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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO San Francisco Office
Yuba County Jail
Marysville, California

March 14-16, 2017

**COMPLIANCE INSPECTION
for the
YUBA COUNTY JAIL
MARYSVILLE, CALIFORNIA**

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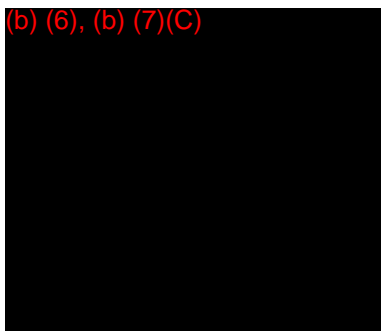
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Yuba County Jail (YCJ), in Marysville, California from March 14 to 16, 2016.¹ YCJ, opened in 1962, is owned by Yuba County and operated by the Yuba County, Sheriff's Department. The Office of Enforcement and Removal Operations (ERO) began housing detainees at YCJ in 2008 pursuant to an intergovernmental service agreement, under the oversight of ERO's Field Office Director (FOD) in San Francisco.

ERO does not have Deportation Officers (DO) or a Detention Services Manager (DSM) assigned to the facility. An YCJ Lieutenant is responsible for oversight of daily facility operations and is supported by (b) (7) personnel. The Yuba County Sheriff's Department provides food and medical services. The facility held a California Board of Corrections accreditation at the time of the inspection. In addition to the National Detention Standards 2000, the YCJ is contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	220
Average ICE Detainee Population ³	167
Male Detainee Population (as of 3/14/2017)	146
Female Detainee Population (as of 3/14/2017)	11

In August 2014, ODO conducted a compliance inspection of YCJ, reviewing 15 National Detention Standards (NDS) 2000 and the SAAPI standard under PBNDS 2011. ODO found the facility compliant with nine standards. ODO found a total of 14 deficiencies, three of which were priority components,⁴ in the remaining seven standards.

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

² Data Source: ERO Facility List Report as of March 13, 2017.

³ *ibid*

⁴ Deficient priority components were found in the Sexual Abuse and Assault Prevention and Intervention standard.

FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁵	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	2
Detainee Grievance Procedures	0
Detainee Handbook	1
Food Service	3
Funds and Personal Property	1
Staff-Detainee Communication	0
Telephone Access	0
Sub-Total	9
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	2
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	4
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
PBND 2011 STANDARD INSPECTED⁶	
Sexual Abuse and Assault Prevention and Intervention	3
Sub-Total	3
Total Deficiencies	17

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

⁶ The facility is contractually obligated to comply with the requirements of ICE 2011 Performance Based National Detention Standard 2.11, Sexual Abuse and Assault Prevention and Intervention.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten and where detainees are housed for over 72-hours to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁷ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection; these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to (i) assist ERO in developing and initiating corrective action plans and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁷ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 21 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of the detainees reported being satisfied with facility services, with the exception of the complaints described below.

Staff-Detainee Communication: One detainee, who walked with the aid of a cane, stated that YCJ affords him greater freedom and control over his normal activities than other facilities where he was previously housed.

- ***Compliment:*** On February 12, 2017 an order was given to conduct an emergency evacuation of the facility due to potential flooding from the Oroville Dam and Feather River. The detainee stated that facility and ERO staff assisted him into the evacuation van and ensured he was safely and securely seated. Additionally, the detainee added that Yuba County Jail (YCJ) maintains an Americans with Disabilities Act (ADA) compliant cell with access to an ADA compliant shower. The detainee also stated staff members allow him to use his cane in the dorm and maintain a wheelchair for his use. He appreciated the help and support provided to him by both the facility and ICE staff during an emergency evacuation of the facility.

Admission and Release: Four detainees stated they had to buy replacement hygiene items when they ran out of them.

- ***Action Taken:*** ODO interviewed facility staff and learned YCJ has a large quantity of replacement supplies on hand for all the detainees, and that these supplies can be requested by filling out a request form. ODO notes the facility handbook does not provide instruction in this area. ODO recommended facility staff inform the four detainees of this procedure, as well as all other detainees. The facility handbook also should be revised accordingly.

Environmental Health and Safety: One detainee stated he had seen cockroaches in a broom closet several weeks earlier.

- ***Action Taken:*** ODO determined the facility maintains a service contract with a pest company which conducts regular spraying once a month. Facility staff indicated an increase in pests had occurred earlier in the year, and the pest control company began spraying more than once a month until the number of pests decreased.

Medical Care: One detainee indicated he had a lump on his stomach that concerned him. The detainee stated he was being seen by medical services on a regular basis for high blood pressure but had not informed the medical staff of the lump.

- ***Action Taken:*** ODO reviewed the detainee's medical record and determined the detainee did not mention a lump on his stomach during intake processing or during his physical on February 24, 2017. ODO confirmed the detainee is receiving treatment for hypertension. ODO requested the detainee be seen by the medical staff on March 15, 2017. A nurse practitioner examined the detainee and identified a cyst on the detainee's abdomen. No

treatment was required; however, the detainee was advised to submit a sick call request should symptoms worsen.

One detainee claimed she filled out a medical request to see the psychiatrist and the request had gone unanswered.

- Action taken: ODO reviewed the detainee's medical record and found she submitted a request on March 8, 2017. The detainee was seen on the same day by a mental health provider and subsequently referred to and seen by a psychiatrist on March 14, 2017.

Sexual Assault Awareness and Prevention Intervention: Seven detainees stated that officers of the opposite gender do not consistently announce their presence when entering housing units. ODO also observed this issue during multiple times passing through various parts of YCJ during the inspection. ODO observed this is particularly true in the older, "lateral jail" part of the facility, which houses male detainees and is routinely transited by female corrections officers.

- Action Taken: ODO toured the housing units and interviewed facility staff members regarding announcements of the presence of opposite gender staff entering housing units. ODO raised this issue with both the facility captain and the supervisory detention and deportation officer (SDDO). Additionally, ODO observed announcements made only in English even though a large portion of the population is Spanish speaking; as a result, detainees may not understand the announcement.

Staff - Detainee Communications: ODO attempted to interview a 66-year old male detainee who spoke Lahu⁸. The detainee had very limited English proficiency. ODO attempted to use both the facility and the ICE language lines. The facility and the ICE language lines were not able to provide a Lahu interpreter.

Action Taken: ODO discussed the issue of effectively communicating with the detainee with both the facility captain and the SDDO. The SDDO informed ODO during the inspection the field office had reviewed the detainee's alien file and determined the alien could be released on an Order of Recognizance. ODO informed ERO's Language Access Coordinator of the inability to obtain a Lahu interpreter.

Recreation⁹: One detainee complained detainees assigned to his housing pod were not receiving recreation at regular intervals.

- Action Taken: ODO reviewed the Yuba County Jail Manual, Order #E501, *Exercise & Recreation*, dated 1990 and revised September 2010 and toured the facility's two recreation areas which are open to weather and sunlight. ODO also reviewed an ERO, *Waiver for Recreation Access*, dated April 10, 2015, which allows YCJ to offer two hours of recreation four days per week, rather than the one hour of recreation five days per

⁸ "Lahu villages are to be found over a wide are, including the southwestern portion of China's Yunnan Province; the Kengtung area of Burma's Shan State; the northern Thai provinces of Chiang Mai, Chiang Rai, Lampang, Mae Hong Son, and Tak; and Nam Tha Province in NW Laos." See JAMES ALAN MATISOFF, ENGLISH-LAHU LEXICON xi (University of California Press 2006).

⁹ For purposes of the larger inspection, ODO did not review the entire Recreation standard. ODO only reviewed the portion of the Recreation standard that pertained to the detainee's complaint.

week, as required by the NDS. ODO verified the detainee's claim and determined recreation is offered to different housing pods up to three times per day starting at 0500, but not at regular intervals. The times recreation is offered vary and are dependent on the availability of staffing. Additionally, if one detainee in the pod accepts an invitation to recreate, the entire pod is then considered to have recreated and must wait until the next opportunity is offered to that pod. The facility began logging detainee recreation usage (and refusals) in February 2017. ODO recommends the facility normalize its recreation schedules within each housing pod to the extent practicable.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed the YCJ admissions process and determined an orientation video in English and Spanish is shown on a continuous loop in the intake area. However, the facility and the field office were unable to provide any documentation that the field office had approved YCJ's orientation procedures (**Deficiency AR-1¹⁰**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by submitting the orientation video and procedures to ERO for approval. ERO reviewed the orientation procedures and issued a memorandum approving the orientation video and procedures (**C-1**).

ODO reviewed YCJ policies, Admission and Release, (which were last revised in October 2012) and found that the facility and field office were unable to provide documentation that the facility release procedures had been approved by the field office (**Deficiency AR-2¹¹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by submitting the release procedures to ERO for approval. ERO reviewed the release procedures and issued a memorandum approving the release procedures (**C-2**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

Detainees were housed appropriately with the exception of detainees in R-Pod where ODO observed two minimum custody detainees with no criminal records housed with two medium custody detainees who have histories of aggravated felonies and assaultive behaviors (**Deficiency DCS-1¹²**). The sergeant responsible for classification acknowledged the comingling and explained it was due to limited space for females.

DETAINEE HANDBOOK (DH)

ODO reviewed the facility's detainee handbook dated December 2014. ODO also interviewed senior facility staff and determined there is no appointed committee that reviews the handbook on an annual basis and recommends appropriate revisions (**Deficiency DH 1¹³**).

¹⁰ "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).

¹¹ "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 the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(L).

¹² "Under no circumstances will a level two detainee with a history of assaultive or combative behavior be placed in a level one housing unit." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(F)(3).

¹³ "An appointed committee will conduct annual reviews of the handbook, after the annual reviews and revisions by facility department heads and the OIC." See ICE NDS 2000, Standard, Detainee Handbook (III)(I).

FOOD SERVICE (FS)

ODO reviewed YCJ's fire suppression system and determined fire suppression nozzles are not installed in the kitchen over the six-burner stove, which is an open flame appliance (**Deficiency FS-1¹⁴**). The National Fire Protection Act (NFPA) requires that preventive and operative fire safety devices be installed over equipment to reduce the potential fire hazard in commercial cooking operations. The fire suppression system is equipped with an audible alarm and is inspected every six months.

ODO determined three detainees were receiving religious diets; however, a correctional shift supervisor, rather than a chaplain, approves requests of religious diets as well as the requests for discontinuation of religious diets (**Deficiency FS-2¹⁵**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the YCJ detainee handbook and determined it addresses only one of five property related topics required by the standard. The YCJ handbook does not notify detainees of property they may retain in their possession; rules for storing or mailing disallowed property; procedures for claiming property upon release, transfer, or removal; and procedures for filing a claim for lost or damaged property (**Deficiency F&PP-1¹⁶**). Facility staff informed ODO the YCJ handbook is under revision, and this information will be included in the next version.

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

The Fire and Safety Officer conducts internal fire and safety inspections on a monthly basis. ODO reviewed reports documenting completion of the inspections for the preceding year with the exception of January and February 2017. Therefore, ODO was unable to determine if the fire and safety inspections for those months were conducted (**Deficiency EH&S-1¹⁷**).

¹⁴“An approved, fixed, fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers, and open flame devices. A qualified contractor shall inspect the system every six months. The fire-suppression system shall be equipped with a locally audible alarm and connected to the control room's annunciator panel.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(12)(f).

¹⁵“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 written instructions. The OIC, in consultation with the Chaplain, shall be the approving official for a detainee's removal from the common-fare program.” See ICE NDS 2000, Standard, Food Service, Section (III)(E)(1).

¹⁶“The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

- Which items they may retain in their possession;
- The rules for storing or mailing property not allowed in their possession;
- The procedure for claiming property upon release, transfer, or removal
- The procedures for filing a claim for lost or damaged property.” See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(1,3,4,5).

¹⁷“A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU-AS)

ODO interviewed all six detainees housed in administrative segregation and determined they understood why they were being housed in SMU. ODO reviewed the detainees' SMU file and determined segregation orders were issued and the required status reviews were conducted. However, inspection of the daily activity logs determined officers did not consistently record when detainees were given access to the outdoor recreation area, nor were medical rounds consistently recorded (**Deficiency SMU-AS-1¹⁸**).

USE OF FORCE (UOF)

The facility has a video camera for recording use of force incidents. Per policy, the control officer is responsible for checking the video camera. ODO was informed the control officer routinely verifies the camera is present but does not verify or document its operability (**Deficiency UOF-1¹⁹**).

Corrective Action: Prior to completion of the inspection, corrective action was initiated by specifying in the post order that the officer is responsible for maintaining the video camera as required by the standard, including testing its operability (**C-3**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO determined the facility policy and detainee handbook on Sexual Abuse and Assault Prevention and Intervention includes zero tolerance for all forms of sexual abuse or assault. However, the facility administrator does not maintain memoranda of understanding with community service providers or national organizations that provide legal advocacy for immigration victims of crime (**Deficiency SAAPI-1²⁰**). The facility also does not have written procedures to establish the process for an internal administrative investigation that shall be conducted in all cases after consultation with the assigned criminal investigative entity or after a criminal investigation has concluded (**Deficiency SAAPI-2²¹**). Additionally, the detainee orientation and instructions are not always provided in a language or manner that detainees understand, nor is documentation maintained on detainees who participate in instruction sessions. Following the intake process, the facility does not immediately provide instruction to all detainees on prevention and strategies, definitions and examples of staff/detainee-on-detainee

¹⁸“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).

¹⁹“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).

²⁰“The facility administrator shall maintain or attempt to enter into memoranda of understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A).

²¹“Each facility shall develop written procedures to establish the process for an internal administrative investigation that shall be conducted in all cases only after consultation with the assigned criminal investigative entity or after a criminal investigation has concluded.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(I).

sexual abuse and coercive sexual activity, and/or self-protection and indicators of sexual abuse. The detainee is also not informed of the facility’s prohibition on retaliation for reporting an assault (**Deficiency SA-API-3²²**).

HEALTH SERVICES

MEDICAL CARE

Tuberculosis (TB) screening is conducted by interviewing detainees about symptoms during the intake process; nurses also perform purified protein derivative (PPD) skin testing. ODO reviewed YCJ’s medical records and determined skin testing was not initiated within 24 hours of arrival for 13 detainees (**Deficiency MC-1²³**).

CONCLUSION

During this inspection, ODO reviewed the facility’s compliance with sixteen (16) standards and found the facility compliant with six (6) standards. ODO found eighteen (18) deficiencies in the remaining ten (10) standards, one of which was a priority component. Finally, ODO identified three (3) instances where the facility initiated corrective action during the course of the inspection. ODO also noted that a detainee with disabilities expressed his gratitude for facility policies and amenities that allow him greater freedoms than he’s experienced in other locations. He was very complimentary of staff members’ willingness to offer him additional aid.

Compliance Inspection Results Compared	FY 2014 (NDS)	FY2017 (NDS)
Standards Reviewed	15	16
Deficient Standards	6	10
Overall Number of Deficiencies	14	17
Deficient Priority Components	3	1
Corrective Actions Initiated	N/A	3

ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

²²“Following the intake process, the facility shall provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum):

- prevention and intervention strategies;
- definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity;
- information about self-protection and indicators of sexual abuse; and
- prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee’s immigration proceedings.

Detainee orientation and instruction must be in a language or manner that the detainee understands. The facility shall maintain documentation of detainee participation in the instruction session.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F)(2)(3)(5)(7). **This is a Priority Component.**

²³“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).