# Office of Professional Responsibility

## Delaney Hall Detention Facility

## Inspection 2026-001-148

**September 15-17, 2026**

U.S. Immigration and Customs Enforcement

# INSPECTION
# of the
# DELANEY HALL DETENTION FACILITY
Newark, New Jersey

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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 Delaney Hall Detention Facility (DHDF) in Newark, New Jersey, from September 15 to 17, 2026..[1] The facility opened in 2011 and is owned by and operated by The GEO Group, Inc (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DHDF in 2011 under the oversight of ERO's Field Office Director (FOD) in Newark (ERO Newark).

ERO has deportation officers assigned full-time to the facility. (b)(7)(e) A facility administrator handles daily facility operations and manages (b)(7)(e) support personnel. GEO provides food services and medical care, and Keefe Commissary Network provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2022.

| Capacity and Population Statistics | Quantity |
|---|---|
| ICE Bed Capacity.[2] | (b)(7)(e) |
| Average ICE Population[3] | 820 |
| Adult Male Population (as of September 15, 2026) | (b)(7)(e) |
| Adult Female Population (as of September 15, 2026) | (b)(7)(e) |

During its last inspection, in Fiscal Year (FY) 2025, ODO found 12 deficiencies in the following areas: Admission and Release (1); Environmental Health and Safety (4); Food Service (3); Hold Rooms in Detention Facilities (3); and Significant Self-harm and Suicide Prevention and Intervention (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 Custody Management Division Authorized Facility List as of September 3, 2026.
[3] *Ibid.*

# INSPECTION PROCESS

ODO conducts the following annual and biennial oversight inspections of ICE detention facilities to assess and rate each facility's compliance with their contractually obligated detention standards as noted in the Facility Overview section above.

- Dedicated facility: ODO conducts annual on-site inspections of dedicated inter-governmental service agreement (IGSA) facilities, contract detention facilities (CDF), family residential centers, and service processing centers.

- Non-dedicated IGSA facility:
  - For facilities with an average daily population (ADP) of 50 or more, ODO conducts biennial on-site inspections.
  - For facilities with an ADP of 50 or less,
    - If the facility has not previously had a rated ODO inspection, then ODO conducts an initial on-site inspection, and
    - If the facility has had an ODO inspection, then the facility completes a biennial ODO-assisted self-inspection process (OASIP).

- U.S. Marshal Service (USMS): USMS CDF and intergovernmental agreement facilities complete biennial OASIPs.

In FY 2025, ODO implemented OASIPs, which replaced the annual Special Review inspections ODO conducted at most low ADP and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand of facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with detention standard requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on-site for 1 day towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility's reported findings.[4]

ODO defines a "deficiency" as any violation of detention standards, policies, or operational procedures, as applicable. ODO highlights instances when the facility resolves deficiencies prior to the completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with a "C" in the *Inspection Findings* section of the report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. ODO shares a summary of these findings with ERO management officials. Thereafter, ODO provides ICE leadership with a final report to: (i) assist ERO in developing and initiating a uniform corrective action plan (UCAP); 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.

[4] When ODO conducts on-site inspections for non-OASIP facilities, the facility is notified 4 weeks before the inspection and ODO is on-site for 2-3 business days conducting the inspection.

# FINDINGS BY NATIONAL DETENTION STANDARDS 2026 MAJOR CATEGORIES

| NDS 2026 Standards Inspected[5] | Deficiencies |
|---|---|
| **Part 1 - Safety** | |
| Language Assistance | 0 |
| Environmental Health and Safety | 1 |
| Transportation by Land | 0 |
| **Sub-Total** | **1** |
| **Part 2 - Security** | |
| Admission and Release | 0 |
| Custody Classification System | 0 |
| Facility Security and Control | 0 |
| Funds and Personal Property | 1 |
| Hold Rooms in Detention Facilities | 2 |
| Post Orders | 1 |
| Searches of Detainees | 1 |
| Use of Force and Restraints | 1 |
| Special Management Units | 0 |
| Staff-Detainee Communication | 3 |
| Sexual Abuse and Assault Prevention and Intervention | 6 |
| **Sub-Total** | **15** |
| **Part 3 - Order** | |
| Disciplinary System | 0 |
| **Sub-Total** | **0** |
| **Part 4 - Care** | |
| Food Service | 0 |
| Hunger Strikes | 0 |
| Medical Care | 3 |
| Personal Hygiene | 1 |
| Significant Self-harm and Suicide Prevention and Intervention | 1 |
| Disability Identification, Assessment, and Accommodation | 0 |
| **Sub-Total** | **5** |
| **Part 5 - Activities** | |
| Correspondence and Other Mail | 0 |
| Recreation | 0 |
| Religious Practices | 0 |
| Telephone Access and Advanced Communication Services | 0 |
| Visitation | 0 |
| Voluntary Work Program | 0 |
| **Sub-Total** | **0** |

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

| | |
|---|---|
| **Part 6 - Justice** | |
| Detainee Handbook | 0 |
| Grievance System | 1 |
| Law Libraries and Legal Materials | 0 |
| Legal Rights Group Presentations | 0 |
| **Sub-Total** | **1** |
| **Part 7 - Administration and Management** | |
| Detention Files | 0 |
| Detainee Transfers | 0 |
| **Sub-Total** | **0** |
| **Total Deficiencies** | **22** |

# DETAINEE RELATIONS

ODO interviewed 28 detainees, who each voluntarily agreed to participate. None of the detainees ODO interviewed made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Environmental Health and Safety*: One detainee stated the water temperature in the shower is too hot.

- Action Taken: ODO reviewed water-temperature logs for the past four months for detainee's housing unit and found recorded temperatures ranged from 100°F to 106°F. American Correctional Association standards require water temperatures to be maintained between 100°F and 120°F.

*Environmental Health and Safety*: One detainee stated the drinking water smells like chlorine and is not drinkable.

- Action Taken: On September 16, 2026, the assistant warden advised ODO the facility uses municipal water, where ODO reviewed the City of Newark's 2025 water report and found the City of Newark uses chlorine in its drinking water to prevent and control microbes. The report water report listed chlorine levels ranging from 0.36 to 3.85 parts per million in drinking water, which are within regulatory limits and safe for human consumption. ODO attempted to follow-up with the detainee to explain the findings; however, the detainee stated he was sick and refused to come out of his cell to speak with ODO.

*Food Service*: One detainee stated she was pre-diabetic and had not received a diabetic diet.

- Action Taken: ODO reviewed the detainee's medical file and interviewed the food service manager (FSM). ODO found the detainee was prescribed a diabetic diet where the diabetic diet designation was indicated on her identification card. However, when the detainee identifies herself at the food service window, she does not state that she

requires a diabetic diet. On September 17, 2026, the FSM educated the detainee on the proper procedure for identifying herself in the food service line to receive the correct dietary food tray. The detainee acknowledged understanding.

*Grievance System:* One detainee stated he doesn't feel safe after another detainee from another housing unit came into his dorm and harassed him. Detainee denied any physical assault.

- Action Taken: ODO interviewed facility staff regarding the detainee's complaint and confirmed the incident occurred in (b)(7)(e). The offending detainee, assigned to housing unit (b)(7)(e), entered housing unit (b)(7)(e) and harassed the complainant. Facility staff confirmed no physical contact occurred during the encounter; however, both detainees were placed on the "keep separate" list. The complainant submitted a housing request to move and was transferred to different housing unit.

*Medical Care*: One detainee stated he was on a medical diet but was served the same food as the general detainee population.

- Action Taken: ODO spoke with the facility's medical doctor, who reviewed the detainee's medical file and found the detainee had not been prescribed a medical diet. ODO attempted to follow-up with the detainee; however, the detainee stated he was sick and declined to leave his cell to speak with ODO.

*Medical Care:* One detainee stated he was told he would be scheduled to see a specialist but was never seen.

- Action Taken: On September 15, 2026, ODO spoke with a facility medical doctor and found the detainee was scheduled to see a cardiologist on Thursday, October 8. 2026. On September 17, 2026, ODO followed up with the detainee to inform him he was scheduled to see a cardiologist; however, due to security reasons he could not be told the exact date.

*Medical Care:* One detainee stated the medical department does not respond to request in a timely manner.

- Action Taken: ODO observed the facility's medical unit's request mailbox and interviewed the facility assistant health services administrator (AHSA) and the regional health services director. ODO found medical staff collect medical requests at least once daily and conduct medical appointments from 6:00 a.m. to 11:00 p.m. ODO requested and reviewed the detainee's medical records and found, except for one instance, each time the detainee submitted a medical request for routine issues, he was triaged and/or treated the same day. ODO followed up with the detainee and informed him that the medical department responded to his request in a timely manner.

*Medical Care*: One detainee stated the medication prescribed for cold and sinus issues was not effective.

- Action Taken: ODO requested and reviewed the detainee's medical record regarding this complaint. The medical records indicated the detainee requested and received an appointment on August 30, 2026, and was prescribed medication for his symptoms. The detainee requested medical services again on September 9, 2026, reporting his symptoms persisted. The facility physician prescribed Tylenol Cold & Flu medicine. and was told if his symptoms continued to persist to submit another medical request. ODO informed the detainee per the HSA instruction to submit another medical request since his symptoms remained.

*Medical Care*: One detainee states he has a reoccurring abscess on his head that keeps returning once he stops taking antibiotics.

- Action Taken: On September 17, 2026, ODO spoke with a facility physician regarding the detainee's scalp condition. The physician advised, on April 30, 2026, the detainee was evaluated for recurrent, painful scalp bumps or nodules with occasional drainage. The detainee reported completing approximately one month's supply of prescribed antibiotics, which resulted in temporary improvement; however, the lesions returned after medication was finished. The physician stated, because the medication had provided improvement, surgical intervention would be the remaining treatment option if the condition did not improve. ODO followed up with the detainee and advised him to submit another medical request if he continued to experience problems.

*Medical Care*: One detainee stated the medical department takes too long to respond to medical requests.

- Action Taken: ODO requested the detainee's medical record and discussed the facility's sick call process with the regional health services director. ODO found the facility completed a medical intake and physical for the detainee on September 1, 2026, where the detainee was treated for an upper respiratory infection (URI). On September 17, 2026, the detainee submitted a medical request regarding on-going URI issues was currently being triaged.

*Sexual Abuse and Assault Prevention and Intervention*: One detainee stated she was sexually violated during a routine pat search by an officer.

- Action Taken: ODO immediately concluded the interview and notified the facility administrator and ERO officer. The detainee stated she reported the incident on May 5, 2026, and received medical and mental health treatment. The facility administrator provided ODO with all supporting documentation related to the investigation. ODO reviewed the Sexual Abuse and Assault Prevention and Intervention (SAAPI) investigation results provided by the SAAPI HQ Unit, dated May 6, 2026, and found the allegations reported against the officer were determined to be unfounded. The

report stated the officer conducted her official duties in accordance with established policies and procedures.

*Staff-Detainee Communication*: One detainee stated ICE had not visited his housing unit.

- Action Taken: ODO reviewed the logbooks for four housing units from June-September 2026. ERO Newark officer signatures were in the logbooks when they visited each housing unit. ODO contacted the ERO Newark senior deportation and detention officer (SDDO) to request the detainee be added to the list for scheduled visits for September 17, 2026. The SDDO acknowledged the request and confirmed the detainee would be seen. Later that day, ODO visited the detainee in his housing unit and confirmed ICE had visited him and addressed his concerns.

# INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed facility intake lieutenant; reviewed DHDF policy and toured the receiving and discharge area. ODO found the facility did not maintain cleanliness and sanitation, and all surfaces, fixtures, and equipment were not kept clean and in good repair. Specifically, in receiving and discharge intake room (b)(7)(e), ODO observed an approximate one-square-foot circular soiled area in the ceiling drywall. The soiled area varied in color from tan to brown to black, indicating water may have leaked through the area over time. ODO also observed moisture on the floor and on the bench below the affected area **(Deficiency EHS-60[6])**.

## SECURITY

### FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the facility administrator and intake supervisor; reviewed DHDF policy and reviewed quarterly personal property audit logs. ODO found the facility conducted an inventory of all detainees' personal property once per quarter. The logs included the dates of the inventories and the names of the officers who conducted them; however, the facility did not document the times the inventories were completed **(Deficiency FPP-18[7])**.

### HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed an approximate one-square-foot circular soiled area in the ceiling drywall of receiving and discharge intake room (b)(7)(e). The soiled area varied in color from tan to brown to

[6] "In general areas: is facility cleanliness and sanitation maintained? Are all surfaces, fixtures, and equipment kept clean and in good repair?" *See* ICE NDS 2026, Standard, Environmental Health and Safety, Section (II)(I)(2).
[7] "Facility logs must record the date, time, and names of the officer(s) the inventory." *See* ICE NDS 2026, Standard, Funds and Personal Property, Section (II)(D).

black, indicating water may have leaked through the area over time. ODO also observed moisture on the floor and on the bench below the affected area **(Deficiency HRDF-31[8])**.

DHDF's receiving and discharge intake room (b)(7)(e) did not undergo a thorough cleaning and safety inspection after the last detainee was removed. ODO observed an approximate one-square-foot circular soiled area in the ceiling drywall. The soiled area varied in color from tan to brown to black, indicating water may have leaked through the area over time. ODO also observed moisture on the floor and on the bench below the affected area **(Deficiency HRDF-39[9])**.

## POST ORDERS (PO)

ODO reviewed DHDF Post Order Policy, 10.1.4, interviewed the chief of security, and toured the facility. ODO found post orders were not kept under lock and key in housing units (b)(7)(e). Specifically, ODO observed post orders maintained in the cabinet portion of the officers' podium; however, the padlock was not applied in a manner that secured the cabinet, despite the cabinet being in an area accessible to detainees **(Deficiency PO-11[10])**.

## SEARCHES OF DETAINEES (SD)

ODO reviewed DHDF Policy for Searches of Detainees, dated July 14, 2026, and found the policy did not have written procedures for sincerely held religious beliefs (e.g., photographing, or same or opposite sex searches of Muslim women who wear hijab (head covering), Sikh men who wear dastar (turban), or Orthodox Jews **(Deficiency SD-1[11]) This is a priority component**.

## USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the chief of security; reviewed policy, and three detainee immediate use of force (IUOF) files of incidents that occurred during the inspection period, and found in three out of three IUOF incidents, staff did not immediately obtain and record with a video camera the IUOF incidents **(Deficiency UOFR-82[12])**.

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[8] "Staff shall ensure that sanitation and temperatures in hold rooms are maintained at acceptable levels." *See* ICE NDS 2026, Standard, Hold Rooms in Detention Facilities, Section (II)(D)(4).

[9] "Once the last detainee is removed from the hold room, the room shall undergo a thorough cleaning and safety inspection." *See* ICE NDS 2026, Standard, Hold Rooms in Detention Facilities, Section (II)(D)(8).

[10] "Post orders and logbooks are confidential and must be kept secure (under lock and key) at all times and shall never be left in an area accessible to detainees." *See* ICE NDS 2026, Standard, Post Orders, Section (II)(C).

[11] "The facility shall have written policy and procedures for the following: ...

2. Sincerely held religious beliefs (e.g., photographing, or same or opposite sex searches of Muslim women who wear hijab (head covering), Sikh men who wear dastar (turban), or Orthodox Jews)." *See* ICE NDS 2026, Standard, Searches of Detainees, Section (II)(A)(1-7).

[12] "Staff shall immediately record any use-of-force incident with a video camera, unless delaying action would pose a serious hazard to the detainee, staff, or others, or would result in a major disturbance or significant property damage." *See* ICE NDS 2026, Standard, Use of Force and Restraints, Section (II)(J)(3).

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 40 detainee requests and found in 11 out of 40 requests, facility staff did not respond within 5 business days. Specifically, the facility acknowledged the requests; however, no responses were returned to the detainees **(Deficiency SDC-4[13])**.

ODO interviewed ICE senior deportation officer, reviewed 40 staff detainee communication requests, and found ERO Newark did not retain ICE detainees' written requests in their detention files or a retrievable electronic archive **(Deficiency SDC-26[14])**.

ODO interviewed ICE senior deportation officer, reviewed 40 staff detainee communication requests, and found ERO Newark did not retain file requests in the detainee detention files for at least three years **(Deficiency SDC-27[15])**.

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

ODO interviewed DHDF investigator, reviewed DHDF training records and training syllabus and found the training did not specifically address cross-agency coordination in the investigation process **(Deficiency SAAPI-18[16])**.

ODO interviewed the acting Prison Rape Elimination Act (PREA) compliance manager (APCM) and investigator, reviewed the facility SAAPI policy and incident files, and found the APCM nor investigator reported allegations of alleged abuse directly to the ERO FOD **(Deficiency SAAPI-79[17])**.

ODO interviewed the APCM and investigator and found the facility did not conduct a sexual abuse and assault incident review at the conclusion of every sexual abuse and assault investigation within 30 calendar days of ODO's last rated inspection in August 2025 **(Deficiency SAAPI-112[18])**.

ODO interviewed the APCM and investigator and found that, when an allegation was determined to be substantiated or unsubstantiated, the facility did not prepare a written report within 30 calendar days of the conclusion of the investigation recommending whether the allegation or

[13] "Responses must be provided within five business days from the date of receipt." *See* ICE NDS 2026, Standard, Staff-Detainee Communication, Section (II)(A).
[14] "All completed detainee request documents will be retained in the detainee's detention file or a retrievable electronic archive." *See* ICE NDS 2026, Standard, Staff-Detainee Communication, Section (II)(C)(2).
[15] "Copies shall be maintained in compliance with the National Archives and Records Administration (NARA) detention records retention requirements." *See* ICE NDS 2026, Standard, Staff-Detainee Communication, Section (II)(C)(2).
[16] "This training must cover, at a minimum information about effective cross-agency coordination in the investigation process." *See* ICE NDS 2026, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).
[17] "The facility where the alleged abuse occurred shall then ensure the allegation is referred for investigation and reported to ICE/ERO (this notification must go directly to the FOD) in accordance with this standard." *See* ICE NDS 2026, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(L)(2).
[18] "The facility shall conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse and assault within 30 calendar days." *See* ICE NDS 2026, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

investigation indicated that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault **(Deficiency SAAPI-113[19])**.

ODO interviewed the APCM and investigator, reviewed 9 allegations between August 2025 and September 2026 and found the facility staff did not send the results nor findings of the annual review directly to the FOD **(Deficiency SAAPI-119[20])**.

ODO interviewed the acting PREA coordinator and four reviewed sexual abuse and assault incident files. ODO found one file did not include the demographic background of the victim or perpetrator, including citizenship, age, sex, and other relevant factors **(Deficiency SAAPI-136[21])**.

# CARE

## MEDICAL CARE (MC)

ODO interviewed the AHSA, reviewed DHDF Medical Policy, dated August 1, 2025, and reviewed 25 detainee medical records and found in 3 out of 25 records reviewed, a health care practitioner nor specially trained detention officer provided detainees with an initial medical, dental, and mental health screening within 12 hours of their arrival at the facility **(Deficiency MC-11[22])**. **This is a priority component**.

ODO interviewed the AHSA, reviewed the facility's medical policy, dated August 1, 2025, and reviewed 25 detainee medical records and found in 2 out of 25 records reviewed, the facility did not conduct nor document a comprehensive health assessment for each detainee, including a physical examination and mental health screening, within 14 days of the detainee's arrival at the facility **(Deficiency MC-28[23])**. **This is a priority component**.

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[19] "If an allegation was determined to be substantiated or unsubstantiated, the facility must prepare a written report within 30 calendar days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault." *See* ICE NDS 2026, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

[20] "The results and findings of the annual review shall be provided to the facility administrator and ICE/ERO for transmission to the ICE/ERO PSA Coordinator (this notification must be sent directly to the FOD)." *See* ICE NDS 2026, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

[21] "Accordingly, the facility administrator must maintain two types of files of sexual abuse and assault incidents which include the following minimum information:
1. General files include: ...
c. The demographic background of the victim and perpetrator (including citizenship, age, sex, and other factors described in 6 C.F.R. § 115.87);" *See* ICE NDS 2026, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(O)(1)(a-k).

[22] "As soon as possible, but no later than 12 hours after arrival, a health care practitioner or specially trained detention officer shall provide detainees an initial medical, dental and mental health screening and ask for information regarding any known acute, emergent, or pertinent medical conditions (past or chronic), including history of mental illness – particularly prior suicide attempts or current suicidal/homicidal ideation or intent – and any disabilities or impairments affecting major life activities." *See* ICE NDS 2026, Standard, Medical Care, Section (II)(D)(1).

[23] "The facility will conduct and document a comprehensive health assessment for each detainee, including a physical examination and mental health screening, within 14 days of their arrival at the facility, and at minimum annually thereafter." *See* ICE NDS 2026, Standard, Medical Care, Section (II)(F).

ODO interviewed the AHSA, reviewed facility policy, and examined 25 detainee medical records and found in 4 out of 25 records reviewed, ODO found medications were not distributed in accordance with the specific instructions and procedures established by health care providers. Specifically, health care providers placed holds on certain medications scheduled for administration, which were reflected in the electronic medical record as "HOLD." However, the facility policy cited above did not define "HOLD" or establish instructions or procedures for managing medications in this status **(Deficiency MC-60[24])**. **This is a priority component**.

### PERSONAL HYGIENE (PH)

ODO found facility staff did not issue each detainee, at a minimum, one container of skin lotion. ODO interviewed the facility's laundry supervisor sergeant, who stated detainees were issued soap/shampoo, tissue, deodorant, a toothbrush, toothpaste, and a comb **(Deficiency PH-14[25])**.

### SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO interviewed the AHSA, reviewed DHDF policy and reviewed 25 detainee medical records, and found in 3 out of 25 records reviewed, a health care practitioner nor specially trained detention officer provided detainees with an initial mental health screening within 12 hours of admission to the facility **(Deficiency SSHSPI-4[26])**. **This is a priority component**.

## JUSTICE

### GRIEVANCE SYSTEM (GS)

ODO reviewed 6 staff misconduct allegations, DHDF and Grievance Policy. 9.1.3, effective July 14, 2026. ODO found in four out of six staff misconduct allegations reviewed; the facility did not forward the detainee grievance to the DHS Office of Inspector General (OIG) and/or ICE OPR. Additionally, the facility did not forward a copy of the report to ERO Newark **(Deficiency GS-16[27])**. **This is a priority component**.

[24] "Medication will be distributed according to the specific instructions and procedures established by the health care provider." *See* ICE NDS 2026, Standard, Medical Care, Section (II)(L).

[25] "Each detainee shall receive, at a minimum, the following items: ...

6. One container of skin lotion. The facility administrator may modify this list as needed (e.g., to accommodate the use of bulk liquid soap and shampoo dispensers). Detainees may be permitted brushes to replace combs." *See* ICE NDS 2026, Standard, Personal Hygiene, Section (II)(F)(1-6).

[26] "All detainees shall receive an initial mental health screening within 12 hours of admission by a health care practitioner or a specially trained detention officer." *See* ICE NDS 2026, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

[27] "The facility must promptly forward all detainee grievances alleging staff misconduct to DHS OIG and/or ICE OPR and forward a copy of the report made to DHS OIG and/or ICE OPR to ICE ERO." *See* ICE NDS 2026, Standard, Grievance System, Section (II)(F).

# CONCLUSION

During this inspection, ODO assessed the facility's compliance with 33 standards under NDS 2026 and found the facility in compliance with 21 of those standards. ODO found 20 deficiencies in the remaining 12 standards. Since ODO's last inspection of DHDF in August 2025, the facility changed from NDS 2019 to NDS 2026, so ODO could not conduct a trend analysis. ODO received DHDF's completed UCAP for its last inspection in August 2025 for its NDS 2019 deficiencies. ODO recommends ERO Newark continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

| Inspection Results Compared | FY 2025 (NDS 2019) | FY 2026 (NDS 2026) |
|---|---|---|
| Standards Reviewed | 22 | 33 |
| Deficient Standards | 5 | 12 |
| Overall Number of Deficiencies | 12 | 22 |
| Priority Component Deficiencies | 3 | 6 |
| Repeat Deficiencies | 0 | 0 |
| Areas Of Concern | 0 | 0 |
| Corrective Actions | 0 | 0 |
| Facility Rating | Acceptable/Adequate | Acceptable/Adequate |

U.S. Immigration and Customs Enforcement

# Office of Professional Responsibility