



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Washington Field Office
Rappahannock Regional Jail
Stafford, Virginia**

November 13 - 15, 2012

**COMPLIANCE INSPECTION
RAPPAHANNOCK REGIONAL JAIL
WASHINGTON FIELD OFFICE**

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INSPECTION PROCESS	
Report Organization.....	6
Inspection Team Members.....	6
OPERATIONAL ENVIRONMENT	
Internal Relations	7
Detainee Relations	7
ICE NATIONAL DETENTION STANDARDS	
Detention Standards Reviewed.....	8
Access to Legal Material	9
Admission and Release	10
Detainee Grievance Procedures	12
Disciplinary Policy.....	14
Environmental Health and Safety	16
Food Service	18
Funds and Personal Property	20
Medical Care.....	21
Staff-Detainee Communication	24
Use of Force.....	26
Visitation.....	28

EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Rappahannock Regional Jail (RRJ) in Stafford, Virginia, from November 13 through 15, 2012. RRJ, which opened in June 2000, is owned and operated by Rappahannock Regional Jail Authority. RRJ houses Federal prisoners under an intergovernmental service agreement (IGSA) with the U.S. Marshals Service. In 2008, U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO), began using the U.S. Marshals Service contract to house male detainees of all security classification levels (Level I – lowest threat, Level II – medium threat, Level III – highest threat) at the facility for periods in excess of 72 hours. RRJ has a total capacity of 2,000 beds. Bed space for ICE detainees is available as needed; the remaining bed space is used by the U.S. Marshals Service, and state and local law enforcement agencies in the surrounding area. At the time of the CI, RRJ housed 240 ICE male detainees. There were no female detainees at RRJ at the time of the CI. The average daily detainee population is 195. The average length of stay is 76 days. Correctional Health Resources provides medical care and Aramark provides food service under contract. The facility holds no accreditations.

The ICE ERO Field Office Director, Washington, DC (ERO Washington), is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). ICE has (b)(7) Immigration Enforcement Agent (IEA) stationed full-time at the facility. An Acting Assistant Field Office Director (AFOD), located at the ERO office in Richmond, Virginia, has oversight responsibility at RRJ. The Acting AFOD and a Supervisory Detention and Deportation Officer visit the facility monthly. Weekly scheduled and unscheduled visits are conducted by the IEA and Deportation Officers. There is no Detention Service Manager assigned to this facility.

The Superintendent is the highest-ranking official at RRJ and is responsible for oversight of daily operations. In addition to the Superintendent, RRJ employs a total of (b)(7) employees, including a Deputy Superintendent, (b)(7)e Captains, and (b)(7)e Lieutenants.

In December 2010, ODO conducted a Quality Assurance Review (QAR) at RRJ and cited 33 deficiencies in 17 of the 25 standards inspected. In July 2012, ERO Detention Standards Compliance Unit contractor, The Nakamoto Group, Inc., conducted an annual review of the NDS at RRJ. The facility received an overall rating of “Acceptable,” and was found to be in compliance with all 38 standards reviewed.

During this CI, ODO reviewed 21 NDS. Ten standards were determined to be in full compliance, while 22 deficiencies were found in the following 11 standards: Access to Legal Material (1 deficiency), Admission and Release (1), Detainee Grievance Procedures (2), Disciplinary Policy (3), Environmental Health and Safety (4), Food Service (2), Funds and Personal Property (1), Medical Care (2), Staff-Detainee Communication (3), Use of Force (2) and Visitation (1). Four repeat deficiencies from the December 2010 QAR were noted in the following standards: Access to Legal Material (1 deficiency), Environmental Health and Safety (1), and Medical Care (2).

This report includes descriptions of all the deficiencies and refers to the specific, relevant sections of the NDS. ERO will be provided a copy of this report to assist in developing

corrective actions to resolve the 22 identified deficiencies. These deficiencies were discussed with RRJ and ICE personnel on-site during the inspection and during the closeout briefing on November 15, 2012.

All detainees have access to indoor and outdoor recreation, which is available to them for six hours each day. Detainees have visitation privileges and access to religious services. Detainees are classified and medically screened upon admission to the facility with classifications reassessed at appropriate intervals. During the admission process, detainees are provided with either the English or Spanish version of the ICE National Detainee Handbook and a facility-specific handbook. Detainees confirm receipt of the handbook by signing an acknowledgement form that is placed in each detention file. ODO inspected 20 detention files and verified all detainees received handbooks at the time of admission. ODO confirmed all detainees go through an orientation process that includes viewing an ICE video, and being informed about facility operations, programs, and services. RRJ officials show the orientation video in the housing units every Saturday and maintain a log to document the presentation in each individual detention file.

RRJ does not maintain a designated room for a law library. Instead, each housing unit in B-pod, where all ICE detainees are housed, has a computer station designated for legal research purposes. ODO notes the computer stations are located near the housing unit officers' posts, away from the televisions and primary dayroom activity areas.

The detainee grievance program at RRJ is managed by the inmate services coordinator/ombudsman. The detainee grievance system allows detainees to file informal, formal, and emergency grievances, and to appeal those grievance decisions. ODO interviewed ten detainees and specifically inquired if they are familiar with grievance procedures; all detainees confirmed awareness of the grievance process, but none had ever filed a grievance. Grievance forms are available at the officer's station in each housing area.

The grievance process begins as an informal grievance where facility staff attempts to resolve the issue at the lowest possible level, in an orderly and timely manner. The informal grievance may be given either verbally or in writing by the detainee. If the grievance is not resolved at the informal level, the detainee may proceed with submitting a formal grievance in writing. ODO was informed detainees are not allowed to bypass or terminate the informal grievance process and proceed directly to the formal grievance stage. ODO informed facility staff members that the ICE NDS Detainee Grievance Procedures standard provides that detainees should be allowed to bypass or terminate the informal grievance process and proceed directly to the formal grievance stage. ODO recommends the facility revise its current practices to comply with the NDS requirements.

RRJ employs both informal and formal procedures for key ICE and facility staff to interact with detainees on a regular basis. ICE staff conducts unscheduled/unannounced contacts through the Acting AFOD and through Supervisory Detention and Deportation Officers. During these unannounced visits, ERO department heads visit the facility's housing units, Food service, Medical, and the SMUs. A review of the logbooks in each of those areas confirmed ICE management and non-supervisory staff conduct frequent unscheduled visits to the facility. (b)(7)e IEA is assigned full-time to RRJ. Detainees' requests pertaining to facility services are handled in accordance with the facility's established guidelines. ODO confirmed, from interviewing six

detainees and RRJ staff, the IEA assigned to the facility is very active in addressing detainees' personal concerns and monitoring living conditions. Six detainees interviewed stated they do not know who is their assigned Deportation Officer. ODO observed a Deportation Officer visiting the facility during the ODO inspection. ODO confirmed ERO officers were scheduled for contact visits on Tuesdays and Thursday of each week. However, the written visit schedule was not posted in each of the housing units or in other areas with detainee access.

RRJ has a designated Prison Rape Elimination Act (PREA) Coordinator. RRJ informs detainees of the PREA program in the detainee handbook, during orientation, and through postings in the admission process area and housing units. The information is in both English and Spanish and includes toll-free telephone numbers. RRJ uses a standard policy and procedure manual, titled "Prison Rape Elimination Programs," that was revised on July 1, 2011. The manual covers the program's purpose, policy, and procedures. Under the procedures section of the policy, it addresses prevention, staff training, offender/detainee education, and prompt and effective response by facility and staff. ODO verified completion of the required training upon review of (b)(7) training records. In interviews, staff knew of the PREA program and how to handle any information received concerning possible sexual abuse or assault. Detainees are screened during the admission process for sexual abuse victimization history, as well as predatory history to determine potential sexual aggressors. RRJ separates detainees with a history of predatory or abusive sexual behavior from detainees with a history of victimization.

At the time of the inspection there were nine detainees in segregation; seven of whom were in administrative segregation, and two were in disciplinary segregation. A review of all the detainees' disciplinary packets confirmed their statuses were imposed through the disciplinary process, and in accordance with the standard and facility policy. ODO verified all nine detainees were issued the disciplinary order placing them on segregation. The Administrative Special Management Unit (SMU) and the Disciplinary SMU at RRJ are well ventilated, adequately lit, appropriately heated, and maintained in sanitary conditions. ODO reviewed Facility Liaison Visit Checklists, and confirmed visits by supervisors and medical personnel are conducted as required by the standard.

RRJ's food service program consists of a Food Service Director, an assistant director (b)(7)e kitchen supervisors, and a crew of (b)(7) county inmates. No ICE detainees work in food service. The facility has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units on thermal trays. ODO observed the preparation and delivery of a meal, and noted the carts used to transport food trays are not secure. The carts are metal with open shelves, on which the trays are placed for transport by inmate workers. Though the trays have lids, they are not secure and may be easily opened. ODO noted that trays should be transported in secured carts in order to prevent food tampering. ODO verified all menus were certified by a registered dietician. Religious- and medically-prescribed meals were provided and properly documented.

Facility sanitation is maintained at an acceptable level. RRJ maintains a master index of all hazardous substances, including diagrams of their locations and a master file of Material Safety Data Sheets. ODO confirmed all chemicals, flammables, and combustible materials are stored and issued as required by the standard. Hazardous substances are strictly controlled, and fire drills are conducted on a monthly basis. Regular fire drills are critical to ensuring staff

preparedness in the event of an emergency. ODO found by reviewing the fire drill report and conducting interviews with the fire drill staff that emergency keys are not checked out and tested during fire drills. Accessing and testing emergency keys assures staff is familiar with the keys, locks, and exit routes, which support expeditious egress in the event of an emergency.

RRJ's emergency power generator is tested and serviced by an external company on a quarterly basis. RRJ staff tests the generator on a weekly basis for only 18 minutes, rather than testing bi-weekly for at least one hour. ODO was informed by RRJ maintenance personnel, weekly testing for 18 minutes is recommended by the generator manufacturer.

Barbering is conducted in a dedicated room along the hallway near the housing unit control centers. The room does not have lavatories with hot and cold water, and hair care sanitation regulations are not posted. This is a repeat deficiency from the December 2010 QAR.

Medical services are provided 24 hours a day, seven days per week by full-time RRJ employees. Clinic staffing consists of a licensed practical nurse, whose functional title is Medical Director and who has administrative authority in the Medical Department; (b)(7)e registered nurses (RN); (b)(7)e licensed practical nurses (b)(7)e emergency medical technician; and (b)(7)e certified healthcare assistant. In addition, (b)(7)e contract medical professionals from Mary Washington Hospital in Stafford, Virginia provide health care services under contract. The positions include (b)(7)e medical doctor physician on-site, who provides clinical oversight in the Rappahannock medical department, and who works one to two days per week; (b)(7)e physician assistants who share coverage and work approximately sixteen hours per week; (b)(7)e dentist on-site, who works approximately 12 hours per week; (b)(7)e psychiatrist on-site, who works approximately four hours per week; and (b)(7)e full-time licensed social worker who provides mental health services. There are vacancies for (b)(7)e clinical RN supervisor, (b)(7)e RNs, and (b)(7)e licensed practical nurse. ODO recommends these positions be filled as quickly as possible to ensure detainees' healthcare needs continue to be met.

ODO verified all RRJ and contract medical staff credentials are current and primary-source verified. ODO reviewed training records for all RRJ medical staff and (b)(7)e randomly-selected custody staff, and confirmed current certification in cardiopulmonary resuscitation (CPR) and first aid training for all RRJ medical staff and custody staff. However, none of the contract medical staff had current certifications in CPR or first aid. This is a repeat deficiency from the December 2010 QAR.

The medical clinic is of adequate size and sufficiently equipped to serve the detainee population. The clinic has a room for drawing laboratory tests, and has X-ray capabilities with film development on-site. There are 19 infirmary cells, two of which have negative air flow for tuberculosis isolation. There are four crisis cells used for suicide watch, hunger strike, and other isolation purposes as needed. During the inspection, ODO observed each cell has a large window, a cement slab on which a mattress is placed when occupied, and a grate in the center of the floor. None of the cells contain sinks or toilets. ODO was informed by the Medical Director that drinking water is brought to detainees in paper cups during 15-minute checks. ODO was also informed that detainees placed in the cells for suicide watch are not removed to use toilet facilities; instead, they are required to use the grate in the floor, with waste flushed through the sewage system from outside the cell. To protect the privacy and dignity of detainees placed in

these crisis cells, ODO recommends adoption of policies and procedures requiring removal of detainees to use toilet facilities, when needed.

ODO verified detainees are screened for suicide potential during the admission process. All staff receives initial and ongoing suicide prevention training as required by the standard. There have been no ICE detainee suicides or deaths at RRJ. ODO noted in the December QAR, RRJ had documented nine suicide watches and one possible attempt. Documentation of the attempted suicide found in the detainee's medical record indicated the detainee was brought to the clinic and placed on suicide watch for trying to hang himself. Review of this record confirmed appropriate intervention and monitoring, including documented 15-minute checks. The day after placement on suicide watch, the detainee was transferred to a local hospital for further evaluation.

Detainees undergo medical and mental health screenings upon arrival by specially-trained correctional officers. ODO reviewed 25 records and verified intake screenings were completed and detainees signed consent for treatment. Before new detainees leave the booking area, they are seen by a nurse, who reviews the screening information documented by officers to determine if there are medical or mental health issues requiring attention. In addition, tuberculosis screenings by way of Purified Protein Derivative (PPD) skin tests are conducted as part of the intake process. Chest X-rays are completed for detainees whose PPD tests are positive, and detainees with a history of testing positive.

ODO verified physical examinations were completed by RNs within 14 days of arrival in all records reviewed; however, of the 25 physical examinations reviewed, only one had been reviewed and counter-signed by a physician. In addition, ODO was informed RNs' training for conducting physical examinations consisted of viewing an assessment video. RNs are not required to undergo any training by an approved physician, and as a result, they have not completed training conducted or approved by a physician. This is a repeat deficiency from the December 2010 QAR. Proper training and physician review of physical examinations is critical to ensuring the examinations are correctly conducted, and proper follow-up takes place.

Detainees request healthcare services by completing forms printed in both English and Spanish, and in triplicate. The detainee dates and signs the request form and keeps one copy. Unit officers stated assistance is available for illiterate detainees and others who may need assistance. The forms are placed into a separate and secure box in the housing unit. The time the form is received and triaged by medical staff is recorded on the form, as is the date the detainee is seen, along with the provider's note summarizing the encounter. ODO cites the triplicate sick call request form as a best practice because it supports accountability for request processing, and documentation of timeliness.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE Performance Based National Detention Standards, as applicable. The NDS apply to RRJ. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters, ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at RRJ to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System, the ENFORCE Alien Booking Module, and the ENFORCE Alien Removal Module. ODO also gathered facility facts and inspection-related information from ERO Headquarters staff to prepare for the site visit at RRJ.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Management and Program Analyst (Team Leader)	ODO, Headquarters
	Management and Program Analyst	ODO, Headquarters
	Detention and Deportation Officer	ODO, Headquarters
	Contract Inspector	Creative Correction
	Contract Inspector	Creative Correction
	Contract Inspector	Creative Correction

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the RRJ Deputy Superintendent, Assistant Superintendent of Operations (major), and the ICE Acting AFOD who oversees the facility. During the interviews, all personnel stated the working relationship between RRJ and ICE personnel is good, morale is high, and the working conditions are adequate to accomplish all required duties. The Deputy Superintendent stated the IEA assigned to the facility is frequently seen visiting detainees in the housing units at least five times a week, communicating with detainees, and addressing detainee issues and concerns. A review of RRJ visitation logs for 2012 revealed the Acting AFOD visited RRJ on a monthly basis, and the Deputy Field Office Director visited the facility twice in the past year.

DETAINEE RELATIONS

ODO interviewed 20 randomly-selected ICE male detainees to assess the overall living and detention conditions at RRJ. All detainees stated they were treated with dignity and respect by RRJ staff. Overall, detainees expressed satisfaction with the treatment and services provided at RRJ. ODO received no complaints concerning issuance and replenishment of hygiene supplies, sending and receiving mail, visitation, access to religious services, recreation, or the grievance process. All detainees stated the health care staff is attentive and responsive. Six out of 20 detainees interviewed stated they did not know their Deportation Officer, or how to contact him or her. ODO confirmed there was no visitation schedule posted in the housing units and other areas with detainee access to indicate which ICE officer is scheduled to visit.

One detainee out of the 20 who were interviewed complained about bologna being served frequently at the facility. ODO reviewed the current menu, and noted bologna was being served for breakfast or lunch on three of the six days prior to the inspection. The issue was discussed with Aramark management and a menu review was initiated. During the inspection, ODO was informed a new menu would be implemented to address the issue.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 21 NDS and found RRJ fully compliant with the following 10 standards:

- Detainee Handbook¹
- Hold Rooms in Detention Facilities
- Hunger Strikes
- Recreation
- Religious Practices
- Special Management Unit – Administrative Segregation
- Special Management Unit – Disciplinary Segregation
- Suicide Prevention and Intervention
- Telephone Access
- Terminal Illness, Advance Directives, and Death

As these standards were compliant at the time of the review, a synopsis for these standards was not prepared for this report.

ODO found deficiencies in the following 11 standards:

- Access to Legal Material
- Admission and Release
- Detainee Grievance Procedures
- Disciplinary System
- Environmental Health and Safety
- Food Service
- Funds and Personal Property
- Medical Care
- Staff-Detainee Communication
- Use of Force
- Visitation

ODO findings for these standards are presented in the remainder of this report.

¹ Deficiencies relating to omissions from the detainee handbook are noted under the relevant NDS that requires the information. See Funds and Personal Property (**Deficiency F&PP-1**).

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at RRJ to determine if detainees have access to a law library, legal materials, courts, counsel and document copying equipment to facilitate the preparation of legal documents, in accordance with ICE NDS. ODO reviewed policies, procedures, and the detainee handbook; inspected the areas designated for law library use; and interviewed staff and detainees.

RRJ does not have a law library located in a designated room for ICE detainees **(Deficiency ALM-1)**. This is a repeat deficiency from the December 2010 QAR. Instead, each housing unit in B-pod, where all ICE detainees are housed, has a computer station designated for legal research purposes. ODO notes the computer stations are located near the housing unit officers' posts, away from the televisions and primary dayroom activity areas. ODO also notes information regarding policies, procedures, and available legal materials are posted. The station has a desktop computer with the current version of Lexis-Nexis, word processing software, a printer, and legal information in English and Spanish. Detainees submit a request form for use of the law library computer, and are able to access the system after establishing a user name and password. Their work may be saved under their user name, and is accessible only by use of their unique password. Access to the desktop is permitted from 8:00 a.m. until 11:00 p.m., except when detainees are confined to their cells during population counts. Detailed information and instructions on accessing the law library computers is included in both the English and Spanish versions of the detainee handbook. Notary services, translations, copying, and indigent needs for legal materials are handled by the ICE case worker, in an office within the pod entrance hallway.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(A), the FOD must ensure the facility provide a law library in a designated room with sufficient space to facilitate detainees' legal research and writing. The law library shall be large enough to provide reasonable access to all detainees who request its use. It shall contain a sufficient number of tables and chairs in a well-lit room, reasonably isolated from noisy areas.

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at RRJ to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO interviewed staff and detainees; reviewed policies, procedures, and detention files; and observed admission and intake procedures.

The admission process at RRJ consists of recording personal information, conducting basic criminal history checks, taking photographs and fingerprints, conducting medical and mental health screenings, and inventorying personal property. ODO observed the intake processing of two detainees, and found the intake officer followed admission processing procedures. RRJ intake officers conduct thorough pat searches on all detainees entering the intake processing area. Medical staff performs medical screenings for newly-arriving detainees. There are no routine strip searches of detainees during intake processing. According to RRJ intake processing staff, guidelines requiring execution of the Record of Search (Form G-1025) are followed whenever strip-searches are conducted.

ODO interviewed 20 detainees and reviewed 15 randomly-selected detention files. All detainees interviewed stated they were issued both the national and facility detainee handbooks. ODO also confirmed the detainees were issued detainee handbooks by reviewing the acknowledgements and property receipts maintained in the detention files. All detainees interviewed stated they were allowed to shower in the intake processing. ODO observed the shower stalls in intake processing were clean and in sanitary condition. Delousing formula is available for detainees to wash their hair and body.

A review of 15 detention files showed not all of the required forms and documents associated with the admission process were maintained in the detainee detention files. Six of the 15 detention files were missing Form I-203, Order to Detain or Release Alien **(Deficiency AR-1)**. RRJ informed ODO that Form I-216, Record of Persons and Property Transfer, accompanying detainees to the facility, is used as the replacement for Form I-203. ODO reiterated, as per the NDS, Form I-216 is not a replacement for Form I-203 **(Deficiency AR-2)**. During the CI and at the closeout briefing, ODO reminded ERO Washington, staff must complete Form I-203 for each detainee and engage in collaborative efforts with RRJ staff to ensure the forms generated during intake processing are maintained in each detainee's detention file. A correctly executed Form I-203 is required for accounting purposes, since Form I-203 is the document which authorizes detention or release at a designated facility.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE NDS, Admission and Release, section (III)(A), the FOD must ensure staff will open a detainee detention file as part of the admissions process. This file will contain all paperwork generated by the detainee's stay at the facility.

DEFICIENCY AR-2

In accordance with the ICE NDS, Admission and Release, section (III)(H), the FOD must ensure an order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee.

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedures standard at RRJ to determine if a process to submit formal or emergency grievances exists and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses and, if accurate records are maintained in accordance with the ICE NDS. ODO interviewed staff and reviewed logbooks, forms, detainee grievance policies and procedures, and the detainee handbook.

RRJ has a grievance system that allows detainees to submit formal or emergency grievances, and provides detainees with at least one level of appeal. The inmate services coordinator/ombudsman manages the grievance program at RRJ.

The grievance process begins as an informal grievance where facility staff attempts to resolve the issue at the lowest possible level, in an orderly and timely manner. The informal grievance may be given either verbally or in writing by the detainee. If the grievance is not resolved at this level the detainee may proceed with submitting a formal grievance in writing. The ombudsman stated detainees are not allowed to bypass or terminate the informal grievance process and proceed directly to the formal grievance stage (**Deficiency DGP-1**). ODO informed facility staff members, per the ICE NDS Detainee Grievance Procedures standard, detainees are to be allowed the freedom to bypass or terminate the informal grievance process and proceed directly to the formal grievance stage. Grievance forms are available at the officer's station in each housing area.

Detainees who claim an issue is sensitive, or believe their safety or well-being could be jeopardized if others in the facility were apprised of the nature of the grievance, may seal the grievance in an envelope and submit it directly to the ombudsman, Facility Administrator, or ICE. Grievances are picked up on a daily basis by designated RRJ staff members and delivered to the ombudsman's office. Each written grievance is logged, and referred to the appropriate department personnel for resolution. The Superintendent may also review the grievance for resolution at any time. The ombudsman may meet with the detainee and attempt to resolve the issue. If a detainee agrees with a proposed resolution the form is signed, logged, filed in the ombudsman's office, and a copy is placed in the detainee's detention file and another copy is given to the detainee. This initial process is resolved within nine days per RRJ policy and procedures. The detainee may submit a grievance at any time to ICE. If the detainee is not satisfied with the decision, an appeal may be filed to the Superintendent or to ICE.

ODO interviewed (b)(7) randomly-selected RRJ staff members who have daily contact with detainees, to determine their awareness of the grievance system. All staff members were able to describe the grievance process, including the informal, formal, and emergency grievance processes, as well as the appeal process. RRJ officers stated they make a concerted effort to resolve all grievances informally but do not discourage detainees from filing formal grievances. All staff has been trained during an initial orientation and during on-the-job training to handle emergency grievances expeditiously, ensuring detainees' safety and welfare.

A review of the Grievance Log revealed grievances are logged with all pertinent information, including the nature of the grievance and date of resolution. Log numbers are assigned in chronological order for each grievance. The log is maintained in the ombudsman's office.

ODO reviewed the grievance log from January 2012 to October 2012 and noted 39 formal logged grievances. All grievances were resolved within nine days. Ten grievances related to medical. All of the medical grievances were referred to and resolved by the facility medical unit prior to ODO's arrival. There were no grievances filed alleging staff misconduct. No grievances were appealed during this period. RRJ management informed ODO, there has been no pattern of misuse of the grievance system by any detainee. A review of RRJ documentation revealed the facility does not document informal grievances in detainee detention files, logs, or data systems to track such actions (**Deficiency DGP-2**). ODO recommends the facility devise a method for documenting informal grievances.

Detainees are informed of the grievance system through the RRJ orientation video and detainee handbook. ODO randomly interviewed 10 detainees who had never filed a grievance at RRJ to determine their respective overall understanding of the grievance system. All stated they are aware of the grievance process and currently have no reasons to complain about the facility. ODO determined all detainees interviewed were issued an ICE National Detainee Handbook and a local RRJ handbook. Both books address grievance procedures, including instructions for contacting ICE to appeal decisions made by the facility.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(A)(1), the FOD must ensure the detainees is free to bypass or terminate the informal grievance process, and proceed directly to the formal grievance stage.

DEFICIENCY DGP-2

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(A)(1), the FOD must ensure, 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.

DISCIPLINARY POLICY (DP)

ODO reviewed the Disciplinary Policy standard at RRJ to determine if sanctions imposed on detainees who violate facility rules are appropriate, and if the discipline process includes due process requirements, in accordance with the ICE NDS. ODO interviewed staff, and reviewed policy, disciplinary records, and the detainee handbook.

Detainees are notified of prohibited acts and the disciplinary process during orientation and by way of the detainee handbook. In addition, the handbook advises detainees of their rights and protections, and procedures for appealing guilty findings. The facility uses a progressive severity scale for prohibited acts and disciplinary consequences.

The RRJ disciplinary process does not include procedures for investigation of incidents prior to a disciplinary hearing. Based on staff interviews and review of policy, ODO determined incident reports are forwarded directly for disciplinary hearings without investigations (**Deficiency DP-1**). Independent impartial investigations ensure the alleged rule violations warrant potential actions through the formal disciplinary process. ODO's review of five completed disciplinary packets confirmed the incidents were not investigated prior to the disciplinary hearing. RRJ does not have a Unit Disciplinary Committee (UDC) or other intermediate level of adjudication for low or moderate infractions (**Deficiency DP-2**). The facility's hearing officer is responsible for conducting hearings for all levels of prohibited acts. ODO notes, in the five cases reviewed, documentation was present confirming there was sufficient evidence to support findings that detainees committed prohibited acts, and the Hearing Officer informed the detainees of their rights.

RRJ policy authorizes a one- to 23-hour lockdown, which may be imposed as a sanction for violation of pod rules and other minor violations. During the period of lockdown, all privileges except visitation are restricted. Though supervisory approval is required, lockdown and restriction of privileges occurs outside the disciplinary process. ODO finds this practice does not safeguard against capricious or retaliatory disciplinary actions (**Deficiency DP-3**). During the review, ODO learned of six detainees placed on lockdown status for a violation of pod rules. While on lockdown, they allegedly acted to incite a riot, resulting in issuance of infractions and placement on administrative segregation in the SMU pending a hearing.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DP-1

In accordance with the ICE NDS, Disciplinary Policy, section (III)(C), the FOD must ensure IGSA's shall have procedures in place to ensure that all incident reports are investigated within 24 hours of the incident.

The investigating officer shall have supervisory rank, or higher (unless prevented by personnel shortages) and shall have had no prior involvement in the incident, either as witness or officer at the scene. If an officer below supervisory rank conducts the investigation, the shift supervisor shall review his/her report(s) for accuracy, completeness and sign them.

DEFICIENCY DP-2

In accordance with the ICE NDS, Disciplinary Policy, section (III)(C) Unit Disciplinary Committee, the FOD must ensure all facilities shall establish an intermediate level of investigation/adjudication is present to adjudicate low or moderate infractions. They shall also ensure that the detainee is afforded all the rights listed under “Detainee Rights in UDC Proceedings,” below.

DEFICIENCY DP-3

In accordance with the ICE NDS, Disciplinary Policy, section (III)(A)(2), the FOD must ensure disciplinary action may not be capricious or retaliatory.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at RRJ to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility; interviewed staff; and reviewed procedures and documentation of inspections, hazardous chemical management, and fire drills.

The overall sanitation of the facility was good, although concerns were noted. Inspection of shower areas in three of four detainee housing units found they were maintained in sanitary condition and in good repair. However, in Unit B-1, ODO observed paint peeling off the shower floor. RRJ's Safety Officer was present and submitted a work order to address the peeling paint. In addition, the two shower areas in the intake section were found to be in very unsanitary condition. Mold was observed on the wall in one shower area and trash was observed on the floor near the drain. A buildup of soap scum was identified in the second shower, and the metal benches in both showers were rust-covered as a result of paint peeling off. The ODO inspector observed rust residue on his hand after coming in contact with the bench. Intake staff was present and indicated they would submit work orders to have the benches repaired and showers sanitized.

A master index of hazardous substances and Material Safety Data Sheets were available, including documentation of semi-annual reviews. ODO verified Material Safety Data Sheets were present at each location where chemicals are used. No hazardous substances are stored inside the secure perimeter of the facility. Required weekly and monthly inspections are conducted throughout the facility. Fire drills are conducted on a monthly basis and are well-documented. Emergency keys are not checked out and tested during fire drills (**Deficiency EH&S-1**). Accessing and testing emergency keys ensures staff is familiar with the keys, locks, and exit routes, supporting expeditious egress in the event of an emergency.

RRJ's emergency power generator is tested and serviced by an external company on a quarterly basis. Staff tests the generator on a weekly basis for only 18 minutes, rather than testing bi-weekly for at least one hour (**Deficiency EH&S-2**). ODO was informed by RRJ maintenance personnel that weekly testing for 18 minutes is recommended by the generator manufacturer.

Barbering is conducted in a dedicated room along the hallway of B-Pod where ICE detainees are housed. The room is not equipped with a sink that has hot and cold running water (**Deficiency EH&S-3**), and sanitation regulations for barber operations are not posted (**Deficiency EH&S-4**). This is a repeat deficiency from the December 2010 QAR. A secure plastic bag with clippers, combs, disinfectant, and other barbering equipment is maintained in the shift supervisor's office, and issued to the housing unit at the time designated for haircuts.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4)(c), the FOD must ensure emergency key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors

not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary.

The biweekly test of the emergency electrical generator will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation. The emergency generator will also receive quarterly testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output.

DEFICIENCY EH&S-3

In accordance with ICE NDS, Environmental Health and Safety, section (III)(P), the FOD must ensure sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to:

1. The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. 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.

DEFICIENCY EH&S-4

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(4), the FOD must ensure each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees.

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at RRJ to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO interviewed staff, inspected storage areas, observed meal preparation and service, and reviewed policies and relevant documentation.

Aramark Correctional Service manages the Food service operation at RRJ. Food service staff consists of the Food Service Director, Assistant Food Service Director, and (b)(7)(e) kitchen supervisors, supported by a crew of (b)(7)(e) county inmates. No ICE detainees work in food service. Inspection of the food service operation confirmed knives and utensils were properly controlled, food temperature requirements were met, and the menu was certified by a registered dietitian based on a complete nutritional analysis. At the time of the review, 13 ICE detainees were on medical diets and one detainee was on a religious diet. Documentation supports that special diets were approved and provided in accordance with the standard.

The RRJ food service operation was inspected by the Stafford County Environmental Health Department in March 2012, during which two compliance issues were noted. Both issues were corrected during that inspection, and no follow-up inspection was required. Inmate workers wear green uniforms, which are changed daily, along with hairnets, beard nets, and gloves. Employees wear Aramark-provided uniforms, hats, gloves, and beard nets when necessary. All visitors to the kitchen are required to wear hair and beard nets.

ODO sampled the noon meal on Wednesday during the inspection. All items were in accordance with the menu for that particular meal. The items were at the appropriate temperatures and properly seasoned; proportions were as listed on the menu. RRJ has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units on thermal trays. During observation of preparation and delivery of a meal, ODO noted the carts used to transport food trays are not secure. The carts are metal with open shelves, on which the trays are placed for transport by inmate workers (**Deficiency FS-1**). Although the food trays have lids, the lids are not secure and may be easily opened. Transporting trays on secured carts prevents food tampering.

Documentation was available verifying all inmate workers received medical screenings and clearances prior to working in the kitchen. No Aramark employees had undergone pre-employment medical examinations at the time of the review (**Deficiency FS-2**). Medical examinations serve the critical purpose of ensuring prospective food service workers do not have a communicable disease in any transmissible stage or condition. Aramark management informed ODO that medical exams for their employees would be scheduled within the next week.

During random interviews conducted by ODO, one detainee complained of being served bologna, "...all the time. That's all we get." While reviewing the current menu, ODO noted bologna was served for breakfast or lunch on three of the six days prior to the inspection. The issue was discussed with Aramark management and a menu review was initiated. During the inspection, ODO was informed a new menu would be implemented to address the issue.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(C)(2)(g), the FOD must ensure food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-feeding carts. Food carts must have locking devices.

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(H)(3)(a), the FOD must ensure 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. 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.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at RRJ to determine if controls are in place to inventory, receipt, store, and safeguard detainees' personal property, in accordance with the ICE NDS. ODO reviewed policies, procedures, and the detainee handbook; interviewed staff; observed processing of detainees; and inspected areas where property is maintained.

The property storage area is behind locked doors, located in a separate area from intake processing, and is only accessible to property room staff. ODO found all detainees' property bags are clearly marked with a large tag documenting the detainees' name and detainee identification number. Property is stored using a numerical system.

The detainee handbook does not provide information concerning the facility's policies and procedures for obtaining certified copies of any identity document (**Deficiency F&PP-1**). Having these procedures included in the detainee handbook ensures detainees are aware of the facility's procedures, and provides for better accountability.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE NDS, Funds and Personal Property, section (III)(J)(2), the FOD must ensure the detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

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.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at RRJ to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO toured the medical clinic, reviewed policies and procedures, examined 25 medical records, verified medical staff credentials, and interviewed the medical staff.

ODO was informed healthcare practices are guided by the Virginia Department of Corrections and Virginia Department of Health policies. Medical services are provided 24 hours a day, seven days per week by full-time RRJ employees. Clinic staffing consists of a licensed practical nurse, whose functional title is Medical Director and who has administrative authority, (b)(7)(e) registered nurses (RN) (b)(7)(e) licensed practical nurses, (b)(7)(e) emergency medical technician and (b)(7)(e) certified healthcare assistant. In addition, (b)(7)(e) contract medical professionals from Mary Washington Hospital in Stafford, Virginia, provide health care services under contract, including (b)(7)(e) medical doctor physician on-site who provides clinical oversight to the Medical Department and, who works one to two days per week; (b)(7)(e) physician assistants who share coverage and work approximately 16 hours per week; (b)(7)(e) dentist on-site, who works approximately 12 hours per week; (b)(7)(e) psychiatrist on-site, who works approximately four hours per week; and (b)(7)(e) full-time licensed social worker who provides mental health services. There are vacancies for (b)(7)(e) clinical RN supervisor (b)(7)(e) RNs, and (b)(7)(e) licensed practical nurse. ODO recommends these positions be filled as quickly as possible to ensure detainees' healthcare needs continue to be met.

The medical clinic is of adequate size and sufficiently equipped to serve the detainee population. The clinic has a room for drawing laboratory tests, and has X-ray capabilities with film development on-site. There are two bays used for intake, wound care, sick call and chronic care. Privacy screens are present and being used. There are two dental bays. ODO observed respiratory, orthopedic, and treatment carts for ready access. In addition, there are rooms for forms, medical and office supplies, and a bio-hazard area. The pharmacy is entirely secure, with limited access. Archived and current detainee medical records are stored in separate locked cabinets.

There are 19 infirmary cells, two of which have negative air flow for tuberculosis isolation. In addition, there are four crisis cells used for suicide watch, hunger strike, and other isolation purposes, as needed. ODO found each crisis cell has a large window, a cement slab on which a mattress is placed when occupied, and a grate in the center of the floor. None of the cells contain sinks or toilets. ODO was informed by the medical director that drinking water is brought to detainees in paper cups during 15-minute checks. ODO was also informed detainees placed in the cells for suicide watch are not removed to use toilet facilities; instead, they are required to use the grate in the floor, with waste flushed through the sewage system from outside the cell. ICE later confirmed this information. ODO notes, in correctional facilities which use "dry cells" (cells which have no water or in which water is turned off), placement is most often to safely recover contraband believed to have been carried internally by the prisoner. To protect the privacy and dignity of detainees placed in RRJ's crisis cells, ODO recommends adoption of policies and procedures requiring removal of detainees to use toilet facilities, when necessary.

Detainees undergo medical and mental health screenings upon arrival by specially-trained correctional officers. ODO verified completion of intake screenings in all 25 medical records reviewed, and all detainees signed consents for treatment. Before new detainees leave the booking area, they are seen by a nurse who reviews the screening information documented by officers to determine if there are medical or mental health issues requiring attention. In addition, tuberculosis screenings by way of PPD skin test are conducted as part of the intake process. Chest X-rays are completed for detainees whose PPD tests are positive, as well as for detainees with a history of testing positive.

ODO verified physical examinations were completed by RNs within 14 days of arrival in all records reviewed; however, 24 of 25 physical examinations were not reviewed and countersigned by a physician. In addition, ODO determined RN training for conducting physical examinations consisted of viewing an assessment video. They have not completed training conducted or approved by a physician (**Deficiency MC-1**). This is a repeat deficiency from the December 2010 QAR. Proper training and physician review of physical examinations is critical to ensuring the examinations are correctly conducted, and proper follow-up takes place. Review of completed physical examinations confirmed they included a “hands-on” review of all major systems, and detainees were referred to a provider if a chronic or other medical condition requiring follow-up was identified.

ODO verified all RRJ and contract medical staff credentials were current and primary-source verified. Review of training records for all RRJ medical staff and (b)(7)e randomly-selected custody staff confirmed current certifications in CPR and first aid training; however, none of the contract medical staff had current certifications in CPR or first aid (**Deficiency MC-2**). This is a repeat deficiency from the December 2010 QAR. The physician assistant on duty informed ODO that Mary Washington Hospital does not require their staff contracted to RRJ to maintain certifications.

Detainees request healthcare services by completing forms printed in both English and Spanish, and in triplicate. The detainee dates and signs the request form and keeps one copy. During ODO’s tour of the housing units, ODO confirmed the availability of request forms. Unit officers stated assistance is available for illiterate detainees and others who may need assistance. The forms are placed into a separate and secure box in the housing unit. The time the form is received and triaged by medical staff is recorded on the form, as is the date the detainee is seen, along with the provider’s note summarizing the encounter. ODO cites the triplicate sick call request form as a best practice because it supports accountability for request processing, and documentation of timeliness. Sick call is provided seven days a week in the detainee housing cluster; alternatively, detainees may be seen in the clinic when necessary. When a detainee is seen in the clinic, there is a holding area with access to a bathroom and drinking fountain. A unit officer is present at all times. Medications are delivered and administered by nurses three times each day. Detainees are not charged a fee for healthcare services. A telephonic language interpretation service is available for detainees with limited English language proficiency.

When detainees are transferred, two forms are completed for forwarding to the receiving facility: a medical screening form and a Medical Summary of Federal Prisoner/Alien in Transit. These forms are placed into a sealed envelope with the detainee’s name, date of birth, and alien number

documented on the envelope. When detainees are released to the community, procedures are in place for medical staff to inform the detainees of any pending appointments in the community.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure health appraisals will be performed according to NCCHC [National Commission on Correctional Health Care] and JCAHO [Joint Commission on Accreditation of Healthcare Organizations] standards.

NCCHC standard J-E-04 states the hands-on portion of the health assessment may be performed by an RN only when the nurse completes appropriate training that is approved by the responsible physician. All findings must be reviewed by a physician when the RN completes the physical.

DEFICIENCY MC-2

In accordance with the ICE NDS, Medical Care, section (III)(H), the FOD must ensure detention staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following:

2. The administration of first aid and cardiopulmonary resuscitation (CPR).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at RRJ to determine if procedures are in place to allow formal and informal contact between detainees, and key ICE and facility staff; and if ICE detainees are able to submit written requests to ICE staff and receive responses in timely manner, in accordance with the ICE NDS. ODO interviewed ERO employees, as well as facility staff and detainees; and reviewed logbooks, policies and procedures.

RRJ employs both informal and formal procedures for key ICE and facility staff to interact with detainees on a regular basis. ICE staff conducts unscheduled and unannounced contacts through the Acting AFOD, and Supervisory Detention and Deportation Officers. During these unannounced visits, ERO department heads visit the facility's living and activities areas, including housing units, food services, recreation, special management units, and medical care infirmary rooms. A logbook in each of the housing units records ICE staff's unannounced visits. ODO confirmed, from interviewing six detainees and RRJ staff, the IEA assigned to the facility is very active in addressing detainees' personal concerns and monitoring living conditions. A Deportation Officer was also observed visiting detainees during the ODO inspection.

The formal process of interaction begins from the moment written questions, requests, or personal concerns are submitted. The housing officers provide request forms to detainees upon request. The completed forms are handed to the RRJ housing officers or directly to ICE officers. One IEA is assigned full-time to RRJ. Detainees' requests pertaining to facility services are handled in accordance with the facility's established guidelines. ODO confirmed from interviewing six detainees and RRJ staff, the assigned IEA is proactive in addressing detainees' personal concerns and monitoring living conditions. ODO was informed by the facility and ICE staff, the responsibilities seem overwhelming for one IEA. ODO was informed ERO has scheduled visits with detainees on Tuesdays and Thursdays of each week. However, the written visit schedules were not posted in each of the housing units, or other areas with detainee access (**Deficiency SDC-1**).

On Wednesday, November 14, 2012, one Deportation Officer visited RRJ for the scheduled contact visit with detainees. ODO noted the Deportation Officer spent approximately two hours with detainees in the housing units and departed the facility before noontime. The Deportation Officer did not visit the SMUs or the medical infirmary. On Thursday, November 15, 2012, none of the Deportation Officers from ERO Washington conducted the scheduled contact visit with detainees (**Deficiency SCD-2**).

ICE staff checks the telephones located in detainees' housing areas for serviceability, and completes the Model Protocol for ERO Officer Facility Liaison Visit. The Model Protocol is designed for conducting and documenting liaison visits, observing living conditions and engaging in staff-detainee communications. ODO reviewed the Model Protocol sheets and found the required information is captured. ODO observed detainee requests for information pertaining to immigration cases and the associated responses are not logged. The requests for information are assigned to Deportation Officers, according to the case docket. The requests for information are required to be logged whenever request forms are received by ICE, as well as when responses are provided to detainees. Completed request forms, including ICE's responses, are not recorded or maintained in each individual detainee's detention file for at least three

years (**Deficiency SDC-3**). During the close-out briefing, ERO staff stated corrective actions will be implemented for maintaining copies of completed detainee requests and corresponding responses.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(2)(b), the FOD must ensure the ICE Field Office Director shall devise a written schedule and procedure for weekly detainee visits by District ICE deportation staff. The ICE officer will also visit the facility's Special Management Units (SMU) to interview any ICE detainees housed there, monitor housing conditions, review detainees' classification and basis for placement in the SMU, and review all records in this regard. Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access. The ICE Field Office Director shall have specific procedures for documenting the visit. IGSAs with larger populations should be visited more often if necessary.

DEFICIENCY SDC-2

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(2), the FOD must ensure the purpose of these scheduled weekly visits is to address detainees' personal concerns and to monitor living conditions. Facility or District deportation staff in the jurisdiction where these facilities are located shall conduct these scheduled visits. The visiting officer should be familiar with the detention standards and report all violations to the Field Director.

DEFICIENCY SDC-3

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure, in IGSAs, the date the request was forwarded to ICE and the date it was returned shall also be recorded.

All completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years.

USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at RRJ to determine if necessary use of force is used only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE NDS. ODO interviewed staff, and reviewed local policy, training records, and use of force documentation.

RRJ's use of force policy distinguishes between immediate and calculated force, and stresses confrontation avoidance prior to application of force. ODO was informed there was one immediate use of force incident involving an ICE detainee in the past year and no calculated use of force incidents.

ODO reviewed documentation in the immediate use of force incident and confirmed the detainee was medically examined following the incident; however, an after action review was not conducted. Interviews of the Special Response Team lieutenant and captain confirmed after-action reviews are not conducted following use of force incidents (**Deficiency UOF-1**). After-action reviews are critical for conducting an assessment of whether applied force was necessary and reasonable. ODO was informed ICE is notified of use of force incidents by way of incident reports only. ICE confirmed this notification process, and stated they also receive telephone calls.

Based on staff interviews and a review of policy requirements for video recording calculated force incidents, ODO determined responsibility is not designated for maintaining recording equipment, to include routine inspections and testing (**Deficiency UOF-2**). Ensuring recording equipment is maintained and operable ensures calculated use of force incidents may be properly documented. In addition, ODO notes staff reported video recording occurs only when the Special Response Team is assembled to complete a cell extraction. When this occurs, only the cell extraction itself is video recorded. There is no requirement in policy to video record all other calculated use of force incidents, and for the video recordings to include all steps in a calculated use of force as required by the NDS. A deficiency is not being cited because there were no calculated force incidents involving detainees; however, ODO recommends revision of the use of force policy to support compliance with the standard in the event of future calculated force incidents.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(K) the FOD must ensure 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.

DEFICIENCY UOF-2

In accordance with the ICE NDS, Use of Force, section (III)(A)(4)(1), the FOD must ensure 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.

VISITATION (V)

ODO reviewed the Visitation standard at RRJ to determine if authorized persons, including legal and media representatives, are able to visit detainees within security and operational constraints, in accordance with the ICE NDS. ODO reviewed the local policy and detainee handbook, inspected the visiting area, and interviewed staff and detainees.

The facility has written visitation procedures, including a schedule and hours of visitation. Detainees are notified of visitation rules and hours by way of a video orientation upon entry into the facility, and through the detainee handbook. Visitation information is available to the public by way of a telephone recording, postings in the visitor's entrance, and the facility's website. Separate logs for general visitors and legal representatives are maintained.

All detainees, including those in the SMUs, are allowed visitation with family, friends, legal representatives, and members of the media. Media visits require approval by the Superintendent. Legal visitation is available seven days a week, including holidays. On regular business days, legal visitation hours provide for a minimum of eight hours per day between 8:30 a.m. and 4:30 p.m., and a minimum of four hours per day on weekends and on holidays between 8:00 a.m. and 12:00 p.m.

The facility has procedures regarding incoming property and money. Visitors may mail funds or property, or deposit money into a detainee's account at the facility. RRJ staff informed ODO, under no circumstances are visitors allowed to give property or money directly to a detainee.

Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, was not available in the legal visitors' reception area (**Deficiency V-1**). Form G-28 verifies attorney-client relationships and notifies ICE of detainees' legal representations. Before departing the facility, ODO provided a copy of Form G-28 to the staff in the reception area. ODO also informed facility staff that attorneys representing detainees on legal matters unrelated to immigration are not required to complete Form G-28.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY V-1

In accordance with the ICE NDS, Visitation, section (III)(I)(8), the FOD must ensure, 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. Staff shall collect completed forms and forward them to INS.