *See* ICE NDS 2019, Standard, Visitation, Section (II)(D).

<sup>67</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 2019, Standard, Visitation, Section (II)(G)(6).

<sup>68</sup> "In accordance with the Vienna Convention on Consular Relations of 1963 and 8 C.F.R. § 236.1(e), detainees must be advised of their right to consular access, and the ICE/ERO must facilitate this access. ICE/ERO policy and practice require that detention facilities provide all detainee individuals with notice of their rights to contact their consular

## **JUSTICE**

### **DETAINEE HANDBOOK (DH)**

ODO reviewed the Spanish version of the facility's detainee handbook and found that it had not been revised since 2007 and did not include any changes that resulted from the facility's transition to NDS 2019 (**Deficiency DH-1<sup>69</sup>**).

ODO reviewed 12 detainee files and found no documentation in any of the files that the detainees had signed an acknowledgement of receipt for the ICE National Detainee Handbook or the facility's detainee handbook (**Deficiency DH-2<sup>70</sup>**).

### **GRIEVANCE SYSTEM (GS)**

As a result of the changeover to NDS 2019, the facility created a draft grievance policy, which outlined the facility's grievance procedures and stated that grievances were to be filed within 14 days of an incident occurring. The draft policy did not specifically address grievances pertaining to sexual abuse, to include not imposing a time limit on when a detainee may submit a formal grievance regarding an allegation of sexual abuse. ODO found that no grievances alleging sexual abuse were filed in the 12 months preceding this inspection and facility staff indicated sexual abuse grievances did not have filing time limits. ODO noted the lack of clear policy and procedures related to filing grievances alleging sexual abuse as an **Area of Concern**.

### **LAW LIBRARIES AND LEGAL MATERIALS (LL&LM)**

ODO reviewed TCJ's policy and the facility's detainee handbook, interviewed facility staff, and found that the facility did not have a law library schedule to allow detainees to use the law library on a regular basis. Additionally, the facility did not allow detainees to use the designated law library for a minimum of five hours per week (**Deficiency LL&LM-1<sup>71</sup>**).

ODO found that the facility did not provide detainees with the rules and procedures governing access to legal materials in a language or manner the detainees could understand. Additionally,

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representative(s) and receive visits from their consular officer(s)...The facility shall ensure that all detainees are notified of and afforded the right to contact and receive visits from their consular officers. Such notifications shall be provided in a language or manner the detainees understand." See ICE NDS 2019, Standard, Visitation, Section (II)(I).

<sup>69</sup> "II. STANDARDS AND PROCEDURES

A. The facility will have a local handbook known as the 'facility handbook.'...

C. The handbook will be written in English and translated into Spanish and other prevalent language(s) among the facility's population, as appropriate...

E. The facility will review the handbook annually."

See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(C) and (E).

<sup>70</sup> "The facility will document and maintain a detainee acknowledgement of receipt of the ICE National Detainee Handbook and facility handbook." See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(F).

<sup>71</sup> "The facility shall devise a flexible schedule to permit all detainees, regardless of housing or classification, to use the law library on a regular basis. Each detainee shall be permitted to use the designated law library for a minimum of five (5) hours per week during a reasonable time of day." See ICE NDS 2019, Standard, Law Libraries and Legal Materials, Section (II)(F).

the facility’s law library procedures and detainee handbook did not include all required rules and procedures (**Deficiency LL&LM-2**<sup>72</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under NDS 2019 and found the facility in compliance with 2 of those standards. ODO found 64 deficiencies in the remaining 17 standards. ODO notes one instance in which staff initiated immediate corrective action during the inspection. Had ODO inspected TCJ under the NDS 2000, many of the deficiencies cited would have been repeat deficiencies from TCJ’s 2019 ODO inspection. ODO cited one deficiency in SAAPI; however, the deficiency indicated the facility was not in compliance with most of the SAAPI requirements. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (NDS 2000)</b>	<b>FY 2020 (NDS 2019)</b>
Standards Reviewed	18	19
Deficient Standards	16	17
Overall Number of Deficiencies	74	64
Repeat Deficiencies	N/A	N/A <sup>73</sup>
Corrective Actions	22	1

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<sup>72</sup> “The facility shall provide detainees with the rules and procedures governing access to legal materials, communicating their content in a language or manner the detainee understands. Such rules and procedures shall include the following information:

1. The scheduled hours of access to the law library;
2. The procedure for requesting access to the law library;
3. The procedure for requesting additional time in the law library (beyond the five hours per week minimum);
4. The procedure for requesting legal reference materials not maintained in the law library; and
5. The procedure for notifying the facility about concerns with legal access.”

*See* ICE NDS 2019, Standard, Law Libraries and Legal Materials, Section (II)(P).

<sup>73</sup> ODO did not cite any repeat deficiencies due to the facility shifting from NDS 2000 to NDS 2019 between the FY 2019 and FY 2020 inspections.