



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Salt Lake City Field Office

Washoe County Jail
Reno, Nevada

November 16-20, 2020

**COMPLIANCE INSPECTION
of the
WASHOE COUNTY JAIL
Reno, Nevada**

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	(Acting) Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
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[REDACTED]	Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Washoe County Jail (WCJ) in Reno, Nevada, from November 16 to 20, 2020.¹ The facility opened in December 1988 and is owned and operated by WCJ. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCJ in 2007 under the oversight of ERO's Field Office Director (FOD) in Salt Lake City. The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility. A WCJ facility administrator handles daily facility operations and is supported by [REDACTED] personnel. The Washoe County Sheriff's Office provides food services, Naphcare provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in September 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	86
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of 11/3/2020)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2020, ODO found 25 deficiencies in the following areas: Admission and Release (4); Detainee Classification System (1); Detainee Grievance Procedures (2); Environmental Health and Safety (7); Food Service (3); Medical Care (1); Staff-Detainee Communication (1); Special Management Unit (Administrative Segregation) (3); Telephone Access (1); Use of Force (1); and Visitation (1).

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

² Data Source: ERO Facility List Report as of November 3, 2020.

³ *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.⁴

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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	4
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	6
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	13
Part 4 – Care	
Disability Identification, Assessment, and Accommodation	0
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 – Activities	
Religious Practices	0
Telephone Access	2
Sub-Total	2
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	15

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

⁶ Beginning in FY 2021, ODO added Emergency Plans, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed seven detainees, who each voluntarily agreed to participate. The Team Lead attempted to interview the required 12 detainees during the Contingency Inspection; however, there were only ■ detainees in ICE custody, two of which declined to interview, and the other ■ were in COVID-19 quarantine. None of the detainees made allegations of discrimination, mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Admission and Release: Five detainees stated they did not receive an ICE National Detainee Handbook nor a facility specific detainee handbook upon their admission into the facility.

- Action Taken: On November 16, 2020, ODO interviewed the WCJ detention manager (DM) and intake sergeant concerning the detainees' complaints, which confirmed the ICE National Detainee Handbook is not provided upon admission. However, the facility does provide a copy of the facility specific detainee handbook, which is available in paper form during admission and electronically within the housing unit kiosks. ODO annotated this finding as a deficiency.

Religious Practices: Five detainees complained about the non-availability of religious services and the inability to worship as a group.

- Action Taken: On November 16, 2020, ODO interviewed the DM, which disclosed the facility cancelled religious services as a result of the COVID-19 pandemic due to multiple outbreaks within the facility; however, chaplain visitations and religious services resumed on November 18, 2020. ODO found no further record of additional complaints regarding religious services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's A&R program and found the facility does not forward the detainee's original identity documents to ICE/ERO as required (**Deficiency A&R- 1**⁷).

ODO reviewed 12 detainee files and found four out of 12 detainee files reviewed did not contain a signed Form I-203 nor Form I-216 (**Deficiency A&R-2**⁸).

ODO reviewed the facility's A&R program, interviewed the intake supervisory, and determined the facility does not provide detainees with an ICE National Detainee Handbook (**Deficiency A&R-3**⁹).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's CCS program and found the facility does separate detainees according to assigned classification and are comingled within the same housing units (**Deficiency CCS-1**¹⁰).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI program, interviewed facility staff, and found the facility's written policies and procedures have not been reviewed nor approved by ERO/Salt Lake City prior to the date of the review (**Deficiency SAAPI-1**¹¹).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility's SMU program, interviewed staff, and found the facility's SMU seven-day reviews of detainees in administrative segregation (AS) and the weekly thereafter for the first 30-days, did not include an interview with the detainee (**Deficiency SMU-1**¹²).

⁷ "Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO." See NDS 2019, Standard, Admission and Release, Section (II)(C).

⁸ "Official documentation from ICE/ERO (e.g. Form I-203, I-203a, or I-216) shall accompany each newly arriving detainee." See NDS 2019, Standard, Admission and Release, Section (II)(F).

⁹ "Upon admission, every detainee will receive an ICE/ERO National Detainee Handbook and a facility handbook." See NDS 2019, Standard, Admission and Release, Section (II)(I).

¹⁰ "A detainee's classification level will determine his or her housing assignment, voluntary work assignment, and how his or her recreational activities, meals, and religious services are managed." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(5).

¹¹ "The facility's requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards. The facility's written policy and procedures must be reviewed and approved by ICE/ERO." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(7) 2 Revised July 28, 2020.

¹² "A supervisor shall conduct an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter, at a minimum." See ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(3)(b).

ODO reviewed the facility's SMU program and found the facility does not have written procedures for the regular review of all detainees held in disciplinary segregation (DS) (**Deficiency SMU-2¹³**).

ODO reviewed the facility's SMU program and found the facility does not maintain a permanent log, recording detainee meal(s) served, showers, recreation time, nor other pertinent information (**Deficiency SMU-3¹⁴**).

ODO reviewed the facility's SMU program and found the facility does not prepare a record immediately upon the detainee's placement in SMU (**Deficiency SMU-4¹⁵**).

ODO reviewed the facility's SMU program and found the facility does not maintain a permanent log to record when a medical staff member visits a detainee in the SMU (**Deficiency SMU-5¹⁶**).

ODO reviewed the facility's SMU program and found upon a detainee's release, the facility does not attach the detainee's entire housing unit record to the AS nor DS order (**Deficiency SMU-6¹⁷**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the facility's UOF&R program and found the facility does not have written procedures governing the mandatory after-action review for UOF incidents, whether calculated or immediate, nor for the application of restraints (**Deficiency UOF&R-1¹⁸**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed the facility's TA program, interviewed staff, and found the facility limits detainee phone restrictions to 15-minutes, versus the allotted 20-minute minimum during

¹³ "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(3).

¹⁴ "A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(1).

¹⁵ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(a)

¹⁶ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU. (b) The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(b).

¹⁷ "Upon a detainee's release from the SMU, the releasing officer shall attach that detainee's entire housing unit record to either the administrative segregation order or the disciplinary segregation order and ensure the record's inclusion in the detainee's detention file or retrievable electronic record." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(c).

¹⁸ "Written procedures shall govern the mandatory after-action review for use-of-force incidents (whether calculated or immediate), and for the application of restraints. The purpose of the review is, among other things, to assess the reasonableness of the actions taken" *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K).

telephone calls with their legal representatives (**Deficiency TA-1¹⁹**).

ODO reviewed the facility’s TA program and found the facility does not transfer incoming personal telephone calls nor take telephone messages for the detainees (**Deficiency TA-2²⁰**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found 15 deficiencies in the remaining six standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2019)	FY 2021 (NDS 2019)
Standards Reviewed	17	18
Deficient Standards	11	6
Overall Number of Deficiencies	25	15
Repeat Deficiencies	N/A	0
Corrective Actions	2	0

¹⁹ “If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call, if desired, at the first available opportunity.” See ICE NDS 2019, Standard, Telephone Access, Section (II)(F).

²⁰ “The facility shall take and deliver telephone messages to detainees as promptly as possible.” See ICE NDS 2019, Standard, Telephone Access, Section (II)(I).