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Office of Professional Responsibility

Inspections and Detention Oversight Division

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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO St. Paul Field Office
Hall County Department of Corrections
Grand Island, NE**

June 13-15, 2017

**COMPLIANCE INSPECTION
for the
HALL COUNTY DEPARTMENT OF CORRECTIONS
Grand Island, Nebraska**

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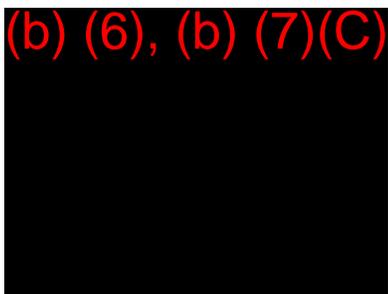
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COMPLIANCE INSPECTION TEAM MEMBERS



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FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), conducted a compliance inspection of the Hall County Department of Corrections (HCDC) in Grand Island, Nebraska from June 13-15, 2017.¹ The HCDC opened in July of 2008. It is owned and operated by the Hall County Sheriff's Department. The Office of Enforcement and Removal Operations (ERO) began housing detainees at HCDC in December of 2008, pursuant to a United States Marshals Service (USMS) Intergovernmental Service Agreement (IGSA), under the oversight of ERO Field Office Director (FOD) in St Paul.

This facility is not assigned a Detention Services Manager or other ERO officers. The Facility Director is responsible for oversight of daily facility operations and is supported by [REDACTED] personnel. Aramark Inc. provides food services and Advance Correctional Healthcare provides medical care. The HCDC is not contractually obligated to comply with any part of the ICE Performance-Based National Detention Standards (PBNDS) 2011 and does not hold any accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	68
Average ICE Detainee Population ³	40
Male Detainee Population (as of 6/13/2017)	86
Female Detainee Population (as of 6/13/2017)	1

In FY 2014, ODO conducted a compliance inspection of the HCDC in accordance with the requirements of 16 of the National Detention Standards (NDS) 2000. As a result, ODO found 20 deficiencies in the following standards: Detainee Classification System (1 deficiency), Detainee Grievance Procedures (3), Food Service (4), Funds and Personal Property (1), Medical Care (1), Sexual Abuse and Assault Prevention and Intervention (1), Special Management Unit – Disciplinary Segregation (1), Staff- Detainee Communication (4), Telephone Access (3), and Use of Force (1).

¹ This facility holds male and female detainees with low, medium low, medium high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List Report as of April 10, 2017.

³ *Ibid.*

FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	0
Detainee Grievance Procedures	3
Detainee Handbook	1
Food Service	5
Funds and Personal Property	3
Staff-Detainee Communication	5
Telephone Access	1
Sub-Total	20
Part 2 – Security and Control	
Environmental Health and Safety	6
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	7
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	1
Sub-Total	3
Total Deficiencies	30

⁴ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

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 over 72-hours to assess compliance with ICE National Detention Standards (NDS) 2000 or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection; these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

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

DETAINEE RELATIONS

ODO interviewed 18 detainees, each of whom volunteered to participate. None of the detainees made allegations of discrimination mistreatment, or abuse. The majority of detainees reported being satisfied with facility services, with the exception of the below concerns.

Admission and Release: Five detainees claimed they had been strip-searched numerous times since intake.

- Action Taken: ODO interviewed facility staff and reviewed the HCDC policy and found strip-searches are in fact conducted when detainees temporarily leave the facility for court appearances, hospitals runs, etc. See the *Compliance Inspection Findings: Searches* section of this report for further information.

Admission and Release: Four detainees claimed when they run out of hygiene items they must purchase replacements from the commissary.

- Action Taken: ODO interviewed facility staff and found detainees are provided initial hygiene items at no cost; however, subsequent hygiene items must be purchased from the commissary. Additionally, though indigent detainees are provided with replacement items, they are billed for each item and funds are drawn from their detainee account once they reach sufficient levels. See the *Compliance Inspection Findings: Admission and Release* section of this report for further information.

Admission and Release: One detainee requested a color version of the National Detainee Handbook, due to lack of vision in one eye which makes it hard to read.

- Action Taken: Upon inquiry from ODO, the ERO Supervisory Detention and Deportation Officer (SDDO) issued the detainee a color version of the handbook.

Telephone Access: One detainee claimed telephone rates are expensive.

- Action Taken: ODO reviewed the HCDC telephone rates and determined the detainee phone rate for an interstate call is \$3.75 per minute which exceeds the Federal cap rate of .25 cents established by the Federal Communications Commission (FCC). See the *Compliance Inspection Findings: Telephone Access* section of this report for further information.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO's review of documentation confirmed that HCDC routinely strip searches all detainees prior to their transportation for various services (e.g. hospital runs, court hearings, etc.) (**Deficiency AR-1⁶**). HCDC has an ERO waiver approved July 22, 2016 for strip searches when detainees are initially booked into the facility; however, the waiver does not include strip searches of detainees after admission or transport.

During detainee interviews, ODO found HCDC does not replenish personal hygiene items as needed. Detainees are directed to purchase additional hygiene items through the commissary. Indigent detainees are provided additional items as needed. However, they are billed for the items and funds are drawn on their account once they acquire sufficient funds to cover the items (**Deficiency AR-2⁷**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

Through interviews with facility staff and subsequent review of detainee detention files, ODO found that resolved oral grievances are not documented for the record and placed in the detainee's detention file (**Deficiency DGP-1⁸**).

Through interviews of facility staff, ODO found that because the grievance system is electronic, copies of detainee grievances are not placed in the detainee's detention file. A review of a sample of detention files confirmed they do not contain copies of submitted grievances (**Deficiency DGP-2⁹**).

Through review of the HCDC handbook and interviews with facility staff, ODO found that the Grievance section of the handbook did not provide notice to the detainees regarding the opportunity to file an informal grievance; additionally, the facility's handbook does not inform

⁶ "Facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitored showering, and other required exposure of the private parts of a detainee's body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession." See Change Notice: Admission and Release-National Detention Standard Strip Search Policy, dated October 15, 2007.

⁷ "Staff shall provide male and female detainees with the items of personal hygiene appropriate for, respectively, men and women. They will replenish supplies as needed." See ICE NDS 2000, Standard, Admission and Release, Section (III)(G).

⁸ "If an oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome; however, the staff member will document the results for the record and place his/her report in the detainee's detention file. See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(1). **This is a repeat deficiency.**

⁹ "A copy of the grievance will remain in the detainee's detention file for at least three years." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(E)(1). **This is a repeat deficiency.**

detainees of the facility's policy preventing staff from retaliating against any detainee for filing a grievance (**Deficiency DGP-3¹⁰**).

DETAINEE HANDBOOK (DH)

ODO found the facility handbook does not address providing translation services to detainees as required by the standard (**Deficiency DH-1¹¹**).

FOOD SERVICE

ODO observed that kitchen operations are inspected daily and all workers wore gloves, hair-nets, and disposable aprons; however, the workers were wearing their facility-issued uniforms and not distinct sanitary uniforms as required by the standard. (**Deficiency FS-1¹²**).

ODO's review of medical documentation found pre-employment exams were not consistently completed on all civilian employees, and one inmate worker had not received a purified protein derivative (PPD) skin test to rule out tuberculosis prior to working in the kitchen (**Deficiency FS-2¹³**).

Corrective Action: The inmate worker was removed from the kitchen work detail pending medical clearance. Additionally, HCDC provided documentation of employee medical clearances for all kitchen staff prior to the end of the inspection (**C-1**).

There were no temporary releases during ODO's inspection which would have required the issuance of sack meals. However, ODO's interview of food service personnel found that sack meals only contain one sandwich, not two as required by standard (**Deficiency FS-3¹⁴**).

¹⁰ "The grievance section of the detainee handbook will provide notice of the following: The opportunity to file a grievance, both informal and formal." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(1). **This is a repeat deficiency.**

¹¹ "While every detention handbook will conform to the format used in the attached example, every OIC will customize the contents as shown. The handbook will be written in English and translated into Spanish and, if appropriate, into the next most-prevalent language(s) among the facility's detainees. The OIC will provide translation assistance to detainees exhibiting literacy or language problems and those who request it. This may involve translators from the private sector or from the detainee population." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(E).

¹² "Detainee food service workers shall be provided with and use clean white uniforms while working in a food preparation area or on the serving line." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(2)(d).

¹³ "All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. The food service workers' examination shall be conducted in sufficient detail to determine absence of: Acute or chronic inflammatory condition of the respiratory system, acute or chronic infectious skin disease, communicable disease and acute or chronic intestinal infection." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a)(b). **This is a repeat deficiency.**

¹⁴ "Each sack (meal) shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork)." See ICE NDS 2000, Standard, Food Service, Section (III)(G)(6)(c). **This is a repeat deficiency.**

ODO's inspection of the kitchen restrooms found they were clean, provided hand soap dispensers, paper towels, and had signs hung requiring handwashing prior to returning to work; however, ODO found the water temperatures for the sinks in both the detainee and staff restrooms were between 84-89 degrees Fahrenheit, which is 20-30 degrees below the required minimum temperature range (**Deficiency FS-4¹⁵**).

Recommendation: ODO encourages HCDC to begin using hand sanitizer to supplement handwashing until the required temperatures can be obtained (**RC-1**).

ODO's inspection of HCDC's dish washing operations found the water temperature for the final rinse was not maintained at the required temperature of 180 degrees Fahrenheit (**Deficiency FS-5**).

Corrective Action: Prior to completion of the inspection, HCDC initiated corrective action by implementing the use of chemical sanitization on all utensils and trays (**C-2**).

FUNDS AND PERSONAL PROPERTY (FP&P)

A review of the HCDC detainee handbook found it does not notify detainees that, upon request, they will be provided an ERO-certified copy of any identity document placed in their A-files. In addition, the handbook does not notify the detainees of the procedures for filing a claim for lost or damaged property (**Deficiency F&PP 1¹⁶**).

ODO found the property room to be clean, well-organized, and well ventilated. However, as ODO and a facility staff member reconciled a detainee's physical property with the requisite property inventory form, currency in the form of a \$2.00 bill was found in a detainee's property bag, although it was not listed on the corresponding property inventory form (**Deficiency F&PP-2¹⁷**).

ODO also found multiple identity documents stored in detainee personal property which had not been forwarded to ERO for proper placement in the detainee's A-file (**Deficiency F&PP 3¹⁸**).

¹⁵ "All facilities shall meet the following environmental standards: A ready supply of hot water (105-120 degrees F); and lavatories shall have readily available hot and cold water." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(i),(9)(b).

¹⁶ "The detainee handbook or equivalent shall notify the detainees of the facility policies and procedures concerning personal property, including: that, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files, and the procedures for filing a claim for lost or damaged property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2)(5).

¹⁷ "Each facility shall have a written standard procedure for the inventory and receipt of detainee funds and valuables." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(D).

¹⁸ "Identity documents, such as passports, birth certificates, etc., will be held in the detainee's A-file. Upon request, staff will provide the detainee with a copy of the document, certified by an INS official to be a true and correct copy." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(3). **This is a repeat deficiency.**

STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed notices highlighting the Department of Homeland Security, Office of Inspector General hotline posted in each housing unit; however, the Detainee Reporting Information Line (DRIL) notice was posted in only two of the nine detainee housing units (**Deficiency SDC-1¹⁹**).

ODO reviewed 12 months of Facility Liaison Checklists and verified ERO personnel make weekly visits to the facility's living and activity areas. However, the visiting officers do not consistently document visits to the Special Management Unit (SMU) to interview detainees housed there (**Deficiency SDC-2²⁰**).

ODO's review of the electronic logbook found detainee requests are consistently responded to within the 72 hours. However, ODO's review also found that the facility's electronic logbook continues to lack two required elements: the detainee's A-number and their nationality (**Deficiency SDC-3²¹**).

ODO's review of the HCDC detainee request processes also found that as a matter of practice HCDC does not file a copy of the completed detainee request in the detainee's detention file (**Deficiency SDC-4²²**).

ODO's review of the facility handbook regarding Staff Detainee Communication found it did not contain information stating detainees had the opportunity to submit written questions, requests, or concerns to ERO staff or the procedures for doing so (**Deficiency SDC-5²³**).

TELEPHONE ACCESS (TA)

ODO reviewed the HCDC telephone rates and discovered that the detainee telephone rate for an interstate call is \$3.75 cents per minute which exceeds the Federal cap rate of \$0.25 cents per minute established by the Federal Communications Commission (FCC) (**Deficiency TA-2²⁴**).

¹⁹ "ERO Field Offices should post copies of the updated DRIL poster in all over-72-hour detention facilities and holding facilities. Postings should include areas where it will be accessible to detainees (in housing areas, dining halls, law libraries, etc.) and visitors to detainees (in visitation areas, etc.)." *See* ICE Broadcast "DRIL Policy and Guidance" dated 6 June 2017.

²⁰ "The ICE officer will also visit the facility's Special Management Units (SMU) to interview any ICE detainees housed there, monitor housing conditions, review detainees' classification and basis for placement in the SMU, and review all records in this regard." *See* ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(A)(2)(b).

²¹ "All requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain: ...A-number ... [and] Nationality...." *See* ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B)(2)(c)(d). **This is a repeat deficiency.**

²² "All requests shall be recorded in a logbook specifically designed for that purpose." *See* ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B)(2). **This is a repeat deficiency.**

²³ "The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request." *See* ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B)(3). **This is a repeat deficiency.**

²⁴ "Since Feb. 11, 2014, FCC rate caps for interstate calls are: \$0.25 per minute for collect calls and \$0.21 per minute for debit or pre-paid calls. Charges on inmate calls that exceed these interim rate caps are in violation of federal rules." *See* Change Notice: FCC Telephone Rate Cap-October 22, 2015.

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO's review of the HCDC hazardous materials and substances program confirmed the facility has a current and accurate system for storing, issuing, and maintaining its inventories; however, there was no documentation to verify the index is reviewed semi-annually or that a copy of the master index was sent to the local fire department as required (**Deficiency EH&S-1²⁵**).

ODO's verification of HCDC's fire prevention, control, and evacuation plan met most of the requirements of the standard, but it failed to include the control of combustible and flammable fuel load sources (**Deficiency EH&S-2²⁶**).

ODO's review of HCDC fire drill documentation found there were no records of fire drills for June, July, and December of 2016, and staff interviews identified no drill was conducted in January 2017. Furthermore, the drills which were conducted lacked the timing of the emergency keys as required by the standard (**Deficiency EH&S-3²⁷**).

Corrective Action: Prior to completion of the inspection, HCDC initiated corrective Action by modifying the fire drill report form to include a section for recording the timing of emergency keys (**C-3**).

ODO reviewed HCDC backup generator documentation and found the facility has a contract in place to provide for quarterly testing and servicing of the generator. However, the quarterly checks had not been conducted since April 2016 (**Deficiency EH&S-4²⁸**).

ODO's review of sharps which pose a security risk found that medical sharps and syringes are not inventoried weekly (**Deficiency EH&S-5²⁹**).

HCDC's Bio-hazardous medical waste is removed by Stericycle, Inc., a licensed transporter. However, blood-borne pathogens protection and clean-up kits are not available (**Deficiency EH&S-6³⁰**).

²⁵ "The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master index file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

²⁶ "Every institution will develop a fire prevention, control, and evacuation plan to include, among other things, the following: Control of combustible and flammable fuel load sources." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(3)(b).

²⁷ "Monthly fire drills will be conducted and documented separately in each department.... Emergency-key drills will be included in each fire drill, and timed." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

²⁸ "The emergency generator will also receive quarterly testing and servicing from an external generator-service company." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

²⁹ "An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION)(SMU-AS)

HCDC does not maintain a running log of detainees assigned to the Special Management Unit (SMU). Facility staff reported there were ten instances of placement in Administrative Segregation (AS) during the year preceding the inspection. All cases were pending disciplinary hearings with stays ranging from four to eight days at the time of their hearing. ODO confirmed administrative segregation orders were issued; however, status reviews were not completed as required by the standard (**Deficiency SMU AS-1**³¹).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO observed detainee privacy is not maintained during patient encounters with medical personnel. Specifically, nursing staff conduct medical intake screening of detainees in the presence of detention officers in the booking area, in the examination room or in the adjacent doorway. (**Deficiency MC-1**³²).

ODO reviewed 25 medical files and found nine detainees did not have a medical intake screening conducted within 12 hours of arrival (**Deficiency MC-2**³³).

SUICIDE PREVENTION AND INTERVENTION

ODO's review of HCDC's Suicide Prevention and Intervention program found facility policy does not require consultation with the clinical director (CD) to release a detainee from suicide watch (**Deficiency SP&I-1**³⁴).

³⁰ "A suitable cleanup kit will be maintained for use in cases of spills of blood and body fluids. Cleanup kits may be obtained from commercial sources, or kits may be put together by INS HSD staff or leading health care provider." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(3).

³¹ "All facilities shall implement written procedures for the regular review of all administrative detention cases, consistent with the procedures specified below. In SPCs/CDFs, a supervisory officer shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

³² "Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examination and treatment in private." See ICE NDS 2000, Standard, Medical Care, Section (III)(B).

³³ "All new arrivals receive initial medical and mental health screening immediately upon their arrival by a health care provider or an officer trained to perform this function." See ICE NDS 2000, Standard, Medical Care, Section (III)(D). **This is a Repeat Deficiency.**

³⁴ "A detainee formerly under suicide watch may be returned to general population upon written authorization from the CD." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 15 standards and found the facility compliant with just four. ODO found a total of 30 deficiencies in the remaining 11 standards. ODO notes the total number of ICE detainees housed at HCDC during this inspection was nearly half of the detained population housed at this facility during ODO's last inspection in FY 2014. ODO found ten repeat deficiencies and a significant increase in deficiencies since its last inspection. It appears this increase may be attributable to insufficient documentation and logging practices across several standards. ODO recommends ERO work with the facility to remedy all deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Inspection Results Compared	FY 2014 (NDS 2000)	FY 2017 (NDS 2000)
Standards Reviewed	16	15
Deficient Standards	10	11
Overall Number of Deficiencies	20	30
Deficient Priority Components	N/A	N/A
Corrective Action	N/A	3