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Office of Professional Responsibility
Inspections and Detention Oversight Division
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**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Seattle Field Office**

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

May 21-23, 2019

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

TABLE OF CONTENTS

FACILITY OVERVIEW	1
FINDINGS BY NATIONAL DETENTION STANDARDS 2000	
MAJOR CATEGORIES	2
FOLLOW-UP INSPECTIONS PROCESS	3
DETAINEE RELATIONS	4
COMPLIANCE INSPECTION FINDINGS	5
DETAINEE SERVICES	
Access to Legal Material	5
Admission and Release.....	6
Detainee Classification System	6
Food Service	7
Funds and Personal Property	10
Recreation.....	11
Staff-Detainee Communication	11
Telephone Access	11
Visitation.....	11
SECURITY AND CONTROL	
Environmental Health and Safety	12
Special Management Unit (Administrative Segregation).....	14
Special Management Unit (Disciplinary Segregation).....	14
Use of Force	15
HEALTH SERVICES	
Medical Care.....	16
CONCLUSION.....	17

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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 follow-up inspection of the Northern Oregon Regional Correctional Facility (NORCOR) in The Dalles, Oregon (OR), from May 21 to 23, 2019.¹ While ODO reviewed all core standards during the inspection, special attention was given to those standards in which related deficiencies were found during ODO's last inspection of NORCOR from February 13 to 15, 2018.

NORCOR opened in 1999, is owned by Wasco, Sherman, Gilliam, and Hood River Counties, and is operated by the NORCOR Sheriff's Board. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NORCOR in 2000 under the oversight of ERO's Field Office Director (FOD) in Seattle. The facility operates under the ICE National Detention Standards (NDS) 2000. 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).²

ERO has neither Deportation Officers (DOs) nor a Detention Services Manager (DSM) assigned to the facility. A NORCOR Jail Commander is responsible for oversight of daily facility operations and supported by █ personnel. Summit Food Service, LLC provides food and commissary services, and NORCOR provides medical care at the facility. The facility holds no national accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	40
Average ICE Detainee Population ⁴	28
Male Detainee Population (as of 5/21/2019)	17
Female Detainee Population (as of 5/21/2019)	0

During the Fiscal Year (FY) 2018 inspection, ODO found 43 deficiencies in the following areas: Admission and Release (2); Detainee Classification System (2); Environmental Health and Safety (10); Food Service (18); Funds and Personal Property (4); Issuance and Exchange of Clothing, Bedding and Towels (1); Medical Care (3); Special Management Unit – Administrative Segregation (1); Staff-Detainee Communication (1); and Suicide Prevention and Intervention (1).

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

² NORCOR underwent a Department of Justice Prison Rape Elimination Act audit in November 2017, which the facility maintains on their website at <http://www.norcor.co/adult/info/>. The facility met all standards.

³ Data Source: ERO Facility List Report as of May 20, 2019.

⁴ *Ibid.*

FY 2019 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁵	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	4
Admission and Release	4
Detainee Classification System	2
Detainee Grievance Procedures	0
Food Service	14
Funds and Personal Property	1
Recreation	0
Religious Practices	0
Staff-Detainee Communication	1
Telephone Access	0
Visitation	2
Sub-Total	28
Part 2 – Security and Control	
Environmental Health and Safety	11
Special Management Unit (Administrative Segregation)	2
Special Management Unit (Disciplinary Segregation)	2
Use of Force	3
Sub-Total	18
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
PBNS 2011 Standards Inspected	
Disability Identification, Assessment, and Accommodation	N/A
Sexual Abuse and Assault Prevention and Intervention	N/A
Sub-Total	N/A
Total Deficiencies	47

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

FOLLOW-UP INSPECTIONS PROCESS

In FY 2018, ODO began conducting follow-up inspections of ICE ERO detention facilities to assess whether corrective actions implemented by ERO and the facility, in response to deficiencies identified by ODO during the prior inspection, achieve compliance with the ICE detention standards.

ODO targets facilities for follow-up inspections based on a variety of factors, including the number of deficiencies identified during previous ODO inspections, the frequency and severity of repeat deficiencies, information identified by agency stakeholders and/or from detainee complaints, and at the request of ICE leadership. ODO coordinates its inspections with other oversight entities such as the ICE Office of Diversity and Civil Rights, the U.S. Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties, and the DHS Office of Inspector General.

While the intent of follow-up inspections is to focus on previously-identified deficiencies, ODO may decide to conduct a full inspection based on additional information obtained prior to ODO's arrival on-site. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both the initial and follow-up inspections are annotated as "Repeat Deficiencies" in this report.

DETAINEE RELATIONS

ODO interviewed ten detainees to assess the conditions of confinement at NORCOR. 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 complaints below:

Admission and Release: Four detainees stated the facility strip searched them during their admission to NORCOR.

- Action Taken: ODO reviewed admission records and confirmed the facility routinely strip-searches detainees admitted to the facility, absent reasonable suspicion to do so. ODO then discussed this concern with senior NORCOR staff, who stated the facility is transitioning to a body scanner, which will replace strip searches of detainees. ODO notified an ERO Supervisory Detention and Deportation Officer (SDDO) about this practice and cites it as a deficiency under the Admission and Release standard. On August 26, 2019, NORCOR informed ODO that every deputy has been trained on use of the body scanner and the scanner is now used on every shift.

Medical Care: One detainee stated he has pain in his leg and back, but the facility has not provided him medication.

- Action Taken: ODO reviewed the detainee's medical record, which shows he underwent a physical examination upon his arrival at NORCOR. The record also shows the detainee arrived with pain medication for his stated condition, which the facility physician continued, and that since his arrival the detainee has been evaluated by medical staff on nine different occasions: three times by nursing staff; and six times by the facility physician's assistant. Medical staff stated they would continue his pain management regimen and remind him to submit sick call requests as needed.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO found the facility provides detainees access to a law library but does not provide a written notice to detainees encouraging them to report missing or damaged law library materials (**Deficiency ALM-1⁶**).

ODO reviewed NORCOR's policy and procedures and found the facility does not assist unrepresented detainees who request a notary public or other similar services (**Deficiency ALM-2⁷**).

ODO reviewed the facility's detainee handbook and found the law library section was missing several required elements, including: notification to detainees of the scheduled hours of the law library; the procedure for requesting additional time in the law library; the procedure for requesting additional materials; and the procedure for notifying a designated employee about missing or damaged material (**Deficiency ALM-3⁸**).

ODO observed that the facility does not have policies and procedures governing access to legal materials posted in the law library (**Deficiency ALM-4⁹**).

Although the law library schedule indicates detainees may access the law library over an eight-hour period each day, the hours available to request access run from 10:00 p.m. to 6:00 a.m. ODO notes as an **Area of Concern** that maintaining these hours limits meaningful access to the law library for detainees.

⁶ "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).

⁷ "The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, and if the detainee is unable to meet the need through a family member, friend, or community organization." *See* ICE NDS 2000, Standard, Access to Legal Material, Section (III)(P).

⁸ "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; and
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)(4)(5) and (6).

⁹ "These policies and procedures shall also be posted in the law library...." *See* ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q).

ADMISSION AND RELEASE (A&R)

ODO's review of 17 detainee detention files found that although all the files had an Order to Detain or Release (Form I-203), 10 of the forms did not contain an appropriate official signature (**Deficiency A&R-1¹⁰**).

ODO reviewed NORCOR's orientation policy and although it conformed to the standard, the ERO Seattle Field Office did not approve the orientation procedures (**Deficiency A&R-2¹¹**).

ODO reviewed NORCOR's release policy and although it conformed to the standard, the ERO Seattle Field Office did not approve the release procedures (**Deficiency A&R-3¹²**).

ODO found that NORCOR policy authorizes strip searches of detainees during intake and that intake staff routinely strip search detainees absent reasonable suspicion the detainee is hiding contraband (**Deficiency A&R-4¹³**).

Corrective Action: On August 26, 2019, NORCOR informed ODO that every deputy has since been trained on use of a body scanner and the body scanner is now used on every shift instead of routine strip searches (**C-1**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 17 detainee detention files and found that although each file contained a Record of Person Transferred (Form I-216) and an Order to Detain (Form I-203), which denoted a classification level, ERO provided no additional information for the facility to conduct an objective classification (**Deficiency DCS-1¹⁴**). [REDACTED]

¹⁰ "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.**

¹¹ "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). **This is a repeat deficiency.**

¹² "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 approve [*sic*] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). *Note:* The NDS outline is erroneous; the cited section should be (III)(L). **This is a repeat deficiency.**

¹³ "...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." See "Change Notice: Admission and Release – National Strip Search Policy," dated October 15, 2007. **This is a repeat deficiency.**

¹⁴ "The classification system ensures:

1. All detainees are classified upon arrival, before being admitted to 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."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1). **This is a repeat deficiency.**

NORCOR's classification policy requires the facility to review each detainee's classification 30 days after initial classification and once per year thereafter, or at the discretion of the lieutenant. ODO notes as an **Area of Concern** that the facility did not conduct reclassification reviews for 6 of 11 detainees who had been at the facility over 30 days.

ODO reviewed the facility's detainee handbook and found that although the classification section includes procedures for classification appeals, it does not contain an explanation of classification levels and their respective conditions and restrictions (**Deficiency DCS-2¹⁵**).

FOOD SERVICE (FS)

ODO's inspection of the food service department found alcohol-based vanilla extract and soy sauce were not stored in a secure area (**Deficiency FS-1¹⁶**).

ODO reviewed food service department training records and found the facility had no documentation showing detainee/inmate workers received orientation or training in hazardous communication, equipment safety, and food safety and sanitation procedures (**Deficiency FS-2¹⁷**).

NORCOR uses a registered dietician-certified 35-day cycle master menu. ODO found the facility substituted a menu item during one day of the inspection but did not document that it was an authorized substitution (**Deficiency FS-3¹⁸**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by instituting the use of menu substitution forms to document food substitutions and forwarded the completed forms to the Food Service Director (FSD) for approval (**C-2**).

¹⁵ "The detainee handbook's section on classification will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(I)(1). **This is a repeat deficiency.**

¹⁶ "...Mace, nutmeg, cloves, 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." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(4). **This is a repeat deficiency.**

¹⁷ "To ensure a quality food service program and instill good work habits, each CS shall instruct newly assigned detainee workers in the rules and procedures of the food service department. During the orientation and training session(s), the CS will explain and demonstrate safe work practices and methods, and will identify the safety features of individual products/pieces of equipment. Training will also include workplace-hazard recognition and deterrence, including the safe handling of hazardous materials. Detainees will learn to use and understand protective devices and clothing, and to report any malfunctions or other safety-related problems to their supervisors. The CS must document all training in each detainee's detention file...." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(12). **This is a repeat deficiency.**

¹⁸ "FOOD PREPARATION

1. General Policy

...The CS or equivalent has the authority to change menu items when necessary. Every such change/substitution must be documented and forwarded to the FSA."

See ICE NDS 2000, Standard, Food Service, Section (III)(D)(1). **This is a repeat deficiency.**

ODO observed preparation and service of the noon meal and observed staff did not test-taste the meal. ODO interviewed the FSD and cook supervisors, reviewed the meal preparation logs, and learned food service staff does not test-taste any food items (**Deficiency FS-4¹⁹**).

ODO's inspection of the walk-in cooler also found the cooler was not equipped with an internal thermometer (**Deficiency FS-5²⁰**).

ODO found that although the facility has special procedures in place for medical diets, it does not have a process in place for detainees to request a religious diet (**Deficiency FS-6²¹**).

¹⁹ "FOOD PREPARATION

2. Preparation Guidelines

...A worker shall test-taste with a clean fork or spoon only; using a food-preparation utensil awaiting washing is prohibited. Test-tasting utensils, unless disposable, must be washed after every use."

See ICE NDS 2000, Standard, Food Service, Section (III)(D)(2).

²⁰ "FOOD PREPARATION

5. Food Protection – General Requirements

...All food storage units must be equipped with accurate easy-to-read thermometers. New heating and/or refrigeration equipment purchases should include a zone-type thermometer with temperature graduations."

See ICE NDS 2000, Standard, Food Service, Section (III)(D)(5).

²¹ "1. General Policy

The INS requires all facilities to provide detainees requesting a religious diet reasonable and equitable opportunity to observe their religious dietary practice within the constraints of budget limitations and the security and orderly running of the facility through a common fare menu. The detainee will provide a written statement articulating the religious motivation for participation in the common fare program. Detainees whose religious beliefs require adherence to particular dietary laws will be referred to the Chaplain. After verifying the religious dietary requirement by reviewing files and/or consulting with local religious representatives, the Chaplain will issue specific written instructions. Special diets will be kept simple, as much like the food served on the main line as possible....

9. Application and Removal

The OIC, in consultation with the Chaplain, shall be the approving official for a detainee's removal from the common-fare program. Food service staff shall refer to the daily roster to identify detainees in the common-fare program. Staff shall not use this information to disparage a detainee's religion or religious views, or to attempt to dissuade him/her from participating in the program.

- a. The FSA shall monitor the food selections of all detainees participating in the common-fare program, to ensure the legitimacy of their participation.
- b. Staff shall train and supervise all detainees with common-fare assignments.
- c. A detainee's temporary adoption of a medically prescribed diet or placement in a Special Management Unit (SMU) shall not affect his/her access to common-fare meals, which both the SMU and the facility hospital provide. However, if a prescribed medical diet conflicts with the common-fare diet, the medical diet takes precedence.
- d. A detainee who has been approved for a common fare menu must notify the chaplain, in writing if he/she wishes to withdraw from the religious diet. The chaplain may recommend withdraw approval for a detainee's religious diet if the detainee is documented as being in violation of the terms of the religious diet program to which the detainee has agreed in writing. If a detainee misses three consecutive common-fare meals, the Chaplain shall recommend in writing that the OIC remove the detainee from the program. In order to preserve the integrity and orderly operation of the religious diet program and to prevent fraud, detainees who withdraw (or are removed) may not be immediately reestablished back into the program. The process of reapproving a religious diet for a detainee who voluntarily withdraws or who is removed ordinarily may extend up to ten days. Repeated withdrawals (voluntary or otherwise), however, may result in detainee being subjected to a waiting period of up to one-month. The decision to remove a detainee rests with the OIC, in consultation with the Chaplain and/or local religious representatives, if necessary. Although the OIC has authority to remove and reinstate detainees to participation in the program.

ODO observed staff and food service workers wearing hairnets, beard-guards, aprons, and personal protective equipment when necessary; however, detainee and inmate workers were not wearing approved rubber sole non-slip safety boots while working in the kitchen (**Deficiency FS-7²²**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action. The detainee and inmate food service workers wore the rubber sole non-slip safety boots the facility issued them while working in the kitchen (**C-3**).

ODO reviewed food service department records and found no documentation verifying medical staff examined and cleared food service staff to work in food service (**Deficiency FS-8²³**).

ODO observed that when detainee and inmate workers report to work in food service, the food service supervisor does not check the detainee workers at the start of each shift for signs of illness and infections (**Deficiency FS-9²⁴**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action. The food service supervisor checked detainees at the start of each shift and documented the check on the facility's Daily Worker Sheet form (**C-4**).

ODO inspected the kitchen and found the following: dirt and trash in the dry storage room; grease and food debris on the stove top and double ovens; dirt and food stains in and behind the spice cage; food stains underneath the tray table by the meal serving line; and dust on the ceiling air conditioning return vent covers located at the entrance to the kitchen (**Deficiency FS-10²⁵**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by thoroughly cleaning all food service areas (**C-5**).

Ordinarily, this authority is delegated to the chaplains. Detainees wishing to participate in the Common Fare program shall complete an authorization form which the chaplain or FSA shall review and sign. The chaplain or FSA shall forward a copy of the authorization form to staff for inclusion in the detainee's detention file (see the Authorization for Common Fare Participation Attachment.)"

See ICE NDS 2000, Standard, Food Service, Section (III)(E)(1) and (9). **This is a repeat deficiency.**

²² "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).

²³ "All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a). **This is a repeat deficiency.**

²⁴ "The CF or equivalent will inspect all detainee food service workers daily at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness. The detainees shall return to work only after the FSA has received written clearance from the Health Services staff." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(4). **This is a repeat deficiency.**

²⁵ "All facilities shall meet the following environmental standards:

- a. Clean, well-lit, and orderly work and storage areas...
- c. Routinely cleaned walls, floors, and ceilings in all areas...
- k. The premises shall be maintained in a condition that precludes the harboring or feeding of insects and rodents...."

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(a)(c) and (k).

ODO's inspection of the food service area found the door leading to the rear dock is not equipped with an air curtain (**Deficiency FS-11²⁶**).

ODO's review of documentation found the FSD or designee conducts weekly inspections of food service areas; however, the FSD or designee does not note corrective actions needed and does not forward inspection results to the Jail Commander for review (**Deficiency FS-12²⁷**).

ODO inspected the dry storeroom and found all food items stored on shelving against the walls were not properly spaced from the walls to facilitate pest control and prevent damage and contamination (**Deficiency FS-13²⁸**).

ODO's inspection of the food in the dry storeroom and the walk-in cooler found the facility does not date food items upon receipt and therefore cannot rotate stock appropriately (**Deficiency FS-14²⁹**).

ODO observed the ventilation hood system in the food service area is equipped with the Gaylord Command Center C-5000, an automatic washing system that significantly bolsters the sanitation level of the hood system by flushing the ventilation hood system with a liquid detergent. ODO notes the facility's use of the Gaylord Command Center C-5000 as a **Best Practice**.

ODO found that Summit Food Service, LLC offers a web-based program to detainees and their families that provides a detainee's friends and family the ability to order special meals or gift baskets for the detainee. ODO notes this service as a **Best Practice**.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO found the facility's detainee handbook does not contain the following items: notification to detainees that they can request a certified copy of identity documents from their A-file; the personal property items detainees may retain; the rules for storing and mailing property not allowed in detainee possession; the procedures for claiming property upon release, transfer, or

²⁶ "...Air curtains or comparable devices shall be used on outside doors where food is prepared, stored or served to protect against insects and other rodents." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(10). **This is a repeat deficiency.**

²⁷ "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.**

²⁸ "The following procedures apply when receiving or storing food: ...

- d. 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.
- 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 2000, Standard, Food Service, Section (III)(J)(3)(d) and (e). **This is a repeat deficiency.**

²⁹ "Each facility shall establish a written stock-rotation schedule." *See* ICE NDS 2000, Standard, Food Service, Section (III)(J)(5). **This is a repeat deficiency.**

removal; and the procedures for filing a claim for lost, damaged, and abandoned property (**Deficiency F&PP-1**³⁰).

RECREATION (R)

ODO found NORCOR's lead clinician designed and coordinates a comprehensive recidivism reduction program for inmates and detainees. The program includes several classes, including Criminal Attitudes, Substance Abuse, Anger Management, Parenting, and Re-Entry, with each class taking 30 days to complete. ODO reviewed documentation and found 48 detainees participated in one or more of the classes in the past two years. ODO notes this as a **Best Practice**.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO was unable to verify whether ERO supervisory staff conduct regular unannounced visits to the facility's living and activity areas; the facility does not use a logbook, sign-in sheet, or any other method to document ERO staff visits to the facility (**Deficiency SDC-1**³¹).

TELEPHONE ACCESS (TA)

The facility provides electronic tablets for detainees to use in their housing units. Each tablet is loaded with the PURPLE® application, a video relay service (VRS) that allows deaf and hard-of-hearing detainees the ability to communicate with an American Sign Language (ASL) interpreter, 24 hours per day, seven days per week. ODO notes this as a **Best Practice**.

VISITATION (V)

ODO reviewed NORCOR's attorney visitation schedule and found attorney visiting hours on regular business days total only seven hours per day instead of the required minimum eight hours. (**Deficiency V-1**³²).

ODO observed the legal visitors' reception area and spoke with the facility staff member who is responsible for checking in legal visitors. ODO found the facility does not maintain a supply of Notice of Entry of Appearance as Attorney or Accredited Representative forms (Form G-28) in

³⁰ "The detainee handbook or equivalent shall notify the detainees of facility policies and 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). **This is a repeat deficiency.**

³¹ "...Each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSAs." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1).

³² "The facility shall permit legal visitation seven days a week, including holidays. It shall permit legal visits for a minimum of eight hours per day on regular business days, and a minimum of four hours per day on weekends and holidays." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(2).

the reception area, nor does it maintain a separate log to record all legal visitors (**Deficiency V-2³³**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the facility chemical storage areas and found the facility does not maintain running inventories for the chemicals located in the food service chemical storage room or the Black Flag wasp spray in the maintenance department (**Deficiency EH&S-1³⁴**).

ODO's review of the facility's hazardous substance program found the Material Safety Data Sheets (MSDS) throughout the facility were outdated and unorganized. Additionally, although the facility had MSDS binders in areas where chemicals are stored, the maintenance department did not have an MSDS for either Black Flag wasp spray or CRC Screwloose® (a penetrant used to loosen corroded fasteners and mechanical components), and the commissary storeroom did not have an MSDS for Hospital Spray (**Deficiency EH&S-2³⁵**).

Although the facility established and maintains a master index of hazardous substances and a master file of MSDSs, the master index does not include chemical storage locations or documentation of semi-annual reviews, and a copy of the master index was not on file with the local fire department (**Deficiency EH&S-3³⁶**).

ODO reviewed [REDACTED] employee training files and found staff are trained in hazardous communication and the function and use of MSDSs; however, ODO found no documentation indicating the facility trains detainees on the proper use and handling of hazardous substances (**Deficiency EH&S-4³⁷**).

³³ "8. Form G-28 Required for Attorney/Client Meetings

Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitors' reception area....

15. Legal Visitation Log

A separate log shall record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access."

See ICE NDS 2000, Standard, Visitation, Section (III)(I)(8) and (15).

³⁴ "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 each substance, with entries for each logged on a separate card (or equivalent)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A). **This is a repeat deficiency.**

³⁵ "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." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B). **This is a repeat deficiency.**

³⁶ "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." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C). **This is a repeat deficiency.**

³⁷ "Every individual using a hazardous substance in the facility must be familiar with and follow all prescribed

ODO observed spray bottles in housing unit [REDACTED] and found an all-purpose cleaning chemical in a bottle labeled “OASIS 255 glass cleaner,” and glass cleaner was in a bottle labeled all-purpose cleaner (**Deficiency EH&S-5³⁸**).

ODO’s review of training certification files found the staff in charge of the fire and safety program have not been trained or certified in Occupational Safety and Health Administration or National Fire Protection Association (NFPA) regulations and/or standards (**Deficiency EH&S-6³⁹**).

ODO reviewed NORCOR’s fire drill reports for the 12 months preceding the inspection and found the facility did not conduct routine fire drills during this timeframe (**Deficiency EH&S-7⁴⁰**).

ODO observed that although the facility has fire evacuation plans strategically placed throughout the facility, the fire exit diagrams do not include evacuation information in Spanish (**Deficiency EH&S-8⁴¹**).

ODO’s review of the pest control program found NORCOR has a contract with Northwest Pest Control located in The Dalles, OR; however, the contract is for annual and “as needed” inspections, not monthly inspections (**Deficiency EH&S-9⁴²**).

ODO found the facility’s barbering equipment box soiled with dust and hair clippings (**Deficiency EH&S-10⁴³**).

precautions, wear personal protective equipment when necessary, and report hazards or spills to the designated authority.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(D). **This is a repeat deficiency.**

³⁸ “The OIC will individually assign the following responsibilities associated with the labeling procedure: ...

2. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J). **This is a repeat deficiency.**

³⁹ “A qualified departmental staff member will conduct weekly fire and safety Inspections [*sic*]; the maintenance (safety) staff will conduct monthly inspections.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2). **This is a repeat deficiency.**

⁴⁰ “Monthly 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 would be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. Staff- simulated [*sic*] 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 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). **This is a repeat deficiency.**

⁴¹ “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). **This is a repeat deficiency.**

⁴² “The OIC will contract with licensed pest-control professionals to perform monthly inspections.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(M). **This is a repeat deficiency.**

⁴³ “...The following standards will be adhered to:

While ODO found overall sanitation levels were satisfactory throughout the facility, ODO identified inadequate environmental health conditions in several housing units, including mold, soap scum, peeling paint, trash, and food debris. ODO also observed significant graffiti on walls and doors of the outdoor recreation area (**Deficiency EH&S-11**⁴⁴).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO reviewed SMU documentation and found medical staff do not consistently document their entrance into the unit using an electronic scanner (a hand-held device NORCOR employs for staff to record various activities into the electronic log system), nor do they document their visits in the SMU logbook (**Deficiency SMU AS-1**⁴⁵).

ODO reviewed the SMU logbook, which the [REDACTED] maintains, and found the facility does not log all activities related to the detainees placed in SMU AS, including meals served, recreation, and visitors. The facility inconsistently records SMU activities in multiple locations, to include the SMU log, the master facility log, and the electronic log system (**Deficiency SMU AS-2**⁴⁶).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

ODO reviewed SMU documentation and found medical staff do not consistently document their entrance into the unit using an electronic scanner; nor do they document their visits in the SMU logbook (**Deficiency SMU DS-1**⁴⁷).

1. ... 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.
2. Each barbershop will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care. Each shop will be provided with appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths.
3. Between detainees, all hair care tools coming in contact with the detainees will be cleaned and effectively disinfected....”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1)(2) and (3). **This is a repeat deficiency.**

⁴⁴ “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

⁴⁵ “A medical professional shall visit every detainee in administrative segregation at least three times a week. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays.” See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(D)(12).

⁴⁶ “A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.” See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(E)(1).

⁴⁷ “A medical professional shall visit every detainee in administrative [*sic*] segregation at least [REDACTED] times a week. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee [REDACTED] including weekends and holidays.” See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(16).

ODO reviewed the SMU logbook and found it does not contain all activities related to the detainees placed in SMU DS, including meals served, recreation, and visitors (**Deficiency SMU DS-2⁴⁸**).

USE OF FORCE (UOF)

ODO found that while NORCOR's UOF policy and training curricula emphasize confrontation avoidance, the facility does not train officers in the calculated UOF team technique [REDACTED] (**Deficiency UOF-1⁴⁹**).

ODO's review of UOF policy and post orders found the facility has not designated responsibility for maintaining video cameras and other video equipment to an individual or post and has not incorporated that responsibility into any post orders (**Deficiency UOF-2⁵⁰**).

ODO's review of the restraint equipment used at NORCOR revealed the facility uses a [REDACTED], which the standard does not list as an approved device. While the standard allows the use of unlisted devices, such as a [REDACTED], with ERO Seattle Field Office approval, ODO found no documentation indicating ERO approved use of a [REDACTED] at NORCOR. The facility did not use the [REDACTED] on any detainees in the year preceding the inspection and submitted a request to ERO during the inspection for approval of the [REDACTED] as an authorized device. ODO notes this as an **Area of Concern**.

ODO's review of policy and documentation found the facility has no written procedures governing the UOF incident review process or documentation that the ERO Seattle Field Office approved NORCOR's after-action review procedures (**Deficiency UOF-3⁵¹**).

⁴⁸ "A permanent log will be maintained in the SMU. The log will not [*sic*] all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(E)(1).

⁴⁹ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply.

a. [REDACTED]

See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(a) and (c).

⁵⁰ "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).

⁵¹ "Written procedures shall 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 found the facility does not have a hand-held video camera to record calculated UOF incidents and instead relies on [REDACTED] to capture calculated UOF incidents. ODO notes the purpose of the hand-held audio-visual camera is to capture a calculated UOF in its entirety, to include introduction of team members, description of the incident that led to the calculated UOF, and medical assessment of the detainee. Individual stationary video documentation may not capture the actions of the entire team, nor can it be edited in accordance with Section (III)(A)(4)(g)(1-6) of the UOF standard. Because NORCOR had no calculated UOF incidents involving ICE detainees during the year prior to the inspection, ODO notes this as an **Area of Concern**.

NORCOR's UOF policy does not require detainees to undergo a medical examination and treatment after any UOF incident and instead leaves a medical examination to the discretion of the detainee. Because NORCOR had no UOF incidents involving ICE detainees during the year prior to the inspection, ODO notes this as an **Area of Concern**.

NORCOR's procedures following a UOF incident includes writing an incident report, placing the detainee in SMU, offering medical assistance to the detainee, saving photos and stationary video camera footage to a CD, notifying ICE, and discussing the incident at the next monthly sergeant's meeting. The facility does not have a formal after-action review process, [REDACTED] and an after-action review team does not review compliance with all provisions of the standard. Because NORCOR had no calculated UOF incidents involving ICE detainees during the year prior to the inspection, ODO notes this as an **Area of Concern**.

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 18 medical records and found 14 instances in which the facility did not document tuberculosis (TB) clearance for detainees (**Deficiency MC-1**⁵²).

The Clinical Director sent a directive to all medical staff, which changed the TB screening process from that required by the standard to guidance issued by the Centers for Disease Control. Specifically, the directive dictates that medical staff will conduct TB screening by purified protein derivative (PPD) or chest X-ray only if a detainee responds positively to one of the medical screening questions. The directive also states that repeat (or annual) PPD or chest X-rays will only be done if symptoms occur and a clinical exam cannot rule out TB. ODO notes this as an **Area of Concern**.

ODO found that NORCOR's medical policy and procedures direct correctional staff to contact the on-call provider directly for urgent detainee medical concerns and follow provider orders on managing the detainee's medical issue, to include providing prescription medication. Because ODO did not identify any instances where a correctional officer delivered medical care to a

⁵² "...All new arrivals shall receive TB screening by PPD (mantoux method) or chest X-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest X-ray is obtained." See ICE NDS 2000, Standard, Medical Care, Section (III)(D). **This is a repeat deficiency.**

detainee pursuant to verbal direction from a provider, ODO notes this as an **Area of Concern**.

CONCLUSION

ODO reviewed the facility's compliance with 17 standards under NDS 2000. ODO found the facility compliant with five of those standards. ODO identified 47 deficiencies in the remaining 12 standards. ODO highlights four **Best Practices**: two in Food Service; one in Recreation; and one in Telephone Access.

Although ODO found many repeat deficiencies in the Food Service and the Environmental Health and Safety standards, ODO also found the facility took corrective action on several other deficiencies identified during the 2018 inspection. NORCOR initiated corrective actions in Funds and Personal Property, Issuance and Exchange of Clothing, Bedding and Towels, and Medical Care. ODO found the facility was complying with those corrective actions, achieved full compliance in Suicide Prevention and Intervention, and achieved full compliance in two of three deficient areas cited under Medical Care in 2018.

ODO commends the facility for their responsiveness and for initiating corrective action on five deficiencies during the inspection. ODO notes the facility senior leadership is enthusiastic and willing to work with ERO to remedy these outstanding deficiencies, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (NDS 2000)	FY 2019 (NDS 2000)
Standards Reviewed	15	17
Deficient Standards	10	12
Overall Number of Deficiencies	43	47
Deficient Priority Components	N/A	N/A
Repeat Deficiencies	N/A	28
Corrective Actions	5	5