



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
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**

**May 3-5, 2022**

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

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY NATIONAL DETENTION STANDARDS (NDS) 2000 MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>7</b>
<b>DETAINEE SERVICES .....</b>	<b>7</b>
Admission and Release .....	7
Food Service .....	8
<b>SECURITY AND CONTROL .....</b>	<b>8</b>
Environmental Health and Safety .....	8
Use Of Force .....	9
<b>CONCLUSION .....</b>	<b>10</b>

## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead  
Inspections and Compliance Specialist  
Contractor  
Contractor

ODO  
ODO  
Creative Corrections  
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 May 3 to 5, 2022.<sup>1</sup> WCJ opened in 1988 and is owned and operated by the Washoe County Sheriff's Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCJ in 2008 under the oversight of ERO's Field Office Director in Salt Lake City (ERO Salt Lake City). WCJ operates under the National Detention Standards (NDS) 2000.

ERO has assigned deportation officers (DOs) to the facility. A WCJ chief deputy oversees daily facility operations and manages [REDACTED] support personnel. WCJ provides food services, Naphcare provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in February 2022.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of May 3, 2022)	[REDACTED]
Adult Female Population (as of May 3, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 35 deficiencies in the following areas: Admission and Release (6); Detainee Classification System (8); Emergency Plans (3); Environmental Health and Safety (7); Funds and Personal Property (4); Hunger Strikes (2); Medical Care (1); Suicide Prevention and Intervention (1); Telephone Access (1); and Use of Force (2).

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

<sup>2</sup> Data Source: ERO Facility List as of May 5, 2022.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an average daily population (ADP) of one or more detainees and over 72-hour ICE detention facilities with an ADP of one-to-nine detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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 its decision-making to better allocate resources across the agency’s entire detention inventory.

---

<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>5,6</sup>	Deficiencies
<b>Part 1 - Detainee Services</b>	
Admission and Release <sup>7</sup>	2
Food Service	1
<b>Sub-Total</b>	<b>3</b>
<b>Part 2 - Security and Control</b>	
Environmental Health and Safety	10
Post Orders	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	2
<b>Sub-Total</b>	<b>12</b>
<b>Part 3 - Health Services</b>	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Other Standards Reviewed</b>	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>15</b>

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

<sup>6</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

<sup>7</sup> The deficiencies cited under Admission and Release standard were identified while performing detainee interviews and the Admission and Release standard was not reviewed in its entirety.

## DETAINEE RELATIONS

ODO interviewed six 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.

*Detainee Grievance Procedures:* One detainee stated he submitted a grievance form on April 28, 2022, because he did not receive a response to his query for the reason of his detention at WCJ.

- Action Taken: ODO interviewed the ERO Salt Lake City DO and reviewed the grievance log. On April 30, 2022, the detainee submitted a grievance to WCJ staff. On May 2, 2022, ERO Salt Lake City spoke with the detainee regarding his detention at WCJ. Facility staff advised him he would remain at WCJ until U.S. Marshals escorted him to court to face prosecution for a felony re-entry into the United States. WCJ staff released the detainee to U.S. Marshals on May 4, 2022.

*Medical Care:* One detainee stated his concern about his asthma and the facility's disregard of his condition.

- Action Taken: ODO interviewed the director of nursing, reviewed the detainee's medical record, and confirmed staff processed the detainee on December 9, 2021. The detainee did state his use of albuterol to treat his long-term asthma during the medical intake screening, but the medical staff did not confirm his condition nor did the detainee possess an inhaler. The detainee also reported visiting an urgent care clinic in Reno, Nevada, diagnosing him with the flu on December 8, 2021. Facility staff checked the urgent care clinic's prescription records and found no prescription on file for the detainee. On December 9, 2021, facility staff sent a release of information request to the urgent care clinic, and the clinic confirmed no records found for the detainee. Medical staff authorized the detainee use of an inhaler twice daily under medical supervision. On May 5, 2022, medical staff advised the detainee to submit a sick call request to include an inhaler on the daily mobile medication cart. WCJ did not allow detainees to possess their own inhalers due to the risk of abuse by other detainees.

## COMPLIANCE INSPECTION FINDINGS

### DETAINEE SERVICES

#### ADMISSION AND RELEASE (AR)

During detainee interviews, detainees informed ODO the facility strip-searched them as a matter of routine. ODO interviewed a WCJ deputy and found facility staff strip-searched the detainees before release into the general population. Specifically, WCJ had no reasonable suspicion to strip-

search detainees before admitting them to the facility (**Deficiency AR-10<sup>8</sup>**).

Additionally, ODO found the facility strip-searched detainees during the intake process as a matter of routine. Specifically, facility staff members had no reasonable suspicion to strip-search detainees, nor did they document the strip-searches on the Record of Search (Form G-1025) (**Deficiency AR-13<sup>9</sup>**).

## **FOOD SERVICE (FS)**

ODO interviewed the WCJ food service manager, reviewed documentation, and found a qualified fire suppression system contractor had not inspected the facility fire suppression system since May 3, 2021 (**Deficiency FS-409<sup>10</sup>**).

## **SECURITY AND CONTROL**

### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed the WCJ fire safety officer, reviewed the Material Safety Data Sheet (MSDS) master index files and other associated facility EHS documentation, and found the following deficiencies:

- No plant diagram with legend detailing storage locations of hazardous materials on file in six out of six areas (**Deficiency EHS-8<sup>11</sup>**);
- WCJ did not provide a copy of the MSDS master index file to the local fire department (**Deficiency EHS-11<sup>12</sup>**). **This is a repeat deficiency**;
- The facility did not maintain documentation of its semi-annual hazardous substance reviews (**Deficiency EHS-12<sup>13</sup>**). **This is a repeat deficiency**; and
- No comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.) on file (**Deficiency EHS-13<sup>14</sup>**).

---

<sup>8</sup> “Immigration detainees shall not be strip searched upon admission to a facility unless there is a reasonable suspicion that an individual may be concealing a weapon or other contraband.” *See* ICE NDS 2000, Standard, Admission and Release, Section (See Change Notice – Strip Search Guidelines for Admission and Release – April 14, 2003).

<sup>9</sup> “If information developed during admissions processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G-1025, Record of Search.” *See* ICE NDS 2000, Standard, Admission and Release, Section (See Change Notice – Strip Search – October 15, 2007).

<sup>10</sup> “A qualified contractor shall inspect the system every six months.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(12)(f).

<sup>11</sup> “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.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

<sup>12</sup> “He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

<sup>13</sup> “Documentation of the semi-annual reviews will be maintained in the MSDS master file.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

<sup>14</sup> “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).

ODO interviewed the WCJ fire safety officer and found WCJ did not conduct nor document monthly fire drills (**Deficiency EHS-65<sup>15</sup>**). **This is a repeat deficiency.**

Additionally, ODO found the following deficiencies pertaining to fire drills:

- No conduct of fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours, which did not allow employees on each shift to participate in an annual drill (**Deficiency EHS-66<sup>16</sup>**);
- No evacuation of detainees during fire drills (**Deficiency EHS-67<sup>17</sup>**);
- No staff-simulated fire drills in locations in which WCJ staff did not evacuate detainees (**Deficiency EHS-68<sup>18</sup>**);
- No inclusion of emergency-key drills during fire drills, nor did they time the fire drills (**Deficiency EHS-69<sup>19</sup>**). **This is a repeat deficiency;** and
- No emergency-key draw during fire drills to unlock one set of emergency exit doors not in daily use (**Deficiency EHS-70<sup>20</sup>**). **This is a repeat deficiency.**

## USE OF FORCE (UOF)

ODO interviewed a WCJ lieutenant, reviewed WCJ's UOF policy and procedures, and found WCJ did not pattern its incident review process after ERO Salt Lake City. Specifically, WCJ's after-action review team did not include the health services administrator nor an ERO Salt Lake City representative. Additionally, the review process consisted of individual supervisory reviews and not team reviews (**Deficiency UOF-102<sup>21</sup>**). **This is a repeat deficiency.**

ODO found no documentation that ERO Salt Lake City reviewed and approved WCJ's after-action review procedures (**Deficiency UOF-103<sup>22</sup>**).

---

<sup>15</sup> "Monthly fire drills will be conducted and documented separately in each department." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

<sup>16</sup> "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." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(a).

<sup>17</sup> "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." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

<sup>18</sup> "Staff-simulated drills will take place instead in the areas where detainees are not evacuated." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

<sup>19</sup> "Emergency-key drills will be included in each fire drill, and timed." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

<sup>20</sup> "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." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

<sup>21</sup> "IGSA will pattern its incident review process after INS." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(K).

<sup>22</sup> "INS shall review and approve all After Action Review procedures." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(K).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 10 standards under NDS 2000, and 1 standard under NDS 2019 and found the facility in compliance with 7 of those standards. ODO found 15 deficiencies in the remaining 4 standards. ODO commends facility staff members 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. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of WCJ on July 23, 2021.

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 (NDS 2000)</b>	<b>FY 2022 (NDS 2000/NDS 2019)</b>
Standards Reviewed	13	10/1
Deficient Standards	10	4
Overall Number of Deficiencies	35	15
Repeat Deficiencies	0	6
Areas Of Concern	1	0
Corrective Actions	2	0
Facility Rating	N/A	Acceptable/Adequate