



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
Washington Field Office**

**Virginia Peninsula Regional Jail  
Williamsburg, VA**

**July 30 – August 1, 2019**

**COMPLIANCE INSPECTION**  
**of the**  
**VIRGINIA PENINSULA REGIONAL JAIL**  
Williamsburg, Virginia

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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 oversight compliance inspection of the Virginia Peninsula Regional Jail (VPRJ) in Williamsburg, Virginia, from July 30 - August 1, 2019.<sup>1</sup> The facility opened in 1997 and is owned by the Virginia Peninsula Regional Jail Authority and operated by the Virginia Peninsula Regional Jail Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at VPRJ in 2014 under the oversight of ERO's Field Office Director (FOD) in Washington, DC (ERO Washington). The facility operates under the National Detention Standards (NDS) 2000.

ERO Washington has assigned Deportation Officers and a Detention Services Manager to the facility. A superintendent handles daily facility operations and is supported by [REDACTED] personnel. VPRJ provides food services and medical care at the facility. The facility held no national accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	90
Average ICE Detainee Population <sup>3</sup>	53
Male Detainee Population (as of 7/29/2019)	36
Female Detainee Population (as of 7/29/2019)	0

During its last inspection, in FY 2016, ODO found four deficiencies in the following areas: Environmental Health and Safety (2); Food Service (1); and Telephone Access (1).

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<sup>1</sup> This facility holds male detainees with classification levels of low, medium and high for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of July 29, 2019.

<sup>3</sup> *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.<sup>4</sup>

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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>5</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	3
Admission and Release	5
Detainee Classification System	2
Detainee Grievance System	3
Food Service	3
Funds and Personal Property	0
Recreation	2
Religious Practices	0
Staff-Detainee Communication	2
Telephone Access	3
Visitation	0
<b>Sub-Total</b>	<b>23</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	4
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	0
Use of Force	4
<b>Sub-Total</b>	<b>9</b>
<b>Part 3 – Health Services</b>	
Medical Care	4
Suicide Prevention and Intervention	2
<b>Sub-Total</b>	<b>6</b>
<b>Total Deficiencies</b>	<b>38</b>

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

## DETAINEE RELATIONS

ODO interviewed 15 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.

*Medical Care:* Six detainees stated the facility took too long to respond to sick call requests and when medical staff did examine them, they did not provide adequate medical care.

- Action Taken: ODO reviewed the detainees' medical records and spoke with facility medical staff. ODO found detainee wait times routinely exceeded one month. The Health Service Administrator (HSA) informed ODO the medical department lacked staffing during the period the detainees requested care. The facility has since hired additional medical staff and their recent response to sick call requests has been timely. ODO was unable to substantiate any specific claims of inadequate care; however, ODO determined ERO transferred detainees who required significant medical care to facilities with more capable medical units.

*Medical Care:* One detainee stated he is diabetic, and the medical staff did not test him weekly or prescribe him medication.

- Action Taken: ODO reviewed his medical records and spoke with facility medical staff. ODO found medical staff ordered weekly diabetes testing for this detainee. The detainee's medical records showed he refused medical services every week. Medical staff documented medical refusals and sick call requests in his medical records; however, medical staff did not complete medical refusal forms with all required information. ODO cited this as a deficiency under the Medical Care standard in the *Compliance Inspection Findings* section of the report.

*Food Services:* All detainees interviewed stated the food service staff served small portions, which leaves them hungry and forced them to purchase food from the commissary.

- Action taken: ODO observed food service staff prepare and serve several meals during the inspection. ODO found food service staff routinely served smaller portions than what the approved menu required. The Food Service Director (FSD) and ODO reviewed the proper serving size requirements and the FSD corrected the portion sizes. ODO cited this as a deficiency under the Food Services standard in the *Compliance Inspection Findings* section of the report.

*Admission and Release:* All detainees interviewed stated the facility strip-searched them upon entry to the facility.

- Action taken: ODO interviewed facility staff, reviewed facility policy and detainee detention files, and found facility staff strip-searched all newly arriving detainees as a matter of routine. ODO informed the facility's Chief of Security their current detainee search policy was contrary to ICE's policy regarding strip-searches. ODO cited this as a deficiency under the Admission and Release standard in the *Compliance Inspection Findings* section of the report.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ACCESS TO LEGAL MATERIAL (ALM)

ODO observed the facility's law library and found no documentation or postings, which encouraged detainees to report missing or damaged materials (**Deficiency ALM-1<sup>6</sup>**).

ODO reviewed the facility's detainee handbook and found it did not include the scheduled hours of access, the procedure for requesting access to the law library, the procedure for requesting additional time, nor the procedure for notifying a designated employee that library material is missing or damaged (**Deficiency ALM-2<sup>7</sup>**).

ODO found VPRJ did not have policies and procedures governing access to legal materials posted in the law library (**Deficiency ALM-3<sup>8</sup>**).

### ADMISSION AND RELEASE (A&R)

ODO's review of admission and release procedures and documentation found the facility administrator issued a memorandum dated [REDACTED] which permitted facility staff to preform strip-searches. Additionally, ODO found the facility strip-searched all newly arriving detainees as a matter of routine, and VPRJ did not document strip-searches of ICE detainees (**Deficiency A&R-1<sup>9</sup>**).

ODO reviewed VPRJ's orientation process and found the facility did not show a video to the detainees as part of their orientation to the facility (**Deficiency A&R-2<sup>10</sup>**).

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<sup>6</sup> "Damaged or stolen materials shall be promptly replaced. In addition to its own inspections, the facility shall encourage detainees to report missing or damaged materials." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(F).

<sup>7</sup> "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...  
2. the scheduled hours of access to the law library;  
3. the procedure for requesting access to the law library;  
4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum)...  
6. the procedure for notifying a designated employee that library material is missing or damaged." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(2)(3)(4) and (6).

<sup>8</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 NDS 2000, Standard, Access to Legal Material, Section (III)(Q).

<sup>9</sup> "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. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-rays, and metal detectors." See Change Notice Admission and Release-National Detention Standard Strip Search Policy, dated October 15, 2007.

<sup>10</sup> "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable and the associated sanctions (see the "Disciplinary Policy" Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

ODO reviewed 27 detainee detention files and found 2 out of 27 detainee detention files did not have a signed Order to Detain or Release (Form I-203) (**Deficiency A&R-3<sup>11</sup>**).

ODO reviewed VPRJ's orientation policy and found no documentation to indicate ERO approved VPRJ's orientation procedures (**Deficiency A&R-4<sup>12</sup>**).

ODO reviewed VPRJ's release policy and found no documentation to indicate ERO Washington approved VPRJ's release procedures (**Deficiency A&R-5<sup>13</sup>**).

## **DETAINEE CLASSIFICATION SYSTEM (DCS)**

ODO reviewed 27 detainee detention files and found VPRJ classification staff classified one detainee as a low custody detainee, despite the detainee having a documented criminal history, which indicated the facility should have classified the detainee as a high custody detainee. Additionally, the supervisor who conducted the classification review did not identify the error (**Deficiency DCS-1<sup>14</sup>**).

The facility's misclassification of one detainee, resulted in the facility assigning a high custody detainee to and housing the detainee in, low custody housing (**Deficiency DCS-2<sup>15</sup>**). ODO brought the discrepancy to the attention of the facility and the facility reclassified the detainee and assigned the detainee to the correct housing unit.

## **DETAINEE GRIEVANCE PROCEDURES (DGP)**

ODO requested to review the facility's detainee grievance log and found the facility did not have a detainee grievance log nor any other method to document and track detainee grievances (**Deficiency DGP-1<sup>16</sup>**).

ODO reviewed 25 detainee detention files and found the facility did not place completed copies of grievance dispositions in 25 out of 25 detainee detention files, nor did the facility retain copies of the completed grievance dispositions for three years (**Deficiency DGP-2<sup>17</sup>**).

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<sup>11</sup> "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

<sup>12</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve the orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>13</sup> "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. INS will approved [*sic*] the, IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). Note: This section citation is an error in the NDS outline and should be Section (III)(L)

<sup>14</sup> "In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

<sup>15</sup> "Level 1 Classification May not be housed with Level 3 Detainees." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E)(1)(a).

<sup>16</sup> "Each facility will devise a method for documenting detainee grievances. At a minimum, the facility will maintain a Detainee Grievance Log." See NDS 2000, Standard, Detainee Grievance Procedure, Section (III)(E)

<sup>17</sup> "A copy of the grievance will remain in the detainee's file for at least three years." See ICE NDS 2000, Standard,

ODO spoke with facility staff and found the facility did not forward grievances alleging officer misconduct to ERO Washington (**Deficiency DGP-3<sup>18</sup>**). ODO was unable to determine the number of grievances that alleged officer misconduct due to the facility not having a tracking mechanism in place.

## FOOD SERVICE (FS)

ODO Inspected the facility's food service areas and observed two knives did not have [REDACTED], which prevented food service staff from [REDACTED] to the knives (**Deficiency FS-1<sup>19</sup>**).

ODO reviewed the facility's menus and found a registered dietician provided a 14-day common fare menu to the facility; however, the registered dietician did not certify the common fare menu as being nutritionally adequate (**Deficiency FS-2<sup>20</sup>**).

ODO evaluated the Tuesday lunch meal portions against the standard menu and found, food service staff served meat portions, which were two ounces less than the prescribed portions listed on the standard menu. Additionally, ODO observed portion size inconsistencies with the Wednesday lunch meal (**Deficiency FS-3<sup>21</sup>**).

## RECREATION (R)

ODO observed two recreation areas, which allowed detainees to get fresh air and have exposure to natural light. ODO reviewed the shift logs and found the facility did not note that staff inspected the recreation areas before and after detainee use in any of the shift logs (**Deficiency R-1<sup>22</sup>**).

ODO observed the recreation areas did not have water fountains and the facility did not provide another source of drinking water for detainees using the recreation area. Additionally, the housing unit windows facing the recreation area had temporary covers, which obscured all observation in or out. An officer was not present in the recreation area when detainees used it and housing unit officers did not remove the temporary window covers to observe detainees using the recreation areas (**Deficiency R-2<sup>23</sup>**).

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Detainee Grievance Procedure, Section (III)(E).

<sup>18</sup> "IGSA facilities must forward detainee grievances alleging officer misconduct to ICE." See ICE NDS 2000, Standard, Detainee Grievance Procedure, Section (III)(F).

<sup>19</sup> "To be authorized for use in the food service department, a knife must have a [REDACTED]

[REDACTED] The facility's tool control officer is responsible for [REDACTED]. See ICE NDS 2000, Standard, Food Service, Section (III)(B)(2).

<sup>20</sup> "Common fare is intended to accommodate detainees whose religious dietary needs cannot be met by the main line. The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays. The menus must be certified as exceeding minimum daily nutritional requirements." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(2).

<sup>21</sup> "Care must be taken to ensure that meals are provided in such portions as to be nutritionally adequate." See ICE NDS 2000, Standard, Food Service, Section (III)(G)(3).

<sup>22</sup> "Contraband searches of detainees moving from locked cells or housing units to recreation shall be conducted in accordance with the "Detainee Search" standard." See ICE NDS 2000, Standard, Recreation, Section (III)(G)(8).

<sup>23</sup> "Program Content ...

4. All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities. ...
7. Recreation areas shall be under continuous supervision by staff. Staff supervising these areas shall be

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed ERO Washington's ICE detainee request log and found the ICE detainee request log did not include the detainee's nationality (**Deficiency SDC-1<sup>24</sup>**).

ODO reviewed SDC practices at VPRJ and found the facility did not log the date of when they forwarded ICE detainee requests to ERO Washington (**Deficiency SDC-2<sup>25</sup>**).

## TELEPHONE ACCESS (TA)

ODO observed the free legal services list, consulate list, and the Office of Inspector General posters posted in both detainee-housing units; however, the facility did not post the telephone rules and telephone system instructions in either housing unit (**Deficiency TA-1<sup>26</sup>**).

ODO requested to review facility records to verify staff routinely inspected the detainee telephones and found facility staff did not inspect or verify the working order of housing unit telephones (**Deficiency TA-2<sup>27</sup>**).

ERO Washington informed ODO they were unable to test detainee telephones for several weeks prior to the inspection because the facility was unable to create telephone pin numbers. During the inspection, the facility could not provide a staff member who knew how to connect the detainee telephones to the free and direct call platform. Additionally, ODO interviewed detainees and learned they did not know how to use the telephones to make free calls. ODO noted this as an **Area of Concern**.

A recorded message on the detainee telephones informed detainees that calls were subject to monitoring and the detainee handbook informed detainees that calls were subject to monitoring. However, the facility did not place a sign near the telephones notifying detainees that calls were subject to monitoring nor how to obtain unmonitored legal calls (**Deficiency TA-3<sup>28</sup>**).

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Equipped with radios to maintain contact with the control center." See ICE NDS 2000, Standard, Recreation, Section (III)(G)(4) and (7).

<sup>24</sup> "All requests shall be recorded in a logbook specifically designed for that purpose. The Log, at minimum, shall contain: ...

d. Nationality." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2)(d).

<sup>25</sup> "In IGSAs, the date the request was forwarded to ICE and the date it was returned shall also be recorded." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

<sup>26</sup> "As described in the 'General Provisions' standard, the facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them." See ICE NDS 2000 Standard, Telephone Access, Section (III)(B).

<sup>27</sup> "The facility shall maintain detainee telephones in proper working order. Appropriate facility staff shall inspect the telephones regularly (*daily in SPCs/CDFs*), promptly report out-of-order telephones to the repair service, and ensure that required repairs are completed quickly." See ICE NDS 2000, Standard, Telephone Access, Section (III)(D).

<sup>28</sup> "The 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. It shall also place a notice at each monitored telephone stating:

1. that detainee calls are subject to monitoring; and
2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purpose of obtaining legal representation."

## SECURITY AND CONTROL

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

ODO's inspection of hazardous chemicals found accurate and complete inventories. [REDACTED] of the hazardous chemicals included [REDACTED] reviews. ODO found no documentation indicating the facility provided the local fire department a copy of the facility's master index (**Deficiency EH&S-1<sup>29</sup>**).

**Corrective Action:** Prior to the completion of the inspection, the facility initiated corrective action. The safety officer provided a copy of [REDACTED] to the local fire marshal for review (**C-1**).

The facility designated a room to serve as a barbershop, but the room did not have running water. Although the facility installed a portable sink with a reservoir for clean water and wastewater, the portable sink did not supply hot water (**Deficiency EH&S-2<sup>30</sup>**).

ODO's review of the medical policy and procedures confirmed medical staff [REDACTED] and then the HSA or director of nursing verified the [REDACTED]. However, a designated individual did not check the [REDACTED] on a [REDACTED] basis (**Deficiency EH&S-3<sup>31</sup>**).

The facility's housekeeping plan required detainees to clean their housing unit showers four times daily. ODO observed the showers at various times during the inspection and found them to be routinely dirty. Additionally, ODO observed food on the housing unit floors, hours after the facility served the breakfast and lunch meals, and after the detainees should have cleaned their dayrooms (**Deficiency EH&S-4<sup>32</sup>**).

### SPECIAL MANAGEMENT UNIT – ADMINISTRATIVE SEGREGATION (SMU AS)

ODO reviewed detainee detention files for three detainees the facility placed on AS, the facility

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*See ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(1) and (2).*

<sup>29</sup> "The Maintenance Supervisor or designee will compile a [REDACTED] in the facility, including [REDACTED]. He/she will maintain this information [REDACTED] (or equivalent), with a copy to the local fire department. Documentation of the [REDACTED]s will be maintained in the [REDACTED]. *See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).*

<sup>30</sup> "Sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. ... The following standards will be adhered to:

1. The operation will be located in a separate room not used for any other purpose. ... At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees."

*See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).*

<sup>31</sup> "An inventory will be kept of those items that pose a security risk, such as [REDACTED]. This inventory will be checked [REDACTED] by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." *See ICE NDS 200, Standard, Environmental Health and Safety, Section (III)(Q)(1).*

<sup>32</sup> "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association." *See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).*

AS policy and procedures, and found the facility placed segregation orders in the detainee detention files after the facility released all three detainees from AS. Additionally, the facility did not provide an AS order to the detainee in two out of three detention files ODO reviewed (**Deficiency SMU AS-1**<sup>33</sup>).

## **USE OF FORCE (UOF)**

ODO found the facility documented three immediate and no calculated UOF incidents, which involved detainees during the year preceding the inspection. ODO reviewed the facility's documentation for the three immediate UOF incidents and found the files contained disciplinary hearing documentation only; the facility did not include detailed documentation pertaining to the UOF in three out of three UOF incident files (**Deficiency UOF-1**<sup>34</sup>).

ODO reviewed the facility's UOF policy and found VPRJ did not have a form to document UOF incidents (**Deficiency UOF-2**<sup>35</sup>).

For the three immediate UOF incidents, ODO did not find disciplinary hearing documentation in one out of three immediate UOF incidents reviewed and VPRJ did not have an individual designated to maintain all UOF documentation (**Deficiency UOF-3**<sup>36</sup>).

VPRJ had clear and concise written procedures for after-action reviews (AAR) of UOF incidents, but the facility did not adhere to their policy, nor to the UOF standard when conducting AARs. ODO found only the Chief of Security conducted AARs, which the facility documented in a memorandum format, and was not patterned after the ICE process (**Deficiency UOF-4**<sup>37</sup>).

## **HEALTH SERVICES**

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

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<sup>33</sup> "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." See ICE NDS, Standard, Special Management Unit – Administrative Segregation, Section (III)(B).

<sup>34</sup> "Staff shall prepare detailed documentation of all incidents involving the use of force, [REDACTED], or [REDACTED]. Staff shall likewise document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file." See ICE NDS 2000, Standard, Use of Force, Section (III)(J).

<sup>35</sup> "All facilities shall have a form to document all uses of force. INS shall approve all use of force forms." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(1).

<sup>36</sup> "All facilities shall have a designated individual to maintain all use of force documentation." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(4).

<sup>37</sup> "Written procedures govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

ODO's review of 25 detainee medical records found, although the facility conducted medical prescreening and intake screening within 12 hours of each detainee's arrival, the medical screening documentation in 25 out of 25 detainee medical records did not address the detainee's mental illness diagnosis nor their history of treatment (**Deficiency MC-1<sup>38</sup>**).

Additionally, 6 out of 25 medical records reviewed did not include documentation the facility completed dental assessments during the screening process or physical assessment (**Deficiency MC-2<sup>39</sup>**).

ODO reviewed the medical records of four detainees who were prescribed psychotropic medication and found the facility did not complete medication refusal forms, provide intervention, or have mental health staff follow up with one out of four detainees. The detainee refused to take his psychotropic medication for 7 out of 30 days (**Deficiency MC-3<sup>40</sup>**).

ODO's review of the four detainee medical records of detainees who were prescribed psychotropic medication found, in four out of four detainee medical records, the facility's health care provider did not obtain signed informed consent forms before prescribing and administering psychotropic medications to detainees (**Deficiency MC-4<sup>41</sup>**).

ODO noted as an **Area of Concern**, the substandard quality of care by the facility's medical unit. ERO Washington provided ODO with documentation and examples where the facility's medical unit demonstrated inadequate care. As a result, ERO Washington routinely transferred detainees to other facilities when detainees needed medical care.

## **SUICIDE PREVENTION AND INTERVENTION (SP&I)**

ODO reviewed 25 detainee medical records and found the medical screening questions in 25 out of 25 medical records did not include observations and interview items related to the detainee's potential suicide risk and possible mental disabilities or mental illness (**SP&I-1<sup>42</sup>**).

The facility maintained 12 cells in the medical clinic to house detainees on suicide watch. ODO's observation of those cells found they had grab bars that detainees could tie something to and

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<sup>38</sup>“All new arrivals shall receive initial medical and mental health screening immediately upon their arrival by a health care provider or an officer trained to perform this function. This screening shall include observations and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness and mental retardation.” See ICE NDS, 2000 Standard, Medical Care, Section (III)(D).

<sup>39</sup> “An initial dental screening exam should 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's assistant or nurse practitioner.” See ICE NDS, Standard Medical Care, Section (III)(E)

<sup>40</sup> “Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medications given to detainees.” See ICE NDS, Standard, Medical Care, Section (III)(I).

<sup>41</sup> “As a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances.” See ICE NDS, Standard, Medical Care, Section (III)(L)

<sup>42</sup> “Suicide potential will be an element of the initial health screening of a new detainee, conducted by either the health care provider or specialty trained office.” See ICE NDS, Suicide Prevention and Intervention, Section (III)(B)

attempt suicide (SP&I-2<sup>43</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with four of those standards. ODO found 38 deficiencies in the remaining 13 standards, which was a significant increase in deficiencies from the FY 2016 inspection. ODO notes there was one instance where staff initiated immediate corrective action during the inspection. Following the inspection, ERO Washington notified ODO they were removing all detainees from VPRJ and would no longer be using this facility. ODO notes ERO Washington last used VPRJ on August 12, 2019, and ERO Custody Management placed VPRJ on the prohibited use list on October 22, 2019.

<b>Compliance Inspection Results Compared</b>	<b>FY 2016 (NDS 2000)</b>	<b>FY 2019 (NDS 2000)</b>
Standards Reviewed	15	18
Deficient Standards	3	13
Overall Number of Deficiencies	4	38
Repeat Deficiencies	N/A	0
Corrective Actions	0	1

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<sup>43</sup> "The isolation room will be free of objects or structural elements that could facilitate a suicide attempt." See ICE NDS, Suicide Prevention and Intervention, Section (III)(C)