



**U.S. Department of Homeland Security**

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 Atlanta Field Office**

**Irwin County Detention Center**

**Ocilla, Georgia 31772**

**March 7-9, 2017**

**COMPLIANCE INSPECTION  
for the  
IRWIN COUNTY DETENTION CENTER  
OCILLA, GEORGIA**

**TABLE OF CONTENTS**

**OVERVIEW**  
 Facility Overview.....1  
 Findings by Performance-Based National Detention Standard (PBNDS) 2008 Major  
 Categories .....2

**COMPLIANCE INSPECTION PROCESS** .....3

**DETAINEE RELATIONS** .....4

**COMPLIANCE INSPECTION FINDINGS**

**SAFETY**  
 Environmental Health and Safety.....6

**SECURITY**  
 Admission and Release .....7  
 Classification System .....7  
 Special Management Units.....7  
 Staff-Detainee Communication.....7  
 Use of Force and Restraints.....8

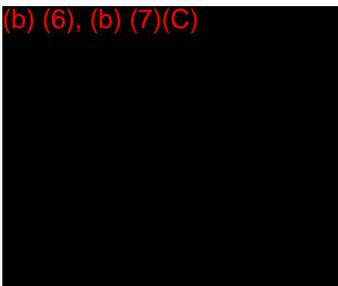
**CARE**  
 Medical Care .....8

**ACTIVITIES**  
 Telephone Access.....10

**JUSTICE**  
 Grievance System.....10  
 Law Libraries and Legal Materials .....10

**CONCLUSION** .....11

\* \* **COMPLIANCE INSPECTION TEAM MEMBERS** \* \*



Section Chief (Team Lead)	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections

## FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Irwin County Detention Center (ICDC) in Ocilla, Georgia, from March 7-9, 2017.<sup>1</sup> ICDC opened in January 1991 and is owned by Irwin County and has been operated by LaSalle Corrections since September 2007. The Office of Enforcement and Removal Operations (ERO) started housing U.S. Immigration and Customs Enforcement (ICE) detainees in September 2010 pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in Atlanta.

ERO staff members are detailed to the facility. A Detention Services Manager has not been assigned to the facility. A Jail Administrator is responsible for oversight of daily facility operations and is supported by (b) (7) personnel. LaSalle Corrections provides detainee medical services, and the Trinity Food Company provides food services. ICDC is accredited by the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	512
Average Daily ICE Detainee Population <sup>3</sup>	630
Male Detainee Population (as of 3/6/2017)	430
Female Detainee Population (as of 3/6/2017)	200

In FY 2013, ODO conducted a compliance inspection of the ICDC under the Performance-Based National Detention Standards (PBNDS) 2008. ODO reviewed the facility's compliance with 20 standards and found the facility compliant with 11 standards. ODO found 15 deficiencies in the remaining nine standards.

---

<sup>1</sup> Male and female detainees with low, medium, and high security classification levels are detained at the facility for longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of March 6, 2017.

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

## FY 2017 FINDINGS BY PBNDS 2008 MAJOR CATEGORIES

PBNDS 2008 STANDARDS INSPECTED <sup>4</sup>	DEFICIENCIES
<b>Part 1 - Safety</b>	
Environmental Health and Safety	5
<b>Sub-Total</b>	<b>5</b>
<b>Part 2 - Security</b>	
Admission and Release	1
Classification System	1
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	2
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>6</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	9
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>9</b>
<b>Part 5 - Activities</b>	
Telephone Access	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
Grievance System	1
Law Libraries and Legal Materials	2
<b>Sub-Total</b>	<b>3</b>
<b>Total Deficiencies</b>	<b>26</b>

<sup>4</sup> For greater detail on ODO's findings, see the *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.<sup>5</sup> ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. 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 hosts 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 develop and initiate 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.

---

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

## DETAINEE RELATIONS

ODO interviewed 39 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

*Medical Care:* One detainee explained he was an asthmatic and was told by medical staff he would get two inhalers per month for his condition. He complained his inhalers might run out, and the facility might not refill his prescription.

- Action Taken: ODO reviewed the detainee's medical record and determined he was prescribed and received two inhalers with sufficient medication for 30 days. Medical staff informed the detainee both inhalers would be refilled after 30 days.

*Medical Care:* One detainee complained he had recently undergone surgery and was not receiving dressing changes twice per day (as prescribed).

- Action Taken: ODO reviewed the detainee's medical record and found that on February 22, 2017, the detainee was evaluated by facility medical staff. On February 24, 2017, the detainee was transferred to a local medical center where he was diagnosed with a medical condition and underwent surgery. He was discharged from the medical center on March 3, 2017, and returned to medical observation at ICDC. After release to general population ODO found medical staff failed to follow discharge medical orders and provide dressing changes twice per day (as prescribed). ODO addressed this issue with medical staff who instituted dressing changes for the detainee in accordance with the discharge summary.

*Medical Care:* One detainee claimed he twisted his ankle over a month ago and as of March 7, 2017, had not seen a doctor.

- Action Taken: A review of the detainee's medical records confirmed that on March 2, 2017, the detainee was seen by an off-site specialist to evaluate his ankle. On March 6, 2017, the detainee underwent x-rays at Tifton Medical Center. Tests revealed no fractures. Upon return to the facility, the Nurse Practitioner provided the detainee with follow up care.

*Medical Care:* One detainee claimed that medical staff refused to provide medications.

- Action Taken: ODO reviewed the detainee's medical and pharmacy records and found medications were prescribed and administered in accordance with the treatment plan. However, records indicate the detainee failed to show up for supervised medication administration on February 27, 2017, February 28, 2017, and March 1, 2017. Upon further inquiry with medical staff, ODO confirmed the detainee was scheduled for a tele-psychiatry evaluation on March 8, 2017.

*Medical Care:* One detainee claimed he requested medical attention three weeks prior to the ODO inspection for on and off tooth pain and had not been seen as of March 7, 2017.

- Action Taken: ODO reviewed the detainee's medical record. The detainee arrived at ICDC on February 7, 2017, and reported a history of on and off tooth pain during the

screening process. On February 14, 2017, a physical assessment and oral exam revealed no abnormal findings. ODO reviewed the detainee's medical record, sick call logs, and did not find evidence of a sick call request. Medical staff spoke with the detainee and explained sick call procedures and how to obtain an appointment.

*Food Service:* Seven detainees complained the facility food portions were too small. Several detainees also claimed they receive lunch and dinner within one hour of each other leaving them hungry for the rest of the day.

- Action Taken: ODO observed meal preparation and determined food portions were adequate and that detainees are provided nutritionally balanced diets. ODO reviewed the facility's master-cycle menu and found it was certified by a registered dietician based on a complete nutritional analysis. ODO reviewed the meal schedule and determined all housing unit meal times allow an adequate amount of time between meals (longer than the hour claimed).

*Detainee Handbook:* Eighteen detainees stated they did not receive the ICE National Detainee Handbook and facility handbook during intake. Also, three Haitian Creole speaking detainees complained they were issued Spanish language handbooks which they did not understand.

- Action Taken: ODO observed the admission process at ICDC and noted that detainees are given both handbooks during intake. Additionally, ODO reviewed the detention files of the 18 detainees and found they all signed for both the ICE National Detainee Handbook and the local supplement during the admissions process. Before ODO's departure from the facility, the SDDO provided Haitian Creole language handbooks to the three detainees.

# INSPECTION FINDINGS

## SAFETY

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

ODO found the sanitation of most facility areas to be acceptable with the exception of the Special Management Units (SMU) and medical unit. ODO observed SMU cells had graffiti on the walls, their vents and windows were covered with paper, garbage and refuse containers were not emptied, and the floors were dirty. In medical unit cells, ODO observed floors needed to be mopped, walls wiped down, toilets cleaned, and trash and refuse removed. Staff and detainees do not maintain a high standard of facility sanitation and general cleanliness (**Deficiency EH&S-1<sup>6</sup>**).

*Corrective Action:* Prior to the completion of the inspection, ODO observed the cells had been cleaned and sanitized (**C-1**).

In the medical examination rooms, floors and patient examination tables were dirty and dust was observed on horizontal surfaces. Waste containers were overfilled and in need of cleaning (**Deficiency EH&S-2<sup>7</sup>**).

ODO observed sharps containers being filled above capacity. For example, as a nurse emptied an over-filled sharps container into a bio-hazardous materials waste bag, a used needle fell out, creating the potential for injury due to a needle stick. There is not an established uniform procedure for the safe handling and disposal of used needles and other potentially sharp objects (**Deficiency EH&S-3<sup>8</sup>**).

ODO also found poor accountability for medical sharps. In the secure pharmacy, inventories of sharps were not current and the counts were inaccurate. Sharps in examination rooms were not secured and not reflected in the inventory. ODO also found sharps in the emergency medical bag which were not reflected on any inventory. Items that pose a security risk such as sharp instruments, syringes and needles are not being inventoried and checked weekly (**Deficiency EH&S-4<sup>9</sup>**).

---

<sup>6</sup> “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (V)(C).

<sup>7</sup> “While many of the following considerations, precautions, and specific procedures apply to situations that typically arise in medical operations, in many cases they have general application to all facility operations....

1. All horizontal surfaces shall be damp-dusted daily with an approved germicidal solution. 2. Windows, window frames, and windowsills shall be cleaned on a regular schedule, but do not require daily cleaning. 3. Furniture and fixtures shall be cleaned daily. 4. Floors shall be mopped daily and when soiled using the double-bucket mopping technique. The cleaning solution shall be a hospital disinfectant detergent solution mixed according to the manufacturer’s directions. A clean mop head shall be used each time the floors are mopped. 5. Waste containers shall be lined with plastic bags and the liner shall be changed daily. The container itself shall be washed at least weekly, or as needed when it becomes soiled.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VIII)(F)(1)(a)(1)(2)(3)(4)(5).

<sup>8</sup> “An established uniform procedure shall be established for the safe handling and disposal of used needles and other potentially sharp objects (sharps) to prevent both mechanical injury and the percutaneous transmission of infectious disease organisms, such as hepatitis B virus (HBV) and human immunodeficiency virus (HIV).” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VIII)(A).

<sup>9</sup> “Items that pose a security risk, such as sharp instruments, syringes, needles, and scissors, shall be inventoried and checked weekly by an individual designated by the medical facility’s Health Service Administrator (HSA) or equivalent.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VIII)(D).

Barbering is conducted by detainee workers under the supervision of correctional staff. Inspection of the barber shop--while not in operation--found hair clippings in the cabinets, drawers, and on barbering tools. ODO also observed instruments such as combs and clippers used successively on detainees without proper cleaning and disinfecting (**Deficiency EH&S-5<sup>10</sup>**).

## **SECURITY**

### **ADMISSION AND RELEASE (AR)**

Orientation procedures at the facility are handled by an English-speaking case manager in conjunction with a Spanish-speaking officer. However, at the time of inspection, ERO had not approved ICDC's orientation procedures (**Deficiency AR-1<sup>11</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by requesting and receiving ERO written approval of its orientation procedures (**C-1**).

### **CLASSIFICATION SYSTEM (CS)**

ODO reviewed detainee files and confirmed timely reclassification reviews were completed in accordance with policy. However, ICDC failed to produce documentation evidencing reclassification was completed for all 50 detainees released from disciplinary segregation in the year preceding the inspection (**Deficiency CS-1<sup>12</sup>**).

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

The facility logs segregated detainee activities on Detainee Observation Forms. However, ODO found they were not consistently maintained. There were inconsistent entries documenting detainee acceptance or refusal of meals, showers, and/or recreation (**Deficiency SMU-1<sup>13</sup>**).

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

On-site ICE staff conducts weekly scheduled visits at the facility and observes overall living conditions. However, after reviewing documentation and facility logbooks, and interviewing

---

<sup>10</sup> "Sanitation in barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels shall not be reused by other detainees until sanitized. Instruments such as combs and clippers shall not be used successively on detainees without proper cleaning and disinfecting. 3. After each detainee visit, all hair care tools that came in contact with the detainee shall be cleaned and effectively disinfected." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (IX)(3).

<sup>11</sup> "Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

<sup>12</sup> "A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation, and at any other time when additional, relevant information becomes known. Reclassification may occur as a result of an assault, a criminal act, or victimization." See ICE PBNDS 2008, Standard, Classification System, Section (V)(B).

<sup>13</sup> "A permanent log shall be maintained in the SMU to record all activities concerning the SMU detainees, such as the meals served, recreational time, and visitors." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(1).

staff, ODO determined unannounced visits are not consistently conducted and documented at least weekly at the facility (**Deficiency SDC-1<sup>14</sup>**).

After reviewing the electronic detainee request logbook, ODO determined there was no documentation confirming all detainee requests were responded to. Additionally, a number of requests were not responded to within 72 hours of receipt. Late responses were from 4 to 21 days late (**Deficiency SDC-2<sup>15</sup>**).

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

There were eleven (11) use-of-force incidents the year preceding the inspection: nine (9) immediate, and two (2) calculated. ODO's review found each use-of-force file contained proper written documentation; however, there was no video recording for the two calculated use-of-force incidents (**Deficiency UOF&R-1<sup>16</sup>**). The facility provided after action reports documenting use of the video camera during the incidents; however, the relevant videos were inadvertently erased.

## **CARE**

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

ODO found all medical licenses in healthcare staff credential files were current but not primary source verified. Prior to completion of the inspection, the Georgia Professional Licensing Board provided the facility and ODO with documented verification of credentials. However, ODO's review of twenty randomly selected training files found current cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) certifications were not present in all healthcare personnel files (**Deficiency MC-1<sup>17</sup>**).

The facility lacks policies and procedures that address inventory or designating responsibility for management of emergency medical response bags. Inspection of the emergency medical response bags found they were not inventoried and contained expired injectable medications and needles and syringes which were not accounted for. In addition, ODO found syringes and needles in the examination rooms which were neither secured nor inventoried; in the secured medication room, needles and syringe counts were neither current nor accurate (**Deficiency MC-2<sup>18</sup>**).

---

<sup>14</sup> "These unannounced visits shall be conducted at least weekly. Each facility shall develop a method to document the unannounced visits and ICE/DRO staff shall document their visits to IGSA's." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1). **This is a repeat deficiency.**

<sup>15</sup> "The staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

<sup>16</sup> "While ICE/ERO requires that all use-of-force incidents be documented and forwarded to ICE/ERO for review, for calculated use of force, it is required that the entire incident be audio visually recorded." See ICE PBNDS 2008, Standard, Use of Force and Retraints, Section (V)(I)(2).

<sup>17</sup> "Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care. A plan shall be prepared in consultation with the facility's clinical medical authority or the administrative health authority. The plan will include the following: ... All detention staff shall receive cardio pulmonary resuscitation (CPR, AED), and emergency first aid training annually." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(O). **This is a priority component.**

<sup>18</sup> "Each facility shall have a written policy and procedures for the management of pharmaceuticals that include: Secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes and

ODO reviewed 35 intake screening forms and confirmed completion of intake screenings within 12 hours of admission. However, the intake screening forms were inconsistently reviewed by the clinical medical authority or designee to assess priority for treatment (**Deficiency MC-3<sup>19</sup>**). Additionally, mental health information, medical history sections, and medication sections were incomplete or left blank (**Deficiency MC-4<sup>20</sup>**).

ODO reviewed 35 medical records and found three detainees had not received health appraisals or dental screenings and two detainees received appraisals and screenings outside of the required 14-day timeframe (**Deficiency MC-5<sup>21</sup> and Deficiency MC-6<sup>22</sup>**). ODO did not find evidence of medical staff having completed required training (**Deficiency MC-7<sup>23</sup>**).

ODO found facility medical records were not organized in a uniform or orderly manner, and many documents were awaiting filing at the time of inspection (**Deficiency MC-8**).<sup>24</sup> ODO found copies of general consent for treatment forms in all records reviewed; however, detainees receiving psychotropic medications did not sign specific consent for medication forms (**Deficiency MC-9<sup>25</sup>**).

---

needles. *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(F). **This is a priority component and a repeat deficiency.**

<sup>19</sup> “The clinical medical authority shall be responsible for review all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today or Routine).” *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(I)(1). **This is a repeat deficiency.**

<sup>20</sup> “The screening shall inquire into the following: Any past history of serious infectious or communicable illness, and any treatment or symptoms; Current illness and health problems, including communicable diseases; Pain assessment; Current and past medication; Allergies; Past surgical procedures; Symptoms of active TB or previous TB treatment; Dental problems; Use of alcohol and other drugs; Possibility of pregnancy; Other health programs designated by the responsible clinical medical authority; Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating; History of suicide attempts or current suicidal/homicidal ideation or intent; Observation of body deformities and other physical abnormalities; Questions and an assessment regarding past or recent sexual victimization.” *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(I)(1). **This is a priority component.**

<sup>21</sup> “Each facility’s health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals.” *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(J). **This is a priority component and a repeat deficiency.**

<sup>22</sup> “An initial dental screening exam shall be performed within 14 days of the detainee’s arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, registered dental hygienist, or registered nurse.” *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(M).

<sup>23</sup> “Health care personnel perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.” *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(B). **This is a priority component.**

<sup>24</sup> “The administrative health authority shall maintain a complete health record on each detainee that is: Organized uniformly in accordance with recognized medical records standards.” *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(U). **This is a priority component.**

<sup>25</sup> “For any additional procedure, a separate documented informed consent will be obtained.” *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(T). **This is a priority component.**

## **ACTIVITIES**

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

ODO did not observe posters in each housing unit advising detainees of telephone access rules (**Deficiency TA-1**<sup>26</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by posting telephone rules in each housing unit (**C-2**).

The facility's telephone system has a recorded message that advises detainees calls are subject to monitoring and has posted written notices in English and Spanish. However, ODO did not observe procedures for obtaining unmonitored calls in detainee housing units (**Deficiency TA-2**<sup>27</sup>). The facility also failed to notify detainees by way of the facility handbook that telephone calls are subject to monitoring (**Deficiency TA-3**<sup>28</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by posting procedures for obtaining unmonitored calls and by updating the facility handbook (**C-3**).

## **JUSTICE**

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

The facility handbook informs detainees they may file a formal, written grievance no later than five days after the event, or after the unsuccessful conclusion of an informal grievance. Therefore, the detainee cannot file a formal grievance at any time as required by the standard (**Deficiency GS-1**<sup>29</sup>).

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

The facility handbook informs detainees of the law library hours and schedule and their ability to request additional law library hours. However, the facility handbook did not contain information that Lexis/Nexis was being used at the facility and that instructions for its use were available (**Deficiency LL&LM 1**<sup>30</sup>).

---

<sup>26</sup> "Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them in a language they can understand." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(C).

<sup>27</sup> "At each monitored telephone, place a notice that states: The procedure for obtaining an unmonitored call to a court, a legal representative, or for the purposes of obtaining legal representation." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(B).

<sup>28</sup> "Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall: Notify detainees in the Detainee Handbook or equivalent provided upon admission. See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(B).

<sup>29</sup> "A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(1).

<sup>30</sup> "The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: 8. If applicable, that Lexis/Nexis is being used at the facility and that instructions for its use are available." See ICE PBNDS 2008, Standard, Law Library and Legal Material, Section (V)(O)(8).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by revising the facility handbook to reflect information and instructions on the use of Lexis/Nexis at the facility for the next reprint (C-4).

ODO inspected each law library and did not find appropriate Lexis/Nexis instructions posted at each computer station, a list of up-to-date legal material holdings, and rules and procedures governing access to legal materials (**Deficiency LL&LM 2**<sup>31</sup>).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by posting Lexis/Nexis instructions, rules and procedures governing access to legal materials, and a list of the library’s holdings in each law library (C-5).

## CONCLUSION

ODO reviewed the facility’s compliance with 15 standards and found the facility compliant with 5 standards. ODO found 26 deficiencies in the remaining 10 standards. This is an increase in deficiencies found since ODO’s FY 2013 inspection by 11 deficiencies. ODO also found three instances of repeat deficiencies.

Inspection Results Compared	FY 2013 (PBNS 2008)	FY 2017 (PBNS 2008)
Standards Reviewed	20	15
Deficient Standards	9	10
Overall Number of Deficiencies	15	26
Deficient Priority Components	N/A <sup>32</sup>	8
Corrective Actions	2	5 <sup>33</sup>

<sup>31</sup> “These policies and procedures shall also be posted in the law library along with a list of the law library’s holdings.” See ICE PBNS 2008, Standard, Law Library and Legal Material, Section (V)(O).

<sup>32</sup> ODO began inspecting priority components in June 2013.