

A. Type of Facility Reviewed

- ☐ ICE Service Processing Center
☐ ICE Contract Detention Facility
☒ ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection <input type="checkbox"/> Field Office <input checked="" type="checkbox"/> HQ Inspection
Date[s] of Facility Review 12/11/2018 to 12/13/2018

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review 11/28/2017 to 11/30/2017
Previous Rating <input type="checkbox"/> Superior <input type="checkbox"/> Good <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Deficient <input type="checkbox"/> At-Risk

D. Name and Location of Facility

Name Northern Oregon Correctional Facility
Address (Street and Name) 211 Webber Road
City, State and Zip Code The Dalles, OR 97058
County Wasco
Name and Title of Chief Executive Officer (Warden/OIC/Supt.) [REDACTED]
Telephone # (Include Area Code) [REDACTED]
Field Office / Sub-Office (List Office with oversight responsibilities) Seattle
Distance from Field Office 250 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station) [REDACTED] / LCI / Safety SME / Nakamoto
Name of Team Member / Title / Duty Location [REDACTED] / Medical SME / Nakamoto
Name of Team Member / Title / Duty Location [REDACTED] / Detainee Rights SME / Nakamoto
Name of Team Member / Title / Duty Location [REDACTED] / Security SME / Nakamoto
Name of Team Member / Title / Duty Location [REDACTED] / Medical SME / Nakamoto

F. CDF/IGSA Information Only

Contract Number [REDACTED]	Date of Contract or IGSA [REDACTED]
Basic Rates per Man-Day [REDACTED]	
Other Charges: (If None, Indicate N/A) [REDACTED]	

Estimated Man-days Per Year: [REDACTED]
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G. Accreditation Certificates

List all State or National Accreditation[s] received: PREA Certification
<input type="checkbox"/> Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding <input type="checkbox"/> Court Order <input type="checkbox"/> Class Action Order
The Facility has Significant Litigation Pending <input checked="" type="checkbox"/> Major Litigation <input type="checkbox"/> Life/Safety Issues
<input type="checkbox"/> Check if None.

I. Facility History

Date Built [REDACTED]	
Date Last Remodeled or Upgraded [REDACTED]	
Date New Construction / Bed space Added [REDACTED]	
Future Construction Planned <input type="checkbox"/> [REDACTED] <input checked="" type="checkbox"/> [REDACTED] Date: [REDACTED]	
Current Bed space [REDACTED]	Future Bed space (# New Beds only) Number: [REDACTED] Date: [REDACTED]

J. Total Facility Population

Total Facility Intake for previous 12 months [REDACTED]
Total ICE Man-days for Previous 12 months [REDACTED]

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A
	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

M. Average Daily Population

	ICE	USMS	Other
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

N. Facility Staffing Level

Security: [REDACTED]	Support: [REDACTED]
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Significant Incident Summary Worksheet

For Nakamoto to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	N/A	N/A	1/P	1/P
	With Weapon	0	0	0	0
	Without Weapon	0	0	1	1
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		1	0	0	1
Disturbances ⁴		0	0	0	1
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	1	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	1	0	0	0
	# Resolved in favor of Offender/Detainee	1	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	0	0	2
	# Psychiatric Cases referred for Outside Care	0	0	0	0

¹ Any attempted physical contact or physical contact that involves two or more offenders

² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large-scale incidents.

DHS/ICE Detention Standards Review Summary Report						
1. Acceptable	2. Deficient	3. At Risk	4. Repeat Finding	5. Not Applicable		
Legal Access Standards		1.	2.	3.	4.	5.
1.	Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Services						
5.	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15.	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Services						
18.	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security and Control						
22.	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.	Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32.	Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.	Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34.	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.	Transportation (Land management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36.	Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38.	Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.



LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name) [REDACTED]	Signature [REDACTED]
Title & Duty Location Lead Compliance Inspector/Safety SME, The Nakamoto Group, Inc.	Date 12/13/2018

Team Members

Print Name, Title, & Duty Location [REDACTED], Detainee Rights SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location [REDACTED], Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.

Recommended Rating:

- ☐ Superior
☐ Good
☒ Acceptable
☐ Deficient
☐ At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection but is not referenced in the Detention Standards Review Summary Report. The standard was rated as Meets Standard for this inspection.

The Significant Summary Worksheet Summary represents data on ICE detainee only. There were no deaths, serious suicide attempts, or escapes involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

There was one reported sexual assault allegation by an ICE detainee reported during this inspection period. An ICE detainee suggestively rubbed-up against another ICE detainee. The incident was witnessed by personnel and captured on camera. The incident was investigated and determined to be substantiated. The detainee aggressor was placed in disciplinary segregation and then returned to a different housing unit.

There was one hunger strike involving an ICE detainee reported during this inspection period. A 31-year old Iraqi male was admitted to the facility 9/7/2018. At the time of admission, he provided no significant medical history and no mental health history. The detainee was protesting his detention and began a hunger strike 10/10/2018 and self-terminated the hunger strike 10/16/2018. During the hunger strike, it was documented the detainee drank water and other provided beverages. Treatment outside the facility was not required. A review of the hunger strike documentation indicated all requirements of the standard were met.

There were two immediate use of force incidents involving ICE detainees during this inspection period. Both incidents involved officers responding to detainee assaults or fights. In the first incident, two detainees assaulted a third detainee. Deputies intervened and placed the detainees in restraints and moved them to separate locations. In the second incident, two detainees were fighting. Officers broke up the fight and physically removed the detainees from the housing unit. In both incidents, proper documentation was filed and detainees were offered medical attention once the situation was under control. Reviews of both incidents indicate the use of force was justified under the circumstances.

The facility has Tasers; policy prohibits their use on an ICE detainee. The facility has and uses a restraint chair. Four/five-point restraints are not used at the facility. The facility does not have a canine unit. When a canine unit comes is used it is not used in the presence of ICE detainees, per policy. This facility does not have any chemical agents. The facility does not use or train staff in the use of unsafe types of restraint.