



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 San Francisco Field Office**

**Yuba County Jail
Marysville, California**

April 5-9, 2021

COMPLIANCE INSPECTION
of the
YUBA COUNTY JAIL
Marysville, California

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019	
MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	9
SAFETY	9
Environmental Health and Safety	9
SECURITY	9
Admission and Release	9
Custody Classification System	10
Facility Security and Control	10
Funds and Personal Property	10
Use of Force and Restraints	11
CARE	11
Hunger Strikes	11
Medical Care	12
Significant Self-Harm and Suicide Prevention and Intervention.....	13
CONCLUSION	14

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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 Yuba County Jail (YCJ) in Marysville, California, from April 5 to 9, 2021.¹ The facility opened in 1962, is owned by Yuba County, and is operated by the Yuba County Sheriff's Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at YCJ in 1994 under the oversight of ERO's Field Office Director (FOD) in San Francisco (ERO San Francisco). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned a detention services manager to the facility. A YCJ captain handles daily facility operations and manages [REDACTED] support personnel. Yuba County provides food services and Wellpath provides medical care at the facility. The facility holds no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	31
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of April 5, 2021)	[REDACTED]
Female Detainee Population (as of April 5, 2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 29 deficiencies in the following areas: Environmental Health and Safety (4); Admission and Release (3); Custody Classification System (2); Funds and Personal Property (5); Use of Force and Restraints (3); Special Management Units (3); Sexual Abuse and Assault Prevention and Intervention (2); Food Service (1); Medical Care (1); Disability Identification, Assessment and Accommodation (1); Telephone Access (1); Detainee Handbook (1); Grievance System (1); and Law Libraries and Legal Materials (1).

¹ This facility holds male and female 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.*

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.⁴

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5&6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	4
Sub-Total	4
Part 2 – Security	
Admission and Release	4
Custody Classification System	1
Facility Security and Control	1
Funds and Personal Property	4
Use of Force and Restraints	3
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	13
Part 4 – Care	
Food Service	0
Hunger Strikes	4
Medical Care	7
Significant Self-Harm and Suicide Prevention and Intervention	3
Disability Identification, Assessment, and Accommodation	0
Sub-Total	14
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	31

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁶ 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

ODO interviewed 6 out of the [REDACTED] detainees at YCJ who each voluntarily agreed to participate; the remaining [REDACTED] detainees declined to interview. 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 conducted detainee interviews via video teleconference.

Medical Care: One detainee stated he put in a sick call request for chest and left knee pain in mid-December 2020 and was evaluated shortly after that visit but was not informed of the test results.

- Action Taken: ODO reviewed the detainee's medical file and interviewed the nurse practitioner (NP) and acting health services administrator (HSA) on their findings from their medical record review of the detainee in question. YCJ admitted the detainee on December 20, 2019, and during his 14-day initial health assessment on January 1, 2020, he reported a history of trauma to the left knee caused by a machete. He received prescriptions for two pain medications, Tylenol and Ibuprofen, to be taken according to his level of pain. He was seen again for left knee pain on the following dates: April 30, 2020; May 3, 2020; May 27, 2020; October 5, 2020; and December 12, 2020. His pain medications were renewed on these following dates: April 30, 2020; June 23, 2020; July 12, 2020; and August 28, 2020. On May 27, 2020, the detainee was given a knee-sleeve brace, which was changed for a larger size on October 5, 2020. On December 12, 2020, the YCJ physician examined the detainee, ordered x-rays of the left knee, and scheduled the detainee for knee injections. On December 27, 2020, the completed x-rays showed arthritis and post-operative changes in the left knee. A week after taking x-rays of the detainee's left knee, the NP informed the detainee of the results during a visit to the medical unit; however, this encounter was not documented. ODO determined and confirmed with YCJ medical staff that the detainee received knee injections on April 13, 2021.

The detainee was first seen on January 12, 2020, for complaints of chest pain. After examining the detainee, YCJ medical staff attributed the chest pain to a history of acid reflux. The detainee was seen again for related chest pain and tightness on the following dates: April 30, 2020; August 28, 2020; August 31, 2020; September 1, 2020; and October 1, 2020. He received prescriptions for Tums, Pepcid, and Prilosec, which are antacid medications for acid reflux. During the detainee's medical appointments, he described his chest pain as sharp, intermittent, transitory, and sometimes burning. An electrocardiogram (EKG) test was performed on April 30, 2020, and August 28, 2020, and both EKG test results were normal. A YCJ physician examined the detainee on September 1, 2020, and scheduled a cardiac enzyme laboratory test for September 2, 2020. The lab test result was within the normal range.

ODO confirmed the YCJ NP examined the detainee on April 6, 2021, and educated him on the x-ray and laboratory results and a treatment plan. The YCJ NP instructed the detainee to submit a sick call request if his conditions worsened.

Medical Care: One detainee stated he underwent a diabetes test 7 months prior to the inspection and was identified as pre-diabetic. Furthermore, he stated YCJ's medical staff informed he would receive a follow-up exam by the YCJ medical staff after 6 months; however, the 6-month follow-up did not occur.

- Action Taken: ODO reviewed YCJ medical documentation and interviewed the YCJ NP and acting HSA on their findings from a medical record review of the detainee in question. YCJ admitted the detainee on July 8, 2020, and his intake screening and 14-day initial health assessment were unremarkable. As part of the YCJ disease surveillance and prevention program, a chart review on October 29, 2020, revealed the NP ordered baseline lab tests for diabetes and cholesterol. The detainee refused lab test appointments scheduled for October 30, 2020, October 31, 2020, and November 2, 2020. On November 3, 2020, the detainee accepted an appointment for a blood draw and lab tests. On November 17, 2020, the NP reviewed the results with the detainee; his hemoglobin A1c, a test for diabetes detection, was within the pre-diabetic values. The detainee was educated on diet, exercise, and healthy commissary choices, and informed he would have follow-up lab tests in April 2021. On April 6, 2021, the YCJ medical staff examined the detainee and advised him of his pending follow-up lab tests. ODO confirmed the detainee's next scheduled blood draw for cardiac enzymes on April 16, 2021. After the conclusion of the inspection, ODO confirmed with the YCJ medical staff that the detainee's blood had been tested early for the cardiac enzymes on April 3, 2021.

Personal Hygiene: Four detainees stated soap was not replenished at YCJ on an as-needed basis. They stated YCJ can take anywhere from 1 to 3 days to replenish soap for detainees.

- Action Taken: ODO discussed the complaint with YCJ's leadership and verified by interviews and pictures that YCJ provided soap to detainees upon request. The issuance of the soap may be in the form of a single large soap bar or a small soap bar contained within a personal hygiene kit. ODO also determined availability of hygiene kits in the YCJ control room and confirmed YCJ facility staff restocked the control room with three boxes, each containing 50 large soap bars, on Tuesday, April 6, 2021. This resupply ensured availability of soap for detainees. Although the hygiene kits contained small soap bars and larger soap bars were available upon request, ODO found that YCJ did not provide each detainee with one container of skin lotion as required. For additional details on this finding, see the Admission and Release section of the report.

Telephone Access: One detainee stated the free call speed dial list in one of the YCJ housing units had not been updated since 2018.

- Action Taken: ODO discussed the complaint with YCJ leadership on April 6, 2021, and determined the housing unit had both a current and outdated 2018 speed dial list. YCJ leadership informed ODO they failed to remove the outdated list from the housing unit. ODO determined corrective action was taken by YCJ on April 6, 2021, by removing the outdated list from the housing unit to prevent further confusion.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the administrative sergeant and maintenance officer, reviewed chemical inventories for the maintenance department, and found no perpetual inventory for hazardous chemicals: [REDACTED]

[REDACTED] (Deficiency EHS-3⁷).

ODO interviewed the administrative sergeant and maintenance officer, reviewed chemical inventories, and found inventory accountability logs were not maintained for hazardous chemicals: [REDACTED]

[REDACTED] (Deficiency EHS-4⁸).

ODO interviewed the administrative sergeant, reviewed the contents of the [REDACTED] and found documentation of reviews were not maintained in the Safety Data Sheet (SDS) master file (Deficiency EHS-9⁹).

ODO interviewed the administrative sergeant and maintenance officer, reviewed chemical inventories, and found inventory records were not kept current before, during, nor after each use for hazardous chemicals: [REDACTED]

[REDACTED] (Deficiency EHS-16¹⁰).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed pictures of personal hygiene kits and the YCJ detainee handbook and found the kits did not include a container of skin lotion. ODO interviewed the intake supervisor and found skin lotion was only available for purchase in the commissary (Deficiency AR-16¹¹).

ODO reviewed the YCJ orientation manual and 12 detainee files and found YCJ had not provided 6 out of 12 detainees with an orientation to YCJ within 72 hours of their arrival. Specifically, 4 out of 12 detainees were at YCJ more than a year before YCJ documented their orientation, and 2 out of 12 detainees did not have a completed orientation documented in their files (Deficiency

⁷ “Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ “Inventory records will be maintained for each substance.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ “Documentation of reviews will be maintained in the SDS master file.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁰ “Inventory records for a hazardous substance must be kept current before, during, and after each use.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹¹ “Staff shall provide detainees with articles necessary for maintaining proper hygiene.” See ICE NDS 2019, Standard, Admission and Release, Section (II)(E). Additional relevant citation: “Each detainee shall receive, at a minimum, the following items: ...

6. One container of skin lotion.” See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F)(6).

AR-25¹²). This is a repeat deficiency.

ODO reviewed the YCJ orientation manual and 12 detainee files and found 2 out of 12 detainee files did not include a signed acknowledgement by the detainee that they received both the ICE National Detainee Handbook and YCJ's detainee handbook. Additionally, 4 out of 12 detainees did not receive the ICE National Detainee Handbook or a YCJ detainee handbook until January 6, 2021, more than a year after their arrival at YCJ (**Deficiency AR-26¹³**).

ODO reviewed five detainee release files and found one out of five files did not contain an Order to Detain or Release form (Form I-203) authorizing the release of the detainee. Additionally, ODO interviewed the YCJ intake supervisor and found detainees were not fingerprinted as part of the release procedures (**Deficiency AR-28¹⁴**). **This is a repeat deficiency.**

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the YCJ classifications manual and 12 detainee files. ODO found YCJ's reclassifications manual requires YCJ staff to reclassify all general population detainees every 30 days; however, 12 out of 12 detainees' reclassifications were done 60 to 90 days after their initial classification and exceeded the 30-day requirement. Furthermore, YCJ did not reclassify 2 out of 12 detainees between June 2020 and November 2020 (**Deficiency CCS-23¹⁵**).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the YCJ visitor's sign-in logbook, interviewed a YCJ sergeant, and found the logbook did not have entries documenting the person or department visited nor the purpose of the visit (**Deficiency FSC-17¹⁶**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed YCJ's quarterly property inventories conducted on October 13, 2020, and March 4, 2021, and found they did not include the time the audits were conducted (**Deficiency FPP-20¹⁷**). **This is a repeat deficiency.**

ODO reviewed YCJ's inmate property manual and found YCJ's written policy did not include a

¹² "If ICE/ERO provides an orientation video, all reasonable efforts should be made to show it within 72 hours of a detainee's admission." See ICE NDS 2019, Standard, Admission and Release, Section (II)(H).

¹³ "Upon admission, every detainee will receive an ICE/ERO National Detainee Handbook and a facility handbook." See ICE NDS 2019, Standard, Admission and Release, Section (II)(I).

¹⁴ "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 and Release, Section (II)(J).

¹⁵ "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

¹⁶ "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).

¹⁷ "The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

provision for supervisory staff to conduct an investigation following a detainee's report of missing or damaged property (**Deficiency FPP-30**¹⁸). **This is a repeat deficiency.**

ODO interviewed the intake supervisor, reviewed the inmate property manual, and found YCJ did not promptly reimburse detainees for valid property losses caused by YCJ's negligence. Specifically, YCJ procedures require the detainee to file a claim for reimbursement with the clerk of the board of supervisor's office should the detainee choose to pursue reimbursement after making a claim (**Deficiency FPP-31**¹⁹). **This is a repeat deficiency.**

ODO reviewed YCJ's detainee handbook and found it did not notify detainees of the procedures for mailing property not allowed in their possession (**Deficiency FPP-34**²⁰). **This is a repeat deficiency.**

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed two immediate UOF files and found the after-action review (AAR) team did not complete and submit one out of two after-action reports to the YCJ administrator within 5 days of the incident. Instead, the report was submitted 10 days after the incident (**UOFR-90**²¹). **This is a repeat deficiency.**

ODO reviewed two immediate UOF files and found the AAR reports in both files were never submitted nor forwarded to ERO San Francisco within 7 days of completion (**UOFR-93**²²). **This is a repeat deficiency.**

ODO reviewed two immediate UOF files and found a YCJ sergeant who participated in both UOF incidents was also part of the AAR team for one out of two UOF incident AARs (**UOFR-95**²³).

CARE

HUNGER STRIKES (HS)

ODO reviewed training records for [REDACTED] custody staff and requested to review training records for [REDACTED] medical staff. ODO found all custody staff completed the required hunger strike training;

¹⁸ "Each facility shall have a written policy and procedure for detainee property reported missing or damaged. ...

2. Supervisory staff will conduct the investigation." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(2).

¹⁹ "Each facility shall have a written policy and procedure for detainee property reported missing or damaged. ...

3. The facility will promptly reimburse detainees for all validated property losses caused by facility negligence." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(3).

²⁰ "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

3. The rules for storing or mailing property not allowed in their possession." See ICE NDS 2019, Standard Funds and Personal Property, Section (II)(H)(3).

²¹ "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." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

²² "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 and Restraints, Section (II)(J)(5).

²³ "No officer involved in the use of force shall be part of the review team." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K).

however, YCJ did not provide the [REDACTED] medical staff training records to ODO and ODO was unable to verify [REDACTED] medical staff completed their required hunger strike training (**Deficiency HS-1**²⁴).

ODO reviewed hunger strike information in the medical records of three detainees who had been on hunger strike and found no documentation the physician ordered the termination of hunger strike treatment in three out of three medical records reviewed (**Deficiency HS-32**²⁵).

ODO reviewed hunger strike information in the medical records of three detainees who had been on hunger strike and found no record of the orders to terminate hunger strike treatment in three out of three medical records reviewed (**Deficiency HS-33**²⁶).

ODO reviewed the electronic detention file event summary for three detainees who had been on hunger strike and found it did not document when the detainees ended their respective hunger strikes (**Deficiency HS-34**²⁷).

MEDICAL CARE (MC)

ODO reviewed the credential files of [REDACTED] medical staff and found [REDACTED] credential files did not contain primary source verification to confirm valid professional licensure for the [REDACTED] medical staff to include: [REDACTED] contract x-ray technician, [REDACTED] licensed vocational nurse (LVN), [REDACTED] physicians, [REDACTED] dentist, and [REDACTED] licensed clinical social worker (**Deficiency MC-11**²⁸).

ODO reviewed the medical records of 12 detainees and found YCJ did not complete the health assessments for 3 out of 12 detainees within 14 days of the detainees' arrival. Specifically, YCJ completed one assessment in 15 days and two assessments in 16 days (**Deficiency MC-27**²⁹).

ODO requested the training records of [REDACTED] medical staff who performed health assessments; however, YCJ did not provide ODO with the requested training record for [REDACTED] registered nurse and ODO was unable to verify the staff member completed the required training (**Deficiency MC-28**³⁰). **This is a repeat deficiency.**

²⁴ "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).

²⁵ "Only a physician may order the termination of hunger strike treatment." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(F).

²⁶ "The order shall be documented in the detainee's medical record." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(F).

²⁷ "A notation shall be made in the detention file or retrievable electronic record when the detainee has ended the hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(F).

²⁸ "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).

²⁹ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

³⁰ "Health assessments shall be performed by a physician, physician assistant, nurse practitioner, registered nurse (RN) (with documented initial and annual training provided by a physician), or other health care practitioner, as permitted by law." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

ODO reviewed the medical records of 12 detainees and found YCJ did not complete the initial dental screenings for 3 out of 12 detainees within 14 days of the detainees' arrival. Specifically, the facility completed one assessment in 15 days and two assessments in 16 days (**Deficiency MC-43**³¹).

ODO requested the training records of [REDACTED] medical staff who performed dental exams; however, YCJ did not provide ODO with the requested training record for [REDACTED] registered nurse and ODO was unable to verify the staff member completed the required training (**Deficiency MC-45**³²).

ODO reviewed the medical file of a detainee who arrived at YCJ with prescribed psychotropic medications. ODO found the staff provider continued the detainee's medication regimen while at YCJ; however, YCJ's medical staff did not obtain a separate informed consent form prior to the administration of the psychotropic medication (**Deficiency MC-93**³³).

ODO reviewed YCJ's detainee handbook and found the handbook did not include instructions for the detainee nor their representatives to request and receive medical records (**Deficiency MC-102**³⁴).

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

ODO reviewed the YCJ training records of [REDACTED] correctional staff and attempted to review the training records of [REDACTED] medical staff. YCJ did not provide ODO with the requested training documentation for [REDACTED] medical staff: [REDACTED] coverage nurse and an LVN, and ODO was unable to verify the staff members completed their required training (**Deficiency SSHPI-2**³⁵).

ODO interviewed a YCJ mental health provider and a licensed marriage and family therapist (LMFT) and found the mental health providers conduct welfare checks of detainees placed in a suicide-resistant cell with constant monitoring at least every [REDACTED] and not [REDACTED] hours as required by the standard (**Deficiency SSHPI-22**³⁶).

ODO interviewed a YCJ mental health provider and an LMFT and found the mental health

³¹ "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

³² "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).

³³ "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 ICE NDS 2019, Standard, Medical Care, Section (II)(O).

³⁴ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

³⁵ "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).

³⁶ "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] or more frequently if necessary. A mental health provider will perform welfare checks every [REDACTED] See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

providers conduct welfare checks of detainees placed on close observation status at least every [REDACTED] and not every [REDACTED] as required by the standard (**Deficiency SSHSPI-28**³⁷).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 9 of those standards. ODO found 31 deficiencies in the remaining 9 standards, which included 9 repeat deficiencies. 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	14	9
Overall Number of Deficiencies	29	31
Repeat Deficiencies	5	9
Areas of Concern	0	0
Corrective Actions	1	0

³⁷ "Only a mental health provider may remove a detainee from constant monitoring (one-to-one). A mental health provider may immediately move or later place the detainee under close observation status. A detainee on close observation may be housed in general population or other medical or suicide-resistant housing, as appropriate. A detainee on close observation shall be regularly monitored. The monitoring shall consist of staggered checks at intervals not to exceed [REDACTED] (e.g., every [REDACTED] and be documented. A mental health provider will perform welfare checks every [REDACTED]." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).