



**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  
ERO Seattle Field Office**

**Northern Oregon Regional Correctional Facility  
The Dalles, Oregon**

**July 13-16, 2020**

**COMPLIANCE INSPECTION**  
**of the**  
**NORTHERN OREGON REGIONAL CORRECTIONAL FACILITY**  
The Dalles, Oregon

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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 a compliance inspection of the Northern Oregon Regional Correctional Facility (NORCOR) in The Dalles, Oregon, from July 13 to 16, 2020.<sup>1</sup> The facility opened in 1999 and is owned by Wasco, Sherman, Gilliam, and Hood River Counties and operated by the NORCOR Sheriff's Board. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NORCOR in 1999 under the oversight of ERO's Field Office Director (FOD) in Seattle (ERO Seattle). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned deportation officers to the facility. An NORCOR jail supervisor handles daily facility operations and is supported by █ personnel. Summit Food Service provides food and commissary services, and NORCOR provides medical care at the facility. The facility did not hold any national accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	30
Average ICE Detainee Population <sup>3</sup>	11
Male Detainee Population (as of 7/13/2020)	3
Female Detainee Population (as of 7/13/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2019, ODO found 47 deficiencies in the following areas: Access to Legal Material (4); Admission and Release (4); Detainee Classification System (2); Food Service (14); Funds and Personal Property (1); Staff-Detainee Communication (1); Visitation (2); Environmental Health and Safety (11); Special Management Unit (Administration Segregation) (2); Special Management Unit (Disciplinary Segregation) (2); Use of Force (3); and Medical Care (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of July 13, 2020.

<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.

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.

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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	2
Admission and Release	1
Detainee Classification System	0
Detainee Grievance Procedures	2
Food Service	8
Funds and Personal Property	1
Recreation	0
Religious Practices	0
Staff-Detainee Communication	2
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>16</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	3
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	1
Use of Force	4
<b>Sub-Total</b>	<b>8</b>
<b>Part 3 – Health Services</b>	
Medical Care	1
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</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 three detainees, who each voluntarily agreed to participate. The facility held only three detainees at the time of the inspection. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Medical Care:* One detainee stated he requested a medical diet but the facility has not provided a response to his request.

- Action Taken: ODO reviewed the detainee's medical record and spoke with facility medical staff. When the facility evaluated him on January 23, 2020, the detainee complained of having right lower quadrant discomfort and occasional nausea when he consumed too much coffee or spicy food. The facility maintained his prescriptions for omeprazole and famotidine for acid reflux and encouraged him to make different food and drink choices with regard to his acid reflux. ODO found no indication the detainee submitted a medical request to be placed on a special diet. During the inspection, ODO requested the medical department follow-up with the detainee regarding a special diet. Medical staff informed the detainee he could manage his condition with his medication for acid reflux and by removing the foods and drinks, which aggravated his condition from his diet. Medical staff further counseled the detainee about his acid reflux and informed him his condition did not meet the requirements for being placed on a special diet.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the facility's detainee handbook and found a repeat deficiency in which the law library section was missing several required elements. Specifically, the handbook did not notify detainees of the scheduled hours of access to the law library, the procedure for requesting additional time in the law library, and the procedure for requesting material the facility did not maintain in the law library (**Deficiency ALM-1<sup>6</sup>**).

ODO reviewed photographs of the facility's law library and found a repeat deficiency in which the facility did not have law library policies and procedures posted in the law library (**Deficiency ALM-2<sup>7</sup>**).

### ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and found one Order to Release or Detain (Form I-203) was not signed by an authorizing official, which was a repeat deficiency (**Deficiency A&R-1<sup>8</sup>**).

### DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the facility's detainee handbook and found the facility required detainees to resolve grievances informally and did not permit detainees to bypass the informal grievance process (**Deficiency DGP-1<sup>9</sup>**).

### FOOD SERVICE (FS)

ODO reviewed the food service department's purchase requests for the past six months and found the facility purchased alcohol-based flavorings, specifically [REDACTED], and [REDACTED]

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<sup>6</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; ...

4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);

5. the procedure for requesting legal reference materials not maintained in the law library." *See* ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(2)(4) and (5). **This is a repeat deficiency.**

<sup>7</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). **This is a repeat deficiency.**

<sup>8</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). **This is a repeat deficiency.**

<sup>9</sup> "... The detainee is free to bypass or terminate the informal grievance process, and proceed directly to the formal grievance stage. If an oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome, however the staff member will document the results for the record and place his/her report in the detainee's detention file." *See* ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(1).



sauce, without specifying special handling instructions (**Deficiency FS-1<sup>10</sup>**).

ODO reviewed photographs of the facility's kitchen and food service workers' work attire and found a repeat deficiency in which inmate workers were not wearing rubber sole, non-slip, safety boots while working in the kitchen (**Deficiency FS-2<sup>11</sup>**).

ODO reviewed staff files for [REDACTED] food service staff members and found there was no documentation the [REDACTED] food service staff members were medically cleared to work in the food service department, which was a repeat deficiency (**Deficiency FS-3<sup>12</sup>**).

ODO reviewed the dish machine pressure and temperature logs for the past three months and found 161 out of 183 dish machine pressure log entries for the water line, immediately adjacent to the final-rinse control valve, were outside of the required range (**Deficiency FS-4<sup>13</sup>**).

ODO found 177 out of 183 dish machine final rinse temperature log entries were outside of the required temperature range (**Deficiency FS-5<sup>14</sup>**).

ODO reviewed the food service department's weekly inspection documentation for the past six months and found a repeat deficiency. The facility did not record corrective action measures needed nor forwarded a written report to the officer in charge for review (**Deficiency FS-6<sup>15</sup>**).

ODO reviewed photographs of the dry-food storage room and found food canned goods were stored less than six inches from the floor, which was a repeat deficiency (**Deficiency FS-7<sup>16</sup>**).

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<sup>10</sup> "All facilities shall have procedures for the handling of food items that pose a security threat. ... [REDACTED] and alcohol-based flavorings also require special handling and storage. The purchase order for any of these items will specify the special-handling requirements for delivery. Staff shall store and inventory these items in a secure area in the food service department. Staff shall directly supervise use of these items." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(4).

<sup>11</sup> "... Approved rubber soled safety shoes shall be provided and used by all food service personnel working in food service." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(2)(e). **This is a repeat deficiency.**

<sup>12</sup> "All food service personnel (both staff and detainee) shall receive a preemployment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a). **This is a repeat deficiency.**

<sup>13</sup> "... The pressure of the final-rinse water must be between 15 and 25 pounds per square inch (psi) in the water line immediately adjacent to the final-rinse control valve." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(g)(1).

<sup>14</sup> "Maintain the following temperatures for hot-water sanitizing: ...

c. Multi-tank, conveyor machine: wash temperature of 150 degrees F; pumped rinse, 160 degrees F; final rinse, 180 degrees F."

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(g)(5)(c).

<sup>15</sup> "Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the OIC. The OIC shall establish the date(s) by which identified problems shall be corrected." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(b). **This is a repeat deficiency.**

<sup>16</sup> "The following procedures apply when storing food:

a. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures. A painted line may guide pallet placement." See ICE NDS 2000, Standard, Food Service, Section (III)(J)(3)(d). **This is a repeat deficiency.**

ODO reviewed the freezer temperature logs for the past six months and found 320 out of 549 log entries were outside of the required temperature range (**Deficiency FS-8<sup>17</sup>**).

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO reviewed the facility's detainee handbook and found a repeat deficiency in which the handbook did not contain all the required elements of the standard. Specifically, the following requirements were missing: notifying detainees they could request a certified copy of their identity documents from their A-file, which personal property items they could retain, the rules for storing and mailing property not allowed in their possession, the procedures for claiming property upon release, transfer, or removal, and the procedures for filing a claim for lost or damaged personal property (**Deficiency F&PP-1<sup>18</sup>**).

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

ODO reviewed the facility's visitation documentation and found ERO Seattle did not make any unannounced visits to the facility from [REDACTED] (**Deficiency SDC-1<sup>19</sup>**).

ODO reviewed the facility's detainee handbook and found it did not notify detainees they could submit written questions, requests, or concerns to ERO Seattle, nor the procedures for doing so (**Deficiency SDC-2<sup>20</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by updating the facility's detainee handbook to include notification to detainees they may submit written questions, requests, or concerns to ERO Seattle, the procedure for doing so, and they informed detainees they could request assistance if needed. The facility provided ODO a copy of the revision, which ODO verified contained all requirements per the standard (**C-1**).

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<sup>17</sup> "The following procedures apply when receiving or storing food: ...

f. Store perishables at 35-40 degrees F to prevent spoilage and other bacterial action; maintain frozen foods at or below zero degrees F." See ICE NDS 2000, Standard, Food Service, Section (III)(J)(3)(f).

<sup>18</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning procedures concerning personal property, including:

1. Which items they may retain in their possession;
2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
3. The rules for storing or mailing property not allowed in their possession;
4. The procedure for claiming property upon release, transfer, or removal;
5. The procedures for filing a claim for lost or damaged property."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(1) thru (5). **This is a repeat deficiency.**

<sup>19</sup> "Policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC), and designated department heads conduct regular unannounced (not scheduled) visits to the facility's living and activity areas to encourage informal communication between staff and detainees and informally observing living and working conditions." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1).

<sup>20</sup> "The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(3).

## **SECURITY AND CONTROL**

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

ODO reviewed the facility's safety and fire inspection program and found the staff member responsible for fire and safety inspections was not trained or certified in the National Fire Protection Association (NFPA) regulations and/or standards, which was a repeat deficiency. Additionally, the fire and safety inspection reports were not forwarded to the OIC for review (**Deficiency EH&S-1<sup>21</sup>**).

ODO reviewed the facility's fire drill documentation and found a repeat deficiency in which the facility did not time the fire drills (**Deficiency EH&S-2<sup>22</sup>**).

ODO reviewed the facility's posted fire evacuation signs and found the exit diagrams did not provide evacuation information in Spanish, which was a repeat deficiency (**Deficiency EH&S-3<sup>23</sup>**).

### **SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)**

ODO reviewed the disciplinary segregation files for six detainees and found the disciplinary segregation orders were not completed by the chair of the institutional disciplinary panel (**Deficiency SMU DS-1<sup>24</sup>**).

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

ODO reviewed photographs of the UOF protective equipment, interviewed a facility lieutenant, and found the facility did not have [REDACTED] for their UOF team members, which was a repeat deficiency (**Deficiency UOF-1<sup>25</sup>**).

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<sup>21</sup> "A qualified departmental staff member will conduct weekly fire and safety Inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2). **This is a repeat deficiency.**

<sup>22</sup> "[REDACTED] drills will be included in each fire drill, and timed. [REDACTED] will be drawn and used by the appropriate staff to unlock [REDACTED] of emergency exit doors not in daily use. NFPA recommends a limit [REDACTED]" See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c). **This is a repeat deficiency.**

<sup>23</sup> "In addition to a general area diagram, the following information must be provided on existing signs:

a. English and Spanish instructions." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(a) thru (c). **This is a repeat deficiency.**

<sup>24</sup> "A written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize safety, security, or the orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(B).

<sup>25</sup> "The [REDACTED] usually involves [REDACTED] trained staff members clothed in protective gear, including [REDACTED]" See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(a). **This is a repeat deficiency.**

ODO reviewed the facility’s UOF policy and post orders and found a repeat deficiency in which the facility did not designate anyone the responsibility to maintain and regularly test audio-visual equipment, nor did they incorporate this responsibility into a post order (**Deficiency UOF-2<sup>26</sup>**).

ODO reviewed the facility’s restraint equipment and UOF documentation and found nothing to indicate ERO Seattle approved their restraint chair, nor WRAP-style restraint equipment, to be used on detainees, which was a repeat deficiency (**Deficiency UOF-3<sup>27</sup>**).

ODO reviewed one UOF incident, which occurred during the past 12-months and found the after-action review team was not comprised of four members nor did they convene on the workday following the incident (**Deficiency UOF-4<sup>28</sup>**).

## **HEALTH SERVICES**

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

ODO reviewed the credential documentation for all medical staff members and found no evidence of current cardiopulmonary resuscitation training for five medical staff (**Deficiency MC-1<sup>29</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 17 standards under NDS 2000 and found the facility in compliance with seven of those standards. ODO found 25 deficiencies in the remaining 10 standards. Despite being short-staffed due to COVID-19, the facility was responsive during this inspection and ODO notes there was one instance where facility staff initiated immediate corrective action during the inspection. The facility showed significant improvement from the last ODO. ODO recommends ERO work with the facility to resolve any

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<sup>26</sup> “The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders.” See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I). **This is a repeat deficiency.**

<sup>27</sup> “Deviations from the following list of restraint equipment are prohibited:

1. [REDACTED]
2. [REDACTED] meet National Institute of Justice standard;
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED] disposable;
8. [REDACTED] eating, drink, and taking care of basic human needs without staff intervention;
9. Any other INS-approved restraint device”

See ICE NDS 2000, Standard, Use of Force, Section (III)(C)(1) thru (9). **This is a repeat deficiency.**

<sup>28</sup> “... IGSA will pattern their incident review process after INS. ...The OIC, the Assistant OIC, the CDEO, and the Health Services Administrator shall conduct the after-action review. This four-member After-Action Review Team shall convene on the workday after the incident.” See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

<sup>29</sup> “The health care staff will have a valid professional licensure and or certification. The United States Public Health Service, Division of Immigration Health Services, will be consulted to determine the appropriate credentials requirements for health care providers.” See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (NDS 2000)</b>	<b>FY 2020 (NDS 2000)</b>
Standards Reviewed	17	17
Deficient Standards	12	10
Overall Number of Deficiencies	47	25
Repeat Deficiencies	28	14
Corrective Actions	5	1