



**U.S. Department of Homeland Security**  
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  
ERO Salt Lake City Field Office  
Washoe County Jail  
Reno, Nevada

November 5–7, 2019

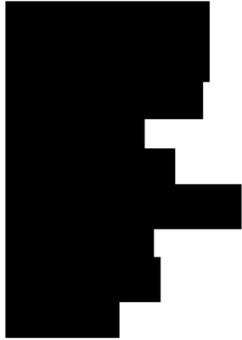
**COMPLIANCE INSPECTION  
for the  
Washoe County Jail  
Reno, NV**

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**COMPLIANCE INSPECTION TEAM MEMBERS**



Team Lead	ODO
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Contractor	Creative Corrections

## FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Washoe County Jail (WCJ), Reno, NV on November 5-7, 2019.<sup>1</sup> WCJ opened in May 1998 and is owned by Washoe County and operated by the Washoe County Sheriff's Office. The Office of Enforcement and Removal Operations (ERO) began housing detainees at WCJ in July 2007, pursuant to an Intergovernmental Agreement (IGA), under the oversight of ERO's Field Office Director (FOD) in Salt Lake City, Utah.

No ICE personnel are stationed onsite at the facility. A captain is responsible for the oversight of daily facility operations and is supported by [REDACTED] personnel that includes [REDACTED] commissioned staff, [REDACTED] non-commissioned, and [REDACTED] Naphcare medical staff. Washoe County Sheriff's Office provides food services and Naphcare provides medical services. The facility is accredited by the National Commission on Correctional Health Care (NCCHC). The facility is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard but made efforts to comply. This is ODO's second compliance inspection of the WCJ.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	86
Average Daily ICE Detainee Population <sup>3</sup>	3
Male Detainee Population (as of 11/5/2019)	9
Female Detainee Population (as of 11/5/2019)	1

In FY 2016, ODO conducted an inspection of WCJ under the NDS 2000, reviewed the facility's compliance and found the facility was compliant with three out of 15 standards. ODO found 49 deficiencies in the remaining twelve (12) standards: Access to Legal Material (3), Admission and Release (2), Detainee Classification System (2), Detainee Grievance Procedures (2), Detainee Handbook (2), Food Service (17), Funds and Personal Property (1), Staff Detainee Communication (4), Telephone Access (5), Environmental Health and Safety (7), Special Management Unit-Administrative Segregation (3), and Medical Care (1).

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<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 as of September 30, 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.

## FY 2019 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>5</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	4
Detainee Classification System	1
Detainee Grievance Procedures	2
Food Service	3
Funds and Personal Property	0
Recreation	0
Religious Practices	0
Staff-Detainee Communication	1
Telephone Access	1
Visitation	1
<b>Sub-Total</b>	<b>13</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	7
Special Management Unit (Administrative Segregation)	3
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
<b>Sub-Total</b>	<b>11</b>
<b>Part 3 – Health Services</b>	
Medical Care	1
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>PBNDS 2011 Standard Inspected</b>	
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>25</b>

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

## DETAINEE RELATIONS

ODO interviewed six detainees to assess the conditions of confinement at WCJ. Interview participation was voluntary and none of the detainees made any allegations of abuse, discrimination, or mistreatment. The detainees reported being satisfied with facility services, apart from the complaint below:

*Medical Care:* One male detainee stated he was depressed.

Action Taken: ODO reviewed the detainee's medical records and spoke with medical staff. The detainee is a 30-year-old male who was admitted on October 16, 2019.

According to medical records, the detainee informed the Emergency Medical Technician he felt depressed. On October 16, 2019, the facility's psychiatrist evaluated the detainee and released him from suicide watch to general population. Mental health staff conducted additional follow-up with the detainee on October 26, 2019 and November 3, 2019.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (AR)

Detainees are required to shower prior to receiving facility clothing and although showers offer privacy via stalls and doors, detainees are routinely stripped searched prior to starting the shower without documentation of reasonable suspicion or supervisor approval (**Deficiency AR-1**<sup>6</sup>).

ODO's review of ten files confirmed each file contained Order to Detain or Release forms (I-203/203a); however, none were signed by an ERO official (**Deficiency AR-2**<sup>7</sup>). ODO's interview with the Supervisory Detention and Deportation Officer and the intake supervisor confirmed the ERO field office has not provided approval for WCJ's orientation process (**Deficiency AR-3**<sup>8</sup>) or release procedures (**Deficiency AR-4**<sup>9</sup>).

### DETAINEE CLASSIFICATION SYSTEM (DCS)

WCJ staff rely on information from the [REDACTED] to classify detainees. The documents provided by ERO, (Order to Detain or Release forms, I-203/203a) are insufficient for facility staff to review the classification of detainees, as they provide minimal information (**Deficiency DCS-1**<sup>10</sup>).

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<sup>6</sup> "Facilities are reminded that strip searches, cavity searches, monitoring changes of clothing, monitoring 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. *This is a repeat deficiency.*

<sup>7</sup> "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee. IGSA facilities shall forward the detainee's A-file or temporary work file to the INS office with jurisdiction. Staff shall prepare specific documents in conjunction with each new arrival to facilitate timely processing, classification, medical screening, accounting of personal effects, and reporting of statistical data." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H). *This is a repeat deficiency.*

<sup>8</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 all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>9</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,"<sup>9</sup> "Facilities are reminded that strip searches, cavity searches, monitoring changes of clothing, monitoring 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 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); **should be (III)(L), error in the NDS.**

<sup>10</sup> "All detainees are classified upon arrival, before being admitted into the general population. INS will provide CDFs and IGSA facilities with the data they need from each detainee's file to complete the classification process. All officers assigned to classification duties shall be trained in the facility's classification process." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1). *This is a repeat deficiency.*

## DETAINEE GRIEVANCE PROCEDURES (DGP)

The detainee handbook did not inform detainees of the procedure for contacting ERO to appeal a grievance decision made by the facility (**Deficiency DGP-1<sup>11</sup>**).

*Corrective Action:* Prior to completion of the inspection, ODO verified the facility initiated corrective action by updating the detainee handbook to include the procedure for contacting ERO to appeal a grievance decision made by the facility. Additionally, the detainee handbook did not provide notice of the policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance (**Deficiency DGP-2<sup>12</sup>**).

## FOOD SERVICE (FS)

ODO observed religious meals being served in single use insulated trays with detainees' names and meal type denoted on the tray. Staff inspected therapeutic and religious trays, prior to placement on the meal cart. Trays are then loaded on to carts and delivered to the units by inmate workers. ODO found the carts do not have locking devices and are not escorted by staff (**Deficiency FS-1<sup>13</sup>**).

ODO's inspection confirmed safety and sanitation procedures were in place for cleaning and sanitizing food service equipment on a regular basis; however, garbage containers did not have covers (**Deficiency FS-2<sup>14</sup>**). Additionally, ODO observed food stored on wooden pallets in the dry storage area were not six inches from the floor and there were food items that were susceptible to moisture and rodent infestation (flour and sugar) stored on the pallets (**Deficiency FS-3<sup>15</sup>**).

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<sup>11</sup> The grievance section of the detainee handbook will provide notice of the following: 4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." See ICE 2000 NDS, Standard, Detainee Grievance Procedures, Section (III)(G)(4). ***This is a repeat deficiency.***

<sup>12</sup> "The grievance section of the detainee handbook will provide notice of the following: 5. The policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance." See ICE 2000 NDS, Standard, Detainee Grievance Procedures, Section (III)(G)(5). ***This is a repeat deficiency.***

<sup>13</sup> "The following procedures apply to the display, service, and transportation of food to mainline and satellite food service areas:

g. If the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (e.g., salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature. Food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-feeding carts. Food carts must have locking devices.

All food safety provisions (sanitation, safe-handling, storage, etc.) apply without exception to food in transit." See ICE NDS Standard, Food Service, Section, (III)(C)(2)(g). ***This is a repeat deficiency***

<sup>14</sup> "All facilities shall meet the following environmental standards:

j. Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect- and rodent proof. The facility shall comply with all applicable regulations (local, state, and federal) on refuse-handling and disposal." See ICE NDS Standard, Food Service, Section (III)(H)(5)(j).

<sup>15</sup> "The following procedures apply when receiving or storing food:

e. Store food items at least two inches from the walls and at least six inches above the floor. Wooden pallets may be used to store canned goods and other non-absorbent containers, but not to store dairy products or fresh produce." See ICE NDS Standard, Food Service, Section (III)(J)(3)(e). ***This is a repeat deficiency.***

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

ERO has a Deportation Officer (DO) assigned to WCJ. During the inspection, ODO interviewed the DO and accompanied him during his visit to the facility. The DO monitored the overall conditions of the facility and visited the pods and performed routine scheduled and unscheduled activities with ICE detainees. ODO visited each housing unit and observed the ERO visitation schedule was not posted in each housing unit (**Deficiency SDC-1<sup>16</sup>**).

*Corrective Action:* During the inspection, ODO observed the facility initiated corrective action by developing and posting written schedules in the detainees living areas and other areas with detainee access to telephone.

## **TELEPHONE ACCESS (TA)**

ERO utilized a revised version of the Telephone Serviceability Worksheet. The worksheets reflected serviceability of telephones on a weekly basis in detainee housing units; however, the worksheets did not include random calls to pre-programmed numbers on the pro bono/consulate list.” (**Deficiency TA-1<sup>17</sup>**).

## **VISITATION (V)**

ODO reviewed documentation and found the facility did not allow Immediate Family, Immediate Family detained at the same facility to visit (**Deficiency V-1<sup>18</sup>**).

## **SECURITY AND CONTROL**

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

ODO’s inspection found that accurate and complete inventories of hazardous chemicals were not being maintained in all areas of the facility (**Deficiency EH&S-1<sup>19</sup>**). Specifically, solid powder

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<sup>16</sup> “The ICE Field Office Director shall devise a written schedule and procedure for weekly detainee visits by District ICE deportation staff. The ICE officer will also visit the facility’s Special Management Unit (SMU) to interview any ICE detainees housed there, monitor housing conditions, review all records in this regard. Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access. The ICE Field Office Director shall have specific procedures for documenting the visit. IGSA’s with larger populations should be visited more often if necessary.” *See* ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(A)(2)(b).

<sup>17</sup> “Effective immediately, concurrent with staff/detainee communications visits, ICE staff will verify serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list. ICE staff will also interview a sampling of detainees and review written detainee complaints regarding detainee telephone access. The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis.” *See* Change Notice: Detainee Telephone Services - April 4, 2007.

<sup>18</sup> “Persons Allowed to Visit. Individuals from the following categories may visit: a.) Immediate Family- Mothers, fathers, stepparents, foster parents, brothers, sisters, children and spouses, including common-law spouses. b.) Immediate Family Members Detained at the Same Facility  
Immediate family members (see paragraph II.2.a, above) detained at the same facility may visit with each other during normal visiting hours.” *See* ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(H)(2).

<sup>19</sup> “Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for Environmental Health and Safety 2 September 20, 2000 each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

dish soap and bleach stored in the warehouse for food service and within the department did not have an accurate inventory.

The master index of the hazardous chemicals includes locations; however, it did not include emergency numbers, and documentation of semi-annual reviews (**Deficiency EH&S-2<sup>20</sup>**).

ODO confirmed the master index of Safety Data Sheets (SDS) was available in master control and a copy was provided to the local fire department; however, ODO confirmed SDS's were not present at each location where chemicals are stored and used (**Deficiency EH&S-3<sup>21</sup>**).

ODO verified [REDACTED] fire and safety inspections are being conducted of the entire facility, by a. However, fire drills are not being conducted or documented in all areas of the facility on a [REDACTED] basis nor are detainees being evacuated during drills (**Deficiency EH&S-4<sup>22</sup>**).

ODO's inspection found exit diagrams are not complete or conspicuously posted throughout the facility (**Deficiency EH&S-5<sup>23</sup>**). Specifically, exit diagrams are not posted in the units or other common areas of the facility for security reasons but are available to the unit officers. In addition, ODO found exit diagrams did not contain English and Spanish instructions, "You Are Here"

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<sup>20</sup> "The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file. The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

<sup>21</sup> "Every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety Data Sheets (MSDSs). The MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to the MSDSs for the substances with which they are working while in the work area. Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary. The MSDS file in each area should include a list of all areas where hazardous substances are stored, along with a plant diagram and legend. Staff will provide a copy of this information and all MSDSs contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor or designate.

Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary.

The MSDS file in each area should include a list of all areas where hazardous substances are stored, along with a plant diagram and legend. Staff will provide a copy of this information and all MSDSs contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor or designate." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B). ***This is a repeat deficiency.***

<sup>22</sup> "[REDACTED] fire drills will be conducted and documented separately in each department.

a. Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours will be timed so that employees on each shift participate in an annual drill.

b. Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. Staff- simulated drills will take place instead in the areas where detainees are not evacuated.

c. Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of [REDACTED] for drawing keys and unlocking emergency doors." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b)(c).

<sup>23</sup> "Every institution will develop a fire prevention, control, and evacuation plan to include, among other thing, the following: h. Conspicuously posted exit diagrams conspicuously posted for and in each area." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(3)(h).

markers, or emergency equipment location information required by the standard (**Deficiency EH&S-6<sup>24</sup>**).

ODO reviewed documentation of generator testing, water certification, and pest control. Based on ODO's review, it was confirmed the generator is not tested every [REDACTED] or run for [REDACTED] (**Deficiency EH&S-7<sup>25</sup>**).

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

A review of WCJ policy, Segregated Inmates, indicated detainees in AS are limited to one 30-minute visit with a friend or family member, thus, denying them the same general privileges as detainees in general population (**Deficiency SMU AS-1<sup>26</sup>**).

The designated SMU for WCJ is Unit [REDACTED] and Unit [REDACTED]. There is a day room which is centrally located for [REDACTED] and a day room on the lower level for [REDACTED]; however, there are no televisions or board games for detainees to utilize during their designated out-of-cell time (**Deficiency SMU AS-2<sup>27</sup>**).

ODO reviewed the files of the detainee in SMU during the inspection and 15 detainees previously placed on AS and found WCJ supervisory staff did not approve the detention order, prior to the detainees' placement in AS and detainees were not provided a copy of the AS order within 24 hours, documenting the rationale for the detainee's placement in AS (**Deficiency SMU AS-3<sup>28</sup>**).

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<sup>24</sup> "In addition to a general area diagram, the following information must be provided on existing signs:

a. English and Spanish instructions;

b. "You Are Here" markers;

c. Emergency equipment locations. New signs and sign replacements will also identify and explain "Areas of Safe Refuge." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(a)(b)(c).

<sup>25</sup> "Power generators will be tested at least every [REDACTED]. Other emergency equipment and systems will undergo [REDACTED] testing, with follow-up repairs or replacement as necessary. The [REDACTED] test of the emergency electrical generator will last [REDACTED]. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency. The emergency generator will also receive [REDACTED] testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

<sup>26</sup> "The facility shall allow the "Visitation" standard in setting visitation rules for detainees in administrative segregation. Ordinarily, a detainee retains visitation privileges while in administrative segregation." See ICE NDS 2000, Special Management Unit Administrative Segregation, Section (III)(D)(13). *This is a repeat deficiency.*

<sup>27</sup> "Recreation shall be provided to detainees in administrative segregation in accordance with the "Recreation" standard.

These provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee's recreation privileges may be withheld temporarily after a severely disruptive incident. Staff shall document by memorandum and logbook(s) notation every instance when a detainee is denied recreation. The memorandum shall be placed in the detainee's detention file.

When space and resources are available, detainees in administrative segregation will be able to participate in TV viewing, board games, socializing and work details (e.g., an orderly in the SMU); and provided opportunities to spend time outside their cells, over and above recreation periods." See ICE NDS 2000, Special Management Unit Administrative Segregation, Section (III)(D)(8). *This is a repeat deficiency.*

<sup>28</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

## USE OF FORCE (UOF)

ODO confirmed WCJ has [REDACTED]; however, during the time of the inspection, WCJ was unable to provide documentation of ERO approval for the use of [REDACTED] as a restraint device for detainees (**Deficiency UOF-1<sup>29</sup>**).

## HEALTH SERVICES

### MEDICAL CARE (MC)

ODO reviewed [REDACTED] correctional staff files found all had current AED certification. Discussion with the training coordinator confirmed deputies received CPR/AED training as part of their initial training at the academy; however, after initial training, deputies received just AED training on an annual basis and were not provided with CPR training every two years (**Deficiency MC-1<sup>30</sup>**).

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

ODO reviewed [REDACTED] medical staff training files confirmed each staff member had current cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) certification. Discussion with the training coordinator confirmed deputies received CPR/AED training as part of their initial training at the academy. ODO reviewed the training schedule and confirmed only annual AED training for deputies were provided (*See* **Deficiency MC-1**).

## CONCLUSION

During this inspection, ODO reviewed the facility's compliance under the NDS 2000 and found the facility compliant with 6 out of 17 standards. ODO found 25 deficiencies in the remaining 11 standards, which is a significant decrease (24), in the number of deficiencies found since ODO's

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would jeopardize the safety, security, or orderly operation of the facility." *See* ICE NDS 2000, Special Management Unit Administrative Segregation, Section (III)(B). ***This is a repeat deficiency.***

<sup>29</sup> "Deviations from the following list of restraint equipment are prohibited:

[REDACTED]

*See* ICE 2000 NDS, Standard, Use of Force, Section (III)(C).

<sup>30</sup> "In each detention facility, the designated health authority and the OIC will determine the availability and placement of first aid kits consistent with the American Correctional Association requirements.

Detention staff will be trained to respond to health-related emergencies within a [REDACTED] response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following:

2. The administration of first aid and cardiopulmonary resuscitation (CPR);" *See* ICE NDS 2000, Medical Care, Section, (III)(H)(2) and National Commission on Correctional Health Care (NCCHC) J-C-04.

last inspection in 2016. ODO found facility staff were knowledgeable and professional in their interactions with both detainees and the ODO team.

ODO commended facility staff for their responsiveness during this inspection and noted there were three instances in which staff initiated corrective action during the inspection in response to a deficiency finding in the SDC standard and one instance in the DGP standard.

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

<b>Compliance Inspection Results</b>	<b>FY 2016 (NDS 2000)</b>	<b>FY 2020 (NDS 2000)</b>
Standards Reviewed	15	17
Deficient Standards	12	11
Overall Number of Deficiencies	49	25
Corrective Action	0	2