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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**

June 8-11, 2020

CONTINGENCY INSPECTION
of the
YUBA COUNTY JAIL
Marysville, California

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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 an inspection of the Yuba County Jail (YCJ) in Marysville, California, from June 8 to 11, 2020.¹ The facility opened in 1962 and is owned by Yuba County and 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 Deportation Officers to the facility. A YCJ Captain handles daily facility operations and is supported by █ personnel. Yuba County provides food services and Wellpath provides medical care at the facility. The facility has no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	192
Average ICE Detainee Population ³	165
Male Detainee Population (as of 6/8/2020)	69
Female Detainee Population (as of 6/8/2020)	0

During its last inspection, in FY 2017, ODO found 17 deficiencies in the following areas: Admission and Release (2); Detainee Classification System (2); Detainee Handbook (1); Food Service (3); Funds and Personal Property (1); Environmental Health and Safety (1); Special Management Unit (Administrative Segregation) (2); Use of Force (1); Medical Care (1); and Sexual Abuse and Assault Prevention and Intervention (3).

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 May 26, 2020.

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	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	4
Sub-Total	4
Part 2 – Security	
Admission and Release	3
Custody Classification System	2
Funds and Personal Property	5
Use of Force and Restraints	3
Special Management Units	3
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	2
Sub-Total	18
Part 4 – Care	
Food Service	1
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	3
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	1
Visitation	0
Sub-Total	1
Part 6 – Justice	
Detainee Handbook ⁶	1
Grievance System	1
Law Libraries and Legal Materials	1
Sub-Total	3
Total Deficiencies	29

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

⁶ ODO did not inspect this standard in its entirety.

DETAINEE RELATIONS

ODO interviewed 10 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Food Service: Some detainees complained by the time the food reached the housing units, it is generally cold.

- Action Taken: ODO was unable to conduct an on-site inspection of this facility and instead conducted a remote inspection, ODO was unable to verify the validity of this claim. YCJ facility leadership discussed the issue with the facility food services manager. The feed times were scheduled to be changed 15 minutes later to prevent the food from being served early due to required headcounts. ODO was also informed staff will monitor detainee complaints regarding this issue and make adjustments as necessary. See the Food Service section of this report for more information.

Voluntary Work Program: One detainee stated he wanted to volunteer to work in the jail. He further stated he submitted a request form to work, but was denied, and was not told why his request was denied.

- Action Taken: Facility leadership spoke to the detainee on June 8, 2020, and informed him of the facility's policy not allowing ICE detainees to work in the jail because of security concerns. No further action was requested by the detainee.

Funds and Personal Property: One detainee stated he submitted a request form about a week ago for access to obtain a transitional housing acceptance letter in his property. The detainee stated he had not received a response for his request.

- Action Taken: ODO discussed the issue with the local ICE/ERO and determined they had not received a request form from the detainee about the letter in his property. The local ICE/ERO stated they recently spoke to the detainee about the condition of his release and the condition of his parole to be placed in transitional housing. Additionally, the local ICE/ERO case officer spoke with the detainee's Attorney on Record, who stated she is working with a parole board to get him placed in transitional housing. Furthermore, ICE's Office of the Principal Legal Advisor had been notified the local ICE/ERO had not received any certificate of acceptance into a transitional housing program for the detainee. ODO was informed before the end of the inspection the detainee would be scheduled access to his property.

Medical Care: One detainee expressed concerns of mental health issues during the interview.

- Action Taken: ODO immediately referred the detainee to both the local ICE/ERO and facility medical staff for follow-up. ODO reviewed the detainee's medical file and spoke directly with the facility HSA who confirmed the detainee receives psychotropic

medication for anxiety and panic attacks. ODO confirmed through his medical file he had been seen at least six times by mental health staff since May 14, 2020. He was scheduled to be seen by the mental health social worker on June 11, 2020, for a 30-day follow-up appointment. The medical staff also stated they use the language line when interacting with the detainee and he had not submitted any sick call request forms in the last month. Lastly, ODO was informed the detainee had been compliant with his anti-anxiety and sleep medication and the medical staff will continue to monitor him closely.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

Y CJ was unable to provide documentation of the most recent annual tests for the facility sprinkler system (**Deficiency EH&S-1⁷**), and for the facility smoke detection system during the inspection (**Deficiency EH&S-2⁸**).

ODO reviewed the Y CJ Fire Prevention, Evacuation and Control Plan policy and found the policy was last reviewed on April 4, 2019. Furthermore, the plan did not contain procedures for detainees with disabilities, as required by the standard (**Deficiency EH&S-3⁹**).

ODO reviewed documentation and found fire drills are conducted monthly; however, detainees are not evacuated during fire drills (**Deficiency EH&S-4¹⁰**).

SECURITY

ADMISSION AND RELEASE (AR)

Y CJ policy and the local detainee handbook did not provide the detainees procedures for contacting the ERO Detention Officer handling their cases (**Deficiency AR-1¹¹**).

ODO found seven out of 12 detainee files did not contain documentation the detainees received

⁷ “The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and OSHA, national, state, and local fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters’ Laboratories or Factory Mutual Engineering Corporation. Such topics will include, but are not limited to, fire safety codes; regular fire and safety inspections; a fire prevention, control and evacuation plan and fire drills.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

⁸ “The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and OSHA, national, state, and local fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters’ Laboratories or Factory Mutual Engineering Corporation. Such topics will include, but are not limited to, fire safety codes; regular fire and safety inspections; a fire prevention, control and evacuation plan and fire drills.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

⁹ “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. 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).

¹⁰ “The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and OSHA, national, state, and local fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters’ Laboratories or Factory Mutual Engineering Corporation. Such topics will include, but are not limited to, fire safety codes; regular fire and safety inspections; a fire prevention, control and evacuation plan and fire drills.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

¹¹ “The facility orientation shall also include the following information:

1. Procedures for the detainee to contact ERO deportation officer handling his/her case.” See ICE NDS 2019, Standard, Admission and Release, Section (II)(H)(1).

orientation to the facility (**Deficiency AR-3¹²**).

A review of one detainee release file provided by YCJ found the file did not contain an Order to Detain and Release, Form I-203 (**Deficiency AR-4¹³**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee files provided by YCJ and confirmed initial classification was completed within 12 hours of admission to the facility; however, one out of 12 files reviewed did not have the supervisor's approval for the initial classification (**Deficiency CCS- 1¹⁴**).

ODO reviewed the housing unit rosters and found one Level 1 female detainee housed in the same unit as a Level 3 detainee (**Deficiency CCS-2¹⁵**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed detention files and found one out of 12 files did not contain a receipt for funds received during the intake process (**Deficiency F&PP-1¹⁶**). Specifically, the deputy remarked the facility staff processed funds using the booking checklist, but there was no receipt in the detainee file.

ODO reviewed the inventory log and found it did not contain the time the audit was conducted, and the Inmate Property Procedures (#E-201) policy did not indicate the facility administrator was notified of any discrepancies (**Deficiency F&PP-2¹⁷**).

YCJ Inmate Property Procedures (#E-201) policy only addressed missing property. However, the policy did not contain the procedures for investigating and reporting property loss or damage, supervisory staff conducting the investigation, prompt reimbursement for validated losses, and

¹² "All facilities shall provide detainees an orientation to the facility as soon as practicable, in a language or manner detainees can understand. The orientation must include facility operations, programs, and services, grievance process information, and other rules and requirements." See ICE NDS 2019, Standard, Admission and Release, Section (II)(H).

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 and Release, Section (II)(J).

¹⁴ "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).

¹⁵ "All facilities shall ensure detainees are housed according to their classification level. 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). **This is a Repeat Deficiency.**

¹⁶ "Each facility shall have a written standard procedure for inventory and receipt of detainee funds and valuables. Each detainee shall be given a receipt for all property held until release." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(2).

¹⁷ "The facility's logs will indicate the date, time and name of 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).

reporting claims and outcomes to the local ICE/ERO (**Deficiency F&PP-3¹⁸**).

ODO reviewed detainee detention files and found three out of 12 files did not contain a forwarding address for the detainee's personal property or funds (**Deficiency F&PP-4¹⁹**).

The local detainee handbook did not contain procedures to request a copy of identity documents from the detainee's A-file or detention file; rules for storing or mailing property not allowed in the detainee's possession; procedures for claiming property upon release, transfer or removal; and procedures for filing a claim for lost or damaged property (**Deficiency F&PP-5²⁰**).

USE OF FORCE AND RESTRAINTS (UOF&R)

One out of three UOF video recordings reviewed was not catalogued and preserved and was subsequently lost in the change of video monitoring systems at the facility (**Deficiency UOF&R-1²¹**).

ODO reviewed documentation and found the after-action review team did not complete and submit two out of three after-action reports to the facility administrator within five days of the incident (**Deficiency UOF&R-2²²**). Further review found three out of three completed after-action review reports were not forwarded to the ICE/ERO FOD within seven days of completion (**Deficiency UOF&R-3²³**).

¹⁸ "Each facility shall have a written policy and procedure 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 and Personal Property, Section (II)(F)(1-4).

¹⁹ "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).

²⁰ "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 any identity document (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 procedures 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)(2-5). **This is a Repeat Deficiency.**

²¹ "Video, audio, and other recordings shall be catalogued and preserved until no longer needed, but for no less than 30 months after their last documented use. In the event of litigation, the facility will retain the recording for a minimum of six months after the conclusion/resolution of the litigation." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(4).

²² "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." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

²³ "The review team shall determine whether the incident requires further investigation or referral to law enforcement. 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).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed documentation and interviewed the administrative sergeant and found there was no SMU log available for supervisory staff and other officials to record their visit to the unit (**Deficiency SMU-1²⁴**).

ODO reviewed the weekly Administrative Segregation (AS) housing unit records for twelve months preceding the inspection and found the medical staff did not sign each detainee's record documenting their visit (**Deficiency SMU-2²⁵**). However, after consultation with the health services administrator and review of detainee medical files, ODO confirmed medical rounds were completed and documented in the detainees' medical records. ODO also found the officers did not print and sign their name on the weekly AS housing unit records as required by the standard (**Deficiency SMU-3²⁶**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action for both deficiencies by developing a form, to be used daily, with the signature block for medical staff and an area for the officers to print and sign their names (**C-1**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO could not determine the date the facility's written policies and procedures had been reviewed and approved by the local ICE/ERO (**Deficiency SAAPI-1²⁷**).

ODO found the facility did not consistently maintain documentation of detainee participation in the SAAPI instruction session (**Deficiency SAAPI-2²⁸**).

²⁴ "The SMU log shall record the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date (for detainees in disciplinary segregation), the authorizing official, and date released. These logs shall also be used by supervisory staff and other officials to record their visits to the unit." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(1).

²⁵ "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 Unit, Section (II)(D)(2)(b). **This is a Repeat Deficiency.**

²⁶ "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:

- 1) Whether the detainee ate, showered, recreated and took any medication; and
- 2) Any additional information, such as whether the detainee has a medical condition, or has expressed or exhibited suicidal/assaultive ideation, intent, or behavior.
- 3) The officer that conducts the activity shall print his or her name and sign the record."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a). **This is a Repeat Deficiency.**

²⁷ "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, , Section (II)(A).

²⁸ "The facility shall maintain documentation of detainee participation in the instruction session." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F). **This is a Repeat Deficiency.**

CARE

FOOD SERVICE (FS)

ODO interviewed the Food Service Manager (FSM) reviewed photographs and determined common fare meals were not served on disposable trays. Additionally, separate cutting boards, knives, food scoops, and food inserts were not utilized during food preparation of the common fare meals (**Deficiency FS-1²⁹**).

MEDICAL CARE (MC)

ODO reviewed the detainee medical records and confirmed the physician reviewed the completed health assessments performed by the registered nurse (RN). Although RNs received training to conduct health appraisals by the nurse practitioner, there is no documentation of training conducted by the physician (**Deficiency MC-1³⁰**).

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

The facility had not developed a policy and processes for external notifications to the local ICE/ERO on approvals and denials of detainees with disabilities (**Deficiency DIA&A-1³¹**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO found detainees are not always granted access to free direct legal calls within eight waking hours and less than 24 hours of the request (**Deficiency TA-1³²**).

²⁹ “Common-fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common-fare service only. Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare common-fare foods and shall be identified accordingly.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

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).

³¹ “The facility shall notify ICE/ERO as soon as practicable, but no later than 72 hours, after the facility has completed its interactive process to assess the needs of any detainee with a communication or mobility impairment. This notification must include, at a minimum, a. The nature of the detainee’s disability or impairment; b. The accommodation requested by the detainee or required; and c. The facility’s plan to accommodate the detainee. The facility shall notify ICE/ERO in writing within 72 hours of any denial of any accommodation’s requests. This notification must include, at a minimum, a. The nature of the detainee’s disability; b. The accommodation requested by the detainee; c. The reason for denial; and d. Any steps the facility has taken to address the detainee’s needs.” See ICE NDS 2019, Standard, Disability Identification, Assessment and Accommodation, Section, (II)(H)(1-2).

³² “Staff will allow detainees to make direct, free calls as described above as soon as possible after the request, factoring in the urgency expressed by the detainee. Generally, access will be granted within eight (facility-established) waking hours of the detainee's request, excluding the hours between lights-out and morning resumption of scheduled activities. The detainee shall always be granted access within 24 hours of his or her request. Incidents of delays extending beyond eight (waking) hours must be documented and reported to ICE/ERO.” See ICE NDS 2019, Standard, Telephone Access, Section, (II)(E).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO found seven out of 12 detainee detention files reviewed did not contain an acknowledgement of receipt for the ICE National Detainee and local detainee handbooks (**Deficiency AR-2**³³).

GRIEVANCE SYSTEM (GS)

ODO found the facility did not forward all detainee grievances containing allegations of staff misconduct to the local ICE/ERO (**Deficiency GS-1**³⁴).

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO found the facility allows detainees to request additional legal material not available in the law library. However, the facility did not inform the local ICE/ERO of the requests for additional legal material (**Deficiency LL&LM-1**³⁵).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with five of those standards. ODO found 29 deficiencies in the remaining 14 standards. ODO commends facility staff for their responsiveness and cooperation during this contingency inspection and notes there were one instance where staff initiated immediate corrective action during the inspection. ODO also acknowledges the great strides the facility has made since April 2020 in complying with the NDS 2019 and exhorts the facility to continue to adopt facility-wide policies and procedures that meet all NDS 2019 requirements.

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

Compliance Inspection Results Compared	FY 2017 (NDS 2000)	FY 2020 (NDS 2019)
Standards Reviewed	16	19
Deficient Standards	10	14
Overall Number of Deficiencies	17	29
Deficient Priority Components	1	0
Repeat Deficiencies	N/A	5
Corrective Actions	3	1

³³ "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).

³⁴ "The facility must forward all detainee grievances containing allegations of staff misconduct to ICE/ERO." See ICE NDS 2019, Standard, Grievance System, Section, (II)(F).

³⁵ "Detainees who require additional legal material not available in the law library may request additional information. The facility shall inform ICE/ERO of the request as quickly as possible." See ICE NDS 2019, Standard, Law Libraries and Legal Material, Section, (II)(G).