Superintendent
(b) (6), (b) (7)(C)
Administrative Captain
(b) (6), (b) (7)(C)
Security Captain
(b) (6), (b) (7)(C)

STRAFFORD COUNTY DEPARTMENT
OF CORRECTIONS
266 County Farm Road
Dover, New Hampshire 03820
Telephone: (603) 742-3310
Fax: (603) 742-2192
e-mail: (b)(6)(b)(7)(C) co.strafford.nh.us

Special Housing Status Review

On **17Jun2020**, I, **Classifications Officer** (b)(6)(b)(7)(C) conducted a formal review of the Special housing status of ICE Detainee (b)(6)(b)(7)(C) Permanent #(b)(6)(b)(7)(C) who is presently in:
Protective Custody Status [ ] Other Administrative Segregation [ ] **Disciplinary Segregation [X]**

Date Inmate/Detainee was placed in this status: **06/15/20**

Inmate/Detainee has been in this Segregation status for__days (**24 Hrs**/72 Hrs/7 Days/Weekly/30 Days/60 Days/More)

The following factors were reviewed with the results as indicated:	**YES**	**NO**
1. Does the reason for initial placement remain valid?	[X]	[ ]
2. Does the detainee pose a threat to himself?	[ ]	[X]
3. Does the detainee pose a threat to others?	[X]	[ ]
4. Does the detainee pose a threat to property?	[ ]	[X]
5. Does the detainee pose a threat to security?	[X]	[ ]
6. Is the detainee defiant towards authority?	[ ]	[X]
7. Is the detainee unwilling or unable to live in the general population?	[X]	[ ]
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	[ ]	[X]

If any of the above factors are marked "YES", the Inmate/Detainee must continue his/her existing status, unless the reporter determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	[X]	[ ]
2. Is the detainee exercising at least one hour daily, 5 days a week?	[X]	[ ]
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	[X]	[ ]
4. Is the detainee receiving daily visits from medical staff?	[X]	[ ]
5. Are the special housing officers signing and properly filling out the special housing unit record?	[X]	[ ]

Translation into the Spanish or other language provided by: **N/A**

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. [ ] Signature_____

I state that the initial reason for my placement in Protective Custody (PC) remains valid. I am requesting to remain on PC status. [ ] Signature_____

Comments: **Inmate** (b)(6)(b)(7)(C) **was removed from his unit and sent to Max after being suspected of being in a fight. He remains in Max pending the results of his D-Board.**

For the reasons above, I recommend / I do not recommend removal from segregation status.

Classifications Officer signature: (b)(6)(b)(7)(C) Date/Time: 6/17/20 @ 0730

Superintendent
(b) (6), (b) (7)(C)
Administrative Captain
(b) (6), (b) (7)(C)
Security Captain
(b) (6), (b) (7)(C)

STRAFFORD COUNTY DEPARTMENT
OF CORRECTIONS
266 County Farm Road
Dover, New Hampshire 03820
Telephone: (603) 742-3310
Fax: (603) 742-2192
e-mail: (b)(6)(b)(7)(C)co.strafford.nh.us

Special Housing Status Review

On **07Oct2020**, I, **Classifications Ofc** (b)(6)(b)(7)(C) conducted a formal review of the Special housing status of ICE Detainee (b)(6)(b)(7)(C) Permanent (b)(6)(b)(7)(C) who is presently in:
Protective Custody Status [ ] Medical Segregation [ ] **Disciplinary Segregation [X]**

Date Inmate/Detainee was placed in this status: **9/23/20**

Inmate/Detainee has been in this Segregation status for__days **(24 Hrs/72 Hrs/7 Days/Weekly/30 Days/60 Days/More)**

The following factors were reviewed with the results as indicated:	**YES**	**NO**
1. Does the reason for initial placement remain valid?	[X]	[ ]
2. Does the detainee pose a threat to him/herself?	[ ]	[ ]
3. Does the detainee pose a threat to others?	[ ]	[X]
4. Does the detainee pose a threat to property?	[ ]	[X]
5. Does the detainee pose a threat to security?	[ ]	[X]
6. Is the detainee defiant towards authority?	[ ]	[X]
7. Is the detainee unwilling or unable to live in the general population?	[X]	[ ]
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	[ ]	[X]

If any of the above factors are marked "YES", the Inmate/Detainee must continue his/her existing status, unless the reporter determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	[X]	[ ]
2. Is the detainee exercising at least one hour daily, 5 days a week?	[X]	[ ]
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	[X]	[ ]
4. Is the detainee receiving daily visits from medical staff?	[X]	[ ]
5. Are the special housing officers signing and properly filling out the special housing unit record?	[X]	[ ]

Translation into the Spanish or other language provided by: **N/A**

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. [ ] Signature_____

I state that the initial reason for my placement in Protective Custody (PC) remains valid. I am requesting to remain on PC status. [ ] Signature_____

Comments: **Inmate** (b)(6)(b)(7)(C) **was moved to Max to serve owed lock up time.**

For the reasons above, I recommend / I do not recommend removal from segregation status.

Classifications Officer signature: (b)(6)(b)(7)(C) Date/Time: 10/7/20- 0615hrs

Rec 2/17

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

(b)(6)(b)(7)(C), (b)(7)(E)

3/4/2021

PART I. REPORT Report No.

DETAINEE NAME:	BOOKING NUMBER:	DATE & TIME OF INCIDENT:	PLACE OF INCIDENT:
Detainee (b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	2-15-2021 6:40pm	J1-21

HOUSING UNIT:	DISCIPLINARY OFFENSE(S) CHARGED:	OFFENSE CODE(S):
J1-Pod	Making any verbal or written threat/ intent to cause fear of any person	A-34

SUMMARY OF INCIDENT:
On Monday February 15, 2021 Officer (b)(6)(b)(7)(C) was posted in J1-pod as the unit Officer. At approximately 11:14pm while Conducting count on the top tier, Detainee (b)(6)(b)(7)(C) asked me from inside the cell if I could turn off the night lights in which she responded yes, to give me a minute when I complete my round I will do so. Shortly after he called me back to his cell and stated "You know I'm not supposed to have a cellmate right? Because when I go off in the middle of the night I'm going to hurt him, you know I don't give a fuck" Shift sergeants were called and responded to the unit. Detainee (b)(6)(b)(7)(C) was removed out of the cell and secured in HSU. Detainee (b)(6)(b)(7)(C) and issued a disciplinary report for making threats of committing bodily harm toward another person. He was secured in Cell J1-21 pending his disciplinary hearing.

SIGNATURE OF ISSUING EMPLOYEE:	REPORT FILED DATE & TIME:	EMPLOYEE NAME AND TITLE PRINTED:
(b)(6)(b)(7)(C)	2-16-2021 11pm	(b)(6)(b)(7)(C) Lieutenant
	DATE SERVED: 2/17/21	TIME SERVED: 12:30 Am

Detainee placed on Administrative Detention pending Disciplinary Hearing: ☐ Yes ☐ No Current Housing Assignment: 6-19

PART II. INFORMAL SANCTIONS

☐ 8 HOURS EXTRA DUTY ☐ 24 HOUR LOCKDOWN FROM:_____ TO:_____ ☐ 48 HOUR LOCKDOWN FROM:_____ TO:_____

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature:	Date:	Supervisor Signature:	Date:

PART III. DISCIPLINARY HEARING

DETAINEE HAS BEEN GIVEN WRITTEN 24 HOUR NOTICE OF HEARING BY:	DATE & TIME:	DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE: SIGNATURE:	DATE & TIME:
(b)(6)(b)(7)(C)	2/17/21 805 am		

(b)(6)(b)(7)(C)

IS THE DETAINEE PRESENT FOR THE HEARING: ☐YES ☐NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE:_____ PRINT:_____

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT.

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS:_____ ON DATE/TIME:_____

STAFF ASSISTANCE REQUESTED: ☐ YES ☐ NO STAFF NAME & TITLE IF REQUESTED:_____

WITNESS REQUESTED: ☐ YES ☐ NO WITNESS NAME(S):_____

DETAINEE'S PLEA:

CHARGE #1: A34 ☒ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #2:_____ ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #3:_____ ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

DETAINEE SIGNATURE:_____
I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.

SUMMARY OF TESTIMONY: Those words did not come out of my my mouth. I'm not Suppose To have a cellie I was promised by (b)(6)(b)(7)(C) mental Health. I get upset when someone Lies to me

HEARING OFFICER CONCLUSION: Guilty based on a preponderence of the evidence. Officers IR and Sgt. Investigation report Where it notes Dt (b)(6)(b)(7)(C) Reports He was told If he doesn't leave the cell he would get hurt.

CHARGE #1: A34 ☐ NOT GUILTY ☒ GUILTY	CHARGE #2:_____ ☐ NOT GUILTY ☐ GUILTY	CHARGE #3:_____ ☐ NOT GUILTY ☐ GUILTY
25 DAYS DISCIPLINARY SEGREGATION	_____ DAYS DISCIPLINARY SEGREGATION	_____ DAYS DISCIPLINARY SEGREGATION
0 DAYS SUSPENDED FOR 0 MONTHS	_____ DAYS SUSPENDED FOR _____ MONTHS	_____ DAYS SUSPENDED FOR _____ MONTHS

☐ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.

☐ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

DETAINEE SIGN		HEARING OFFIC		DATE & TIME
DSC	(b)(6)(b)(7)(C)	DSC	(b)(6)(b)(7)(C)	2/19/21

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

(b)(7)(E)

PART I. REPORT (b)(6)(b)(7)(C)

Report No.

DETAINEE NAME:	DATE & TIME OF INCIDENT:	PLACE OF INCIDENT:
	01/23/2023 08:50am	K-Pod

HOUSING UNIT:	DISCIPLINARY OFFENSE(S) CHARGED:	OFFENSE CODE(S):
K-Pod	Possession of a Sharpened Instrument	A-22c

SUMMARY OF INCIDENT:

At approximately 8:50am, on Saturday, January 23rd, 2023, a search was conducted of cell K-29 due to information received about a razor blade being in the cell. At this time, a razor blade that had been removed from a facility issued razor was discovered on the bottom bunk of the cell. Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C) was interviewed regarding the razor blade; Detainee (b)(6)(b)(7)(C) admitted ownership of the razor that was discovered. Detainee (b)(6)(b)(7)(C) is being charged with Possession of a Sharpened Instrument (A-22c). End of Report.

Use of Force ☐ Yes ☑ No ☐ Spontaneous ☐ Calculated

Physical Evidence

Item # 1	Disposition	Item # 2	Disposition	Item # 3	Disposition
RAZOR	PHOTO				

SIGNATURE OF ISSUING EMPLOYEE:	REPORT FILED DATE & TIME:	EMPLOYEE NAME AND TITLE PRINTED:
(b)(6)(b)(7)(C)	1-23-23	(b)(6)(b)(7)(C)

REPORT SERVED	DATE SERVED:	TIME SERVED:
	1/23/23	1142am

Detainee placed on Administrative Detention pending Disciplinary Hearing: ☑ Yes ☐ No | Current Housing Assignment: G-13

PART II. INFORMAL SANCTIONS

☐ 8 HOURS EXTRA DUTY ☐ 24 HOUR LOCKDOWN FROM:_____ TO:_____ ☐ 48 HOUR LOCKDOWN FROM:_____ TO:_____

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature:	Date:	Supervisor Signature:	Date:

PART III. DISCIPLINARY HEARING

DETAINEE HAS BEEN GIVEN WRITTEN 24 HOUR NOTICE OF HEARING BY:		DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE:	
SIGNATURE:	DATE & TIME	SIGNATURE:	DATE & TIME

HEARING OFFICER/COMMITTEE MEMBER #1 NAME & TITLE:

IS THE DETAINEE PRESENT FOR THE HEARING: ☐YES ☐NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE:_____ PRINT:_____

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS:_____ ON DATE/TIME:_____

STAFF ASSISTANCE REQUESTED: ☐YES ☐NO STAFF NAME & TITLE IF REQUESTED: _____

WITNESS REQUESTED: ☐YES ☐NO WITNESS NAME(S):

DETAINEE'S PLEA:
CHARGE #1:_____ ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION
CHARGE #2:_____ ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION
CHARGE #3:_____ ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

DETAINEE SIGNATURE:_____
I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.

SUMMARY OF TESTIMONY:

HEARING OFFICER CONCLUSION:

CHARGE #1:_____ ☐ NOT GUILTY ☐ GUILTY	CHARGE #2:_____ ☐ NOT GUILTY ☐ GUILTY	CHARGE #3:_____ ☐ NOT GUILTY ☐ GUILTY
_____DAYS DISCIPLINARY SEGREGATION	_____DAYS DISCIPLINARY SEGREGATION	_____DAYS DISCIPLINARY SEGREGATION
_____DAYS SUSPENDED FOR _____MONTHS	_____DAYS SUSPENDED FOR _____MONTHS	_____DAYS SUSPENDED FOR _____MONTHS

☐ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.

☐ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

DETAINEE SIGNATURE: DATE & TIME

HEARING OFFICER SIGNATURE: Hearing Officer Print Name DATE & TIME:

(Revised 05/25/21)

(b)(7)(E)

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

Report No.

PART I. REPORT

DETAINEE NAME:	BOOKING NUMBER:	DATE & TIME OF INCIDENT:	PLACE OF INCIDENT:
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	01/23/2023 08:50am	K-Pod

HOUSING UNIT:	DISCIPLINARY OFFENSE(S) CHARGED:	OFFENSE CODE(S):
K-Pod	Possession of a Sharpened Instrument/Aid Another Person to Commit Offense/Failure to Cooperate with an Investigation	A-22c/A-35/C-21

SUMMARY OF INCIDENT:

At approximately 8:50am, on January 23rd, 2023, a search was conducted of cell K-20 due to information received about a razor being in the cell. At this time, a razor blade was discovered stuck to the side of the top bunk behind a white sticker. Detainee (b)(6)(b)(7)(C) who is housed in cell K-20, denied ownership of the razor. When questioned further, Detainee (b)(6)(b)(7)(C) admitted to providing his cell mate the sticker used to hide the razor knowing it would be used to hide contraband. Detainee (b)(6)(b)(7)(C) is being charged with Possession of a Sharpened Instrument (A-22c) due to neither detainee housed in K-20 admitting ownership of the razor, Aid Another Person to Commit an Offense (A-35), and Failure to Cooperate with an Investigation (C-21). End of Report.

Use of Force ☐ Yes ☑ No ☐ Spontaneous ☐ Calculated

Physical Evidence

Item # 1	Disposition	Item # 2	Disposition	Item # 3	Disposition
RAZOR	PHOTO	—	—	—	—

SIGNATURE OF ISSUING EMPLOYEE:	REPORT FILED DATE & TIME:	EMPLOYEE NAME AND TITLE PRINTED:
(b)(6)(b)(7)(C)	1-23-23	SERGEANT (b)(6)(b)(7)(C)

REPORT SERVED TO DETAINEE BY:	DATE SERVED:	TIME SERVED:
(b)(6)(b)(7)(C)	1/23/23	1143 AM

Detainee placed on Administrative Detention pending Disciplinary Hearing: ☑ Yes ☐ No — Current Housing Assignment: G-21

PART II. INFORMAL SANCTIONS

☐ 8 HOURS EXTRA DUTY ☐ 24 HOUR LOCKDOWN FROM:____ TO:____ ☐ 48 HOUR LOCKDOWN FROM:____ TO:____

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature:	Date:	Supervisor Signature:	Date:

PART III. DISCIPLINARY HEARING

DETAINEE HAS BEEN GIVEN WRITTEN 24 HOUR NOTICE OF HEARING BY:		DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE:	
SIGNATURE:	DATE & TIME	SIGNATURE:	DATE & TIME

HEARING OFFICER/COMMITTEE MEMBER #1 NAME & TITLE:

IS THE DETAINEE PRESENT FOR THE HEARING: ☐YES ☐NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE:____ PRINT:____

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT.

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS:____ ON DATE/TIME:____

STAFF ASSISTANCE REQUESTED: ☐ YES ☐ NO STAFF NAME & TITLE IF REQUESTED:____

WITNESS REQUESTED: ☐ YES ☐ NO WITNESS NAME(S):____

DETAINEE'S PLEA:

CHARGE #1:____ ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #2:____ ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #3: ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

DETAINEE SIGNATURE:____

I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.

SUMMARY OF TESTIMONY:

HEARING OFFICER CONCLUSION:

CHARGE #1: ☐ NOT GUILTY ☐ GUILTY	CHARGE #2: ☐ NOT GUILTY ☐ GUILTY	CHARGE #3: ☐ NOT GUILTY ☐ GUILTY
____ DAYS DISCIPLINARY SEGREGATION	____ DAYS DISCIPLINARY SEGREGATION	____ DAYS DISCIPLINARY SEGREGATION
____ DAYS SUSPENDED FOR ____ MONTHS	____ DAYS SUSPENDED FOR ____ MONTHS	____ DAYS SUSPENDED FOR ____ MONTHS

☐ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.

☐ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

DETAINEE SIGNATURE: DATE & TIME

HEARING OFFICER SIGNATURE: Hearing Officer Print Name DATE & TIME

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

(b)(7)(E)

PART I. REPORT Report No.

DETAINEE NAME:	BOOKING NUMBER:	DATE & TIME OF INCIDENT:	PLACE OF INCIDENT:
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	01/23/2023 08:50am	K-Pod

HOUSING UNIT:	DISCIPLINARY OFFENSE(S) CHARGED:	OFFENSE CODE(S):
K-Pod	Possession of a Sharpened Instrument/Aid Another Person to Commit Offense	A-22c/A-35

SUMMARY OF INCIDENT:

At approximately 8:50am, on January 23rd, 2023, a search was conducted of cell K-20 due to information received about a razor being in the cell. At this time, a razor blade was discovered stuck to the side of the top bunk behind a white sticker. Detainee (b)(6)(b)(7)(C) ((b)(6)(b)(7)(C) who is housed in cell K-20, denied ownership of the razor. Detainee (b)(6)(b)(7)(C) is being charged with Possession of a Sharpened Instrument (A-22c) due to neither detainee housed in K-20 admitting ownership of the razor, and Aid Another Person to Commit an Offense (A-35). End of Report.

Use of Force ☐ Yes ☑ No ☐ Spontaneous ☐ Calculated

Physical Evidence

Item # 1	Disposition	Item # 2	Disposition	Item # 3	Disposition
RAZOR	PHOTO	—	—	—	—

SIGNATURE OF ISSUING EMPLOYEE:	REPORT FILED DATE & TIME:	EMPLOYEE NAME AND TITLE PRINTED:
(b)(6)(b)(7)(C)	1-23-23	SGT (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)	DATE SERVED: 1/23/23	TIME SERVED: 1143 Am
Detainee placed on Administrative Detention pending Disciplinary Hearing: ☑ Yes ☐ No	Current Housing Assignment:	G-15

PART II. INFORMAL SANCTIONS

☐ 8 HOURS EXTRA DUTY ☐ 24 HOUR LOCKDOWN FROM:____ TO:____ ☐ 48 HOUR LOCKDOWN FROM:____ TO:____

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature:	Date:	Supervisor Signature:	Date:

PART III. DISCIPLINARY HEARING

DETAINEE HAS BEEN GIVEN WRITTEN 24 HOUR NOTICE OF HEARING BY:		DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE:	
SIGNATURE:	DATE & TIME	SIGNATURE:	DATE & TIME

HEARING OFFICER/COMMITTEE MEMBER #1 NAME & TITLE:

IS THE DETAINEE PRESENT FOR THE HEARING: ☐YES ☐NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE: PRINT:

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS:____ ON DATE/TIME:____

STAFF ASSISTANCE REQUESTED: ☐ YES ☐ NO STAFF NAME & TITLE IF REQUESTED:

WITNESS REQUESTED: ☐ YES ☐ NO WITNESS NAME(S):

DETAINEE'S PLEA:

CHARGE #1:____ ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #2:____ ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #3:____ ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

DETAINEE SIGNATURE: ____

I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.

SUMMARY OF TESTIMONY:

HEARING OFFICER CONCLUSION:

CHARGE #1: ☐ NOT GUILTY ☐ GUILTY	CHARGE #2: ☐ NOT GUILTY ☐ GUILTY	CHARGE #3: ☐ NOT GUILTY ☐ GUILTY
____ DAYS DISCIPLINARY SEGREGATION	____ DAYS DISCIPLINARY SEGREGATION	____ DAYS DISCIPLINARY SEGREGATION
____ DAYS SUSPENDED FOR ____ MONTHS	____ DAYS SUSPENDED FOR ____ MONTHS	____ DAYS SUSPENDED FOR ____ MONTHS

☐ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.

☐ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

DETAINEE SIGNATURE: DATE & TIME

HEARING OFFICER SIGNATURE Hearing Officer Print Name DATE & TIME

DONALD W. WYATT DETENTION FACILITY
Investigation Report

INCIDENT REPORT #: (b)(7)(E)

Time of Incident:	8:50am	Date of Incident:	01/23/2023	Place Incident Occurred:	K-Pod

Time of Report:	11:00am	Date of Report:	01/23/2023	
Time Investigation Started:	11:55am	Date Investigation Started:		01/23/2023

Detainee Name:	(b)(6)(b)(7)(C)	Housing Unit:	K-Pod
Detainee Name:	(b)(6)(b)(7)(C))	Housing Unit:	K-Pod
Detainee Name:	(b)(6)(b)(7)(C)	Housing Unit:	K-Pod

Discipline Codes:	Discipline Charges:
A-22c	Possession of a Sharpened Instrument
A-35	Aid Another Person to Commit an Offense
C-21	Failure to Cooperate with an Investigation

Investigating Officer:	Sergeant (b)(6)(b)(7)(C)	Department:	Security

Summary:
At approximately 8:50am, on Monday, January 23rd, 2023, Counselor (b)(6)(b)(7)(C) received information about a razor blade being in cell K-29. Detainee (b)(6)(b)(7)(C)) informed Counselor (b)(6)(b)(7)(C) that his cellmate, Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C) was strong arming him, and he was in fear for his safety due to his commissary being stolen by Detainee (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) was removed from K-Pod and interviewed regarding the alleged razor. Detainee (b)(6)(b)(7)(C) admitted to having taken apart a razor and kept the razor. Counselor (b)(6)(b)(7)(C) then received additional information that there was a second razor blade in cell K-20. Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C) stated that his cellmate, (b)(6)(b)(7)(C) , (b)(6)(b)(7)(C)), had hidden a razor on the side of the top bunk behind a white sticker. A search was conducted of cell K-20 and a razor was discovered where it was reported to be. Both detainees housed in K-20 were removed from the cell and questioned about the razor; both detainees denied ownership of the razor.

Photos secured? ☒ Yes ☐ No - How many: 4	Video secured? ☒ Yes ☐ No Type (circle one): DVR or Handheld

Description of contraband and/or weapon(s): Two (2) Razor Blades

Date/Time logged into evidence: N/A

Detainee Witness Statement #2	N/A	SID#	N/A
Statement: N/A			

Investigator Conclusion: I find that based upon the razor blades being discovered, as well as statements made by all detainees involved, I find that there is sufficient evidence to charge Detainees (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)), and (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C) with Possession of a Sharpened Instrument (A-22c). In addition, I find that there is sufficient evidence to charge Detainees (b)(6)(b)(7)(C) with Aid Another Person to Commit an Offense (A-35) based upon both detainees knowing the razor was present, as well as neither detainees accepting ownership of the razor. I also find that there is sufficient evidence to charge Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) with Failing to Cooperate with an Investigation due to him failing to report his knowledge of the razor being in his cell since Friday. All three detainees have been relocated to the Restrictive Housing Unit pending the outcome of their Disciplinary Hearings.

Time Investigation Completed:	1:12pm	Date Investigation Completed: (b)(6)(b)(7)(C)	01/23/2023
Investigating Officer Signature:	Sergeant (b)(6)(b)(7)(C)		

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		Male	Medium	BOS	Wyatt Detention Facility

1. Type of Notification:

☐Special Vulnerability

☒14-Day*

☐30-Day

☐Other 30-Day Interval: _____

2. Initial Date of Placement: 01/23/2023

3. Date of Disciplinary Proceeding (If Applicable): 01/24/2023

4. Length of Disciplinary Sanction (If Applicable): 25

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

At approximately 8:50 am, on January 23, 2023, a search was conducted of cell K-20 due to a report by another detainee of a razor being in the cell. After further investigation is was determined a razor blade was concealed under a sticker inside the cell. Detainee (b)(6)(b)(7)(C) , housed in Wyatt Detention Facility, cell K-20, denied ownership of the razor. Other ICE detainees involved in the incident were Detainee (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) was found guilty of possession of a sharpened instrument and aiding another person to commit an offense. Detainee received 25 days on disciplinary segregation status. All detainees involved in the incident were sent to the (Restrictive Housing Unit) pending further investigation and disciplinary hearings.

6. Did the detainee request segregation?

☐YES ☒NO

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

   N/A

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

   N/A

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

Additional Comment:

N/A.

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

On May 07, 2013, (b)(6)(b)(7)(C) entered the United States illegally at an unknown place on an unknown date.

On June 7, 2013, (b)(6)(b)(7)(C) who was processed as an Expedited Removal Order, was removed from the United States.

ICE Review of Segregation Cases

On December 18, 2013 (b)(6)(b)(7)(C) was again encountered by border patrol at the Rio Grand Valley Sector and processed as a Reinstate of Prior Removal Order. At that time (b)(6)(b)(7)(C) claimed fear of returning to his country and was referred for withholding only proceedings.

On July 21, 2014, and Immigration Judge ordered (b)(6)(b)(7)(C) removed from the U.S.

On September 5, 2014, (b)(6)(b)(7)(C) was removed to Ecuador.

On November 29, 2022, (b)(6)(b)(7)(C) was arrested by Wayland Police Department, Wayland Massachusetts, on a default warrant stemming from a previous DUI arrest, an Immigration Detainer was lodged.

On November 30, 2022, (b)(6)(b)(7)(C) was taken into ICE custody and housed at Wyatt Detention Facility.

On December 16, 2022, (b)(6)(b)(7)(C) requested reasonable fear via the outreach mailbox at Burlington, MA AOR.

On December 29, 2022, USCIS issued a negative reasonable fear decision.

(b)(6)(b)(7)(C) has appealed the decision with USCIS and the appeal is currently pending.

CRIMINAL HISTORY:

11/29/2022: Traffic Offense, Pending
11/29/2022: Driving under the Influence of Liquor, Pending

11. Reviewing Su (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)
Assistant Fiel

12. Date: 2/7/23

Appendix A

DONALD W. WYATT DETENTION FACILITY
ADMINISTRATIVE DETENTION PLACEMENT ORDER (b)(7)(E)

TO: Captain (b)(6)(b)(7)(C), Shift Commander
FROM: Sergeant (b)(6)(b)(7)(C)
RE: Detainee (b) (6), (b) (7)(C) (b)(6)(b)(7)(C) 1-23-23
(Print Detainee Name) I.D.# Date

	The above named detainee is being recommended/referred to restrictive housing for the following reason(s):
☐	A new commitment that has been recommended for Administrative Detention (A/D) upon written order of the detainee's committing agency. **(Provide explanation below and attach any supporting documentation)**
☐	A general population detainee that has been recommended for Administrative Detention (A/D) upon written order of the detainee's committing agency. **(Provide explanation below and attach any supporting documentation)**
☐	New commitment pending review for Administrative Segregation (A/S). (Commitment paperwork and/or intelligence reflects high profile and/or violent)
★	Is pending investigation for violation of facility rules, regulations or criminal acts and his/her continued presence in general population poses a serious threat to life, property, self, staff, other detainees, or the security or orderly operation of the facility.
☐	Is pending review for placement in Protective Custody (P/C).
☐	Has been placed in Protective Custody (P/C).
☐	Is pending review for placement in Administrative Segregation (A/S).
☐	Has been placed in Administrative Segregation (A/S).
☐	Has been placed on Dry Cell Observation.
☐	ICE ONLY – Detainee has been housed in Restrictive Housing for medical reasons.

The above named detainee's presence in general population poses a serious threat to life, property, self, other detainees, security and/or orderly operation of the facility because: (Explain in as much detail as possible. A memorandum detailing the reason for placement may be attached in lieu of describing the specific incident in this section.)

Detainee (b) (6), (b) (7)(C) is being locked down in Restrictive Housing for violation of facility rules.

****MEDICAL REVIEW****	
Medical Staff Notified By:	Sergean(b)(6)(b)(7)(C)
Name of Medical Staff Member:	RN (b)(6)(b)(7)(C)
Restrictive Housing Unit Placement Health Assessment Form Completed:	☐Yes ☐No

Shift Commander's Approval:	Captain (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)	Date:	1-23-23	Time:	11:15am
On Coming Shift Commander's Review:	Captain (b)(6)(b)(7)(C)	Date:	1/23/2023	Time:	2:09PM
Detainee given a copy of this form: ☑Yes ☐No If no, why not:		Date:	1/23/23	Time:	2:10PM

ICE DETAINEE ONLY

Date and Time detainee was released from Restrictive Housing:	Date:		Time:	

Original: Records Department
cc: Warden (within 72 hours)
Chief of Security (within 72 hours)
Chief of Programs (within 72 hours)
Detainee

Released 2/14/2

A

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

(b)(6)(b)(7)(C)

PART I. REPORT

Report No.

DETAINEE NAME: (b)(6)(b)(7)(C)	BOOKING NUMBER: (b)(6)(b)(7)(C)	DATE & TIME OF INCIDENT: 01/23/2023 08:50am	PLACE OF INCIDENT: K-Pod
HOUSING UNIT: K-Pod	DISCIPLINARY OFFENSE(S) CHARGED: Possession of a Sharpened Instrument/Aid Another Person to Commit Offense		OFFENSE CODE(S): A-22c/A-35

SUMMARY OF INCIDENT:

At approximately 8:50am, on January 23rd, 2023, a search was conducted of cell K-20 due to information received about a razor being in the cell. At this time, a razor blade was discovered stuck to the side of the top bunk behind a white sticker. Detainee (b)(6)(b)(7)(C) who is housed in cell K-20, denied ownership of the razor. Detainee (b)(6)(b)(7)(C) is being charged with Possession of a Sharpened Instrument (A-22c) due to neither detainee housed in K-20 admitting ownership of the razor, and Aid Another Person to Commit an Offense (A-35). End of Report.

Use of Force ☐ Yes ☑ No ☐ Spontaneous ☐ Calculated

Physical Evidence

Item # 1	Disposition	Item # 2	Disposition	Item # 3	Disposition
RAZOR	PHOTO	—	—	—	—

SIGNATURE OF ISSUING EMPLOYEE: (b)(6)(b)(7)(C)	REPORT FILED DATE & TIME: 1-23-23	EMPLOYEE NAME AND TITLE PRINTED: SGT. (b)(6)(b)(7)(C)
REPORT SERVED TO DETAINEE BY: (b)(6)(b)(7)(C)		DATE SERVED: 1/23/23 1143 AM
Detainee placed on Administrative Detention pending Disciplinary Hearing: ☑ Yes ☐ No		Current Housing Assignment: G-15

PART II. INFORMAL SANCTIONS

☐ 8 HOURS EXTRA DUTY ☐ 24 HOUR LOCKDOWN FROM: TO: ☐ 48 HOUR LOCKDOWN FROM: TO:

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES (b)(6)(b)(7)(C) PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

	Date:	Supervisor Signature:	Date:

EARING BY:	DATE & TIME	DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE: SIGNATURE:	DATE & TIME
	1/24/23 11:30am		

S ☐NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE: PRINT:

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT.

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS: ON DATE/TIME:

STAFF ASSISTANCE REQUESTED: ☐ YES ☑ NO STAFF NAME & TITLE IF REQUESTED:

WITNESS REQUESTED: ☐ YES ☑ NO WITNESS NAME(S):

DETAINEE'S PLEA:

CHARGE #1: A-22c ☐ NOT GUILTY ☑ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #2: A-35 ☐ NOT GUILTY ☑ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #3: ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

DETAINEE SIGNATURE (b)(6)(b)(7)(C)

I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.

SUMMARY OF TESTIMONY: Dt. states that he didn't alter the razor He says he didn't want to harm anyone. Plea's guilty for possession but not altering the razor.

HEARING OFFICER CONCLUSION: Dt. is guilty upon findings on the razor accountability form dt. signed out the razor. 25 DIS

CHARGE #1: A-22c ☐ NOT GUILTY ☑ GUILTY	CHARGE #2: A-35 ☐ NOT GUILTY ☐ GUILTY	CHARGE #3: ☐ NOT GUILTY ☐ GUILTY
15 DAYS DISCIPLINARY SEGREGATION	10 DAYS DISCIPLINARY SEGREGATION	DAYS DISCIPLINARY SEGREGATION
0 DAYS SUSPENDED FOR MONTHS	0 DAYS SUSPENDED FOR 0 MONTHS	DAYS SUSPENDED FOR MONTHS

☐ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PE[redacted] ULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.

[redacted] HAVE B[redacted] ARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

[redacted] EE SIGNA[redacted] (b)(6)(b)(7)(C)

[redacted] G OFFICE[redacted] Hearing Of[redacted]

DATE & TIME 1/24/23 12:20 pm

DATE & TIME

(Revised 05/25/21)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	M	2	BOS	Bristol

1. Type of Notification:

☐14-Day*
☐30-Day
☒Other 30-Day Interval:
60-Day

2. Initial Date of Placement: 5/1/2020

3. Date of Disciplinary Proceeding (If Applicable):
6/3/2020

4. Length of Disciplinary Sanction (If Applicable):
7/1/2020

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☒ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: caused a riot in ICE B/ severe property damage

6. Did the detainee request segregation?

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    Subject is not a F/O. EOIR 7/15/2020

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Officer:**

14. **Date:** 6/30/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	M	2	BOS	Bristol

1. Type of Notification:

☐14-Day*
☐30-Day
☒Other 30-Day Interval:
60-Day

2. Initial Date of Placement: 5/1/2020

3. Date of Disciplinary Proceeding (If Applicable):
6/3/2020

4. Length of Disciplinary Sanction (If Applicable):
7/1/2020

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: caused a riot in ICE B/ severe property damage

6. Did the detainee request segregation?

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    Subject is not a F/O. EOIR 7/15/2020

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Officer:** 14. **Date:** 6/30/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		Male	Medium/High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

☒Special Vulnerability

☐14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. Initial Date of Placement: 12/15/2021

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☒Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☒The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☐ Disciplinary
☒ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 15, 2021, detainee was removed from general population and placed in restrictive housing for hoarding his psychiatric medication.

6. Did the detainee request segregation?

☐YES ☒NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

☒YES ☐NO

If no, explain the area(s) of non-compliance:

N/A

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

☒YES ☐NO

If yes, provide a general description of the medical or mental issue:

Detainee is being treated for Unspecified Depressive Disorder and Unspecified Anxiety Disorder. Detainee is prescribed psychiatric medication.

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

☐YES ☒NO

If yes, explain:

N/A

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

☐YES ☒NO

Explain why or why not:

Clinician (b)(6)(b)(7)(C) LICSW met with detainee (b)(6)(b)(7)(C) on December 15, 2021. The detainee presented as stable with euthymic mood and congruent affect. Detainee (b)(6)(b)(7)(C) thought process was organized and goal directed and there was no evidence of psychosis. The detainee was purposeful in his behavior and his mental disorder did not have any impact on his behavior.

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

09/21/1995: Entered at Newark, NJ without admission or parole by an immigration officer.

04/22/1997: Filed an I-589 Application for Asylum.

03/20/1998: Issued a Notice to Appear.

11/23/1999: Wife files an I-130.

09/11/2002: Immigration Judge grants LPR status.

02/07/2007: According to ICE records, (b)(6)(b)(7)(C) was deported from Canada to the United States.

12/15/2009: Filed N-400 Application for Naturalization.

09/10/2010: N-400 Application for Naturalization is denied.

06/08/2012: Filed another N-400 Application for Naturalization.

02/26/2019: N-400 Application for Naturalization is denied.

11/29/2019: Encountered by ICE/ERO Allenwood Criminal Alien Program.

11/06/2020: Entered ICE custody.

04/19/2021: Ordered Excluded/Deported/Removed by an Immigration Judge.

05/21/2021: Filed an appeal with the BIA.

12/08/2021: BIA dismissed the appeal.

12/14/2021: Refused to complete the application for a travel document (UK).

12/15/2021: Refused to complete the application for a travel document (UK).

CRIMINAL HISTORY:

Arrest: 05/26/2001
Disposition: (b)(6)(b)(7)(C) was arrested for the offense of forgery and wrongful impersonating and credit card crime in Jersey City, New Jersey. (b)(6)(b)(7)(C) was, on February 4, 2002, adjudicated guilty of identity crime-false statement or theft by unlawful taking in Jersey City, New Jersey.

Arrest: 10/14/2001
Disposition: (b)(6)(b)(7)(C) was arrested for the offense of forgery and credit card theft-fraudulent US and obstructing the admin. Of law in Millburn, New Jersey. (b)(6)(b)(7)(C) was, on December 18, 2001, adjudicated guilty of identity crime-impersonation.

Arrest: 10/23/2012
Disposition: (b)(6)(b)(7)(C) was arrested for the offense of petit larceny in New York, New York. (b)(6)(b)(7)(C) was, on April 25, 2013, convicted of disorderly conduct in New York, New York.

Convicted: 06/22/2018
(b)(6)(b)(7)(C) was convicted in the United States District Court, Eastern District of Virginia, under docket number 17CR269, for the offense of wire fraud, in violation of title 18, United States Code, section 1343, for which a term of 32 months imprisonment was imposed

11. Reviewing Supervisory Officer: **12. Date:** 12/17/21

(b)(6)(b)(7)(C)

(a)Assistant Field Office Director

PLYMOUTH COUNTY SHERIFFS DEPARTMENT *PLYMOUTH COUNTY CORRECTIONAL FACILITY*

Special Management Unit

ICE Detainee Segregation Order

Date: 15 Dec 2021 ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C) A-Number:

Date Assigned to Unit: 15 Dec 21 Housing Assignment: NE 112

Reason:

☐ Classified for Permanent Housing / Clasifido para el Albergue Permanente / Classifido para Alojamento Permanente

☑ Awaiting Disciplinary Action / La Acción Disciplinaria esperando / A ção Disciplinar esperando

☐ Pending Classification /La Clasificación pendiente / Classificacão pendente

☐ Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar

Start Date: _____ End Date: _____

☐ Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial

Date: _____ Time: _____

Comments: Hoarding Medr.

Signature (b)(6)(b)(7)(C) Date: 15 Dec 21

Unit Supervisor

☐ The (b)(6)(b)(7)(C)n for his copy of the Segregation Order.

Signature: _____ Date: 12/15/2021

of Refusal

Inmate Detainee's Signature of Receipt: _____

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

421 PCCF A11 043021

PLYMOUTH COUNTY SHERIFFS DEPARTMENT *PLYMOUTH COUNTY CORRECTIONAL FACILITY*

Special Management Unit

ICE Detainee Segregation Order

Date: 12-17-2021 ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C) A-Number:

Date Assigned to Unit: 12-15-2021 Housing Assignment: GNE

Reason:

☐ Classified for Permanent Housing / Clasifido para el Albergue Permanente / Classifido para Alojamento Permanente

☐ Awaiting Disciplinary Action / La Acción Disciplinaria esperando / A ção Disciplinar esperando

☐ Pending Classification /La Clasificación pendiente / Classificacão pendente

☑ Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar

Start Date: 12-15-2021 End Date: 12-24-2021

☐ Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial

Date: _____ Time: _____

Comments:

_____

_____

_____

Signature: (b)(6)(b)(7)(C) Date: 12-17-2021

Unit Supervisor

☐ The detainee has refused to sign for his copy of the Segregation Order.

Signature: _____ Date: _____

Staff Witness of Refusal

Inmate Detainee's Signature of Receipt: _____

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

421 PCCF A11 043021

PLYMOUTH COUNTY CORRECTIONAL FACILITY

DISCIPLINARY HEARING
(MAJOR MATTER)

INMATE: [redacted] Ojidayo ID: 79746

UNIT: GNE112 D-RPT: 21-125-335 DATE: 12-17-21

OFFENSE(S): (1) Disobey order (2) Lying to Staff

(3) Disruptive Conduct (4) Misuse/accumulation of medication

REFERRED TO DISTRICT ATTORNEY? YES ☐ NO ☐

HEARINGS OFFICER (Please print): ______

1.	The inmate was given at least 24 hours advance notice of the hearing. (if NO, attach Notice of Disciplinary Hearing).	YES ☑ NO ☐
2.	The inmate is present at the hearing.	YES ☑ NO ☐
3.	The inmate has been advised of his right to remain silent since the offense charged has been or may be referred to the District Attorney. The inmate has been further advised that his silence may be used to draw an adverse inference against him but his silence alone may not be used to support a guilty finding.	YES ☐ NO ☑
4.	Was the detainee advised of their right to remain silent (ICE ONLY)	YES ☑ NO ☐
5.	The inmate has requested staff assistance.	YES ☐ NO ☑
a.	The inmate requested the presence of the reporting staff.	YES ☐ NO ☑
b.	The reporting staff person is present.	YES ☐ NO ☑

(If the inmate's request was denied, indicate reason: ______)

6. WITNESSES: If none were requested, check here: ☑

a. Requested by Inmate: (If any witness request is denied, a written explanation of the reasons for the denial must be included as part of the record).

(1) ______

(2) ______

(3) ______

b. Requested by Hearings Captain:

(1) ______

(2) ______

(3) ______

White - Disciplinary Officer *Canary* - Inmate *Pink* - Unit Manager *Goldenrod* - Hearings Officer

430 PCCF A09
07.26.21

DISCIPLINARY HEARING ([redacted] (b) (6), (b) (7)(C) continued for:

INMATE: [redacted] [redacted] [redacted]

Unit: GNEID D-RPT#: 12-241-34 Date: 12-17-21

7. PRESENTATION OF EVIDENCE: (If informant information is presented, use appropriate Department form).

a. Inmate Statement:

Plea(s): (1) not guilty (2) not guilty

(3) not guilty (4) not guilty

Summary of Inmate Testimony: I didn't want to take my medication due to fasting. I never told her I took the medication when she asked for the cup once I threw it in the trash.

b. Reporting Staff Person's Statement:

c. Other Witnesses' Statements: (If witness has been denied, indicate reasons for denial in this space).

Witness #1 Name: Statement:

Witness #2 Name: Statement:

Witness #3 Name: Statement:

(If more than three (3) witnesses testify, use additional forms).

d. Documentary Evidence:

In addition to the Disciplinary Report, the Hearings Officer accepted into evidence and considered the following documents.

White - Disciplinary Officer *Canary* - Inmate *Pink* - Unit Manager *Goldenrod* - Hearings Officer

430 PCCF A09
07.26.21

DISCIPLINARY HEARING (Major Matter), continued for:

INMATE: (b) (6), (b) (7)(C) [redacted] 117175-328 [redacted]

Unit: 6A/B112 D-RPT#: 12-21-34 Date: 12-22-21

8. FINDINGS: (1) Guilty
(2) Guilty
(3) Guilty
(4) Guilty

9. STATEMENT OF EVIDENCE RELIED UPON TO SUPPORT FINDINGS: (Testimony, documentary evidence, physical evidence).

Staff reports and inmate statements

10. SANCTIONS AND RECOMMENDATIONS:

(1) 10 days loss of canteen 1-1-22 to 1-10-22
(2) 10 days loss of canteen 1-10-22 to 1-20-22
(3) 5 days disciplinary detention
(4) 5 days disciplinary detention

11. REASON FOR SANCTIONS:

To maintain the safety & security of the facility

* *

12. The inmate has been advised of his right to appeal this decision within seven (7) days. YES ☑ NO ☐

HEARINGS CAPTAIN SIGNATURE: (b) (6), (b) (7)(C) [redacted]

* *

13. The inmate has been advised of the Hearings Captain's decision and a copy of this document has been delivered to the inmate. YES ☑ NO ☐

STAFF SIGNATURE: [signature] DATE: 12-17-21 TIME: 09:30

White - Disciplinary Officer *Canary* - Inmate *Pink* - Unit Manager *Goldenrod* - Hearings Officer

430 PCCF A09
07.26.21

Plymouth County Correctional Facility

Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
12/15/2021		

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement:

Housing Location: GNE / 112 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Offense(s):

Code Number of Rule(s) Violated	Offense Type
11A - Misuse/accumulation of medication	Major
01A - Disobey an Order	Major
01B - Lying to Staff	Major
02 - Violating any rule or regulation	Major
01C - Insolence to staff	Major
08 - Conduct which disrupts	Major

Otr Inmates Involved: , No Housing Assign

Code Number of Rule(s) Violated	Offense Type
-	

Report Subject: Inmate Misconduct

Statement of Offense:

Sir,
On this date, December 15th, 2021, during AM med pass, above detainee approached this nurse to receive his medication. Please note detainee has been verbally aggressive to this nurse in the past to which I gave him 2 verbal warnings that he would not speak to me in that said manner. Once detainee "took" his meds, he crinkled up his cup, gave a mouth check, and attempted to walk away. I noticed that he still had his med cup so I then stated to please give me his cup. He hesitated. I asked three times to hand me the med cup that he crinkled up to which he then threw in the trash. I then retrieved the med cup to find all of his meds (psych and medical) in it. I had previously known that detainee had attempted to hoard his meds in the past (medical chart note 12/4/21 in CorEMR). At this time, due to the severity of this situation, detainee was removed from the unit and brought to G unit for disciplinary reasons. Upon search of his cell, security staff went on to find numerous pills that he had hoarded in his cell. Of those pills, there was about 3 weeks worth of his psych meds found. Security staff notified of what those pills were. This nurse will notify mental health staff and medical staff of this situation.

_____
Medical Officer (b)(6)(b)(7)(C) LPN/MO

Reporting Officer: (b)(6)(b)(7)(C) _____ **Signature**

Shift Supervisor: (b)(6)(b)(7)(C) _____ **Signature**

Disposition of Evidence:

Plymouth County Correctional Facility

Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/15/2021 **Incident Date** **Incident Time**

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement:

Housing Location: GNE / 112 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action _____ **Minor Sanction**_____ **Major Violation**_____

Referred to D.A. _____ **Investigation** _____ **Date Commenced**_____

Disciplinary Officer:

_____ _____
Signature **Date**

Reviewing Authority (print name): _____

_____ _____
Signature **Date:**

Plymouth County Correctional Facility

Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
12/15/2021	12/15/2021	09:30

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: CD Room 3005 Officer
Involvement: Participant

Housing Location: GNE / 112 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Offense(s):

Code Number of Rule(s) Violated	Offense Type
08 - Conduct which disrupts	Major
11A - Misuse/accumulation of medication	Major
10B - Possession unauthorized substance	Major

Otr Inmates Involved: , No Housing Assign

Code Number of Rule(s) Violated	Offense Type
-	

Report Subject: Unauthorized Substance

Statement of Offense:

Sir:
-----Wednesday, December 15, 2021 while assigned to CERT 3:4 on 0700 - 1500 shift an incident took place that requires the submission of this report against INS Boston Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) for misuse of and hoarding medications. At 0910 hours, Lt. (b)(6)(b)(7)(C) called for the removal of one from C3. I assisted in packing the detainee property from cell #306. In the process of going through property for a proper inventory report, a bag of creamer had medication cups inside. I looked inside the medication cups to find multiple pills inside of varying colors and sizes.(See photos attached) I alerted Lt. (b)(6)(b)(7)(C) of my findings and she in turn consulted with Medical Officer (b)(6)(b)(7)(C) M/O (b)(6)(b)(7)(C) confirmed the pills were not "keep on person" medications. Lt. (b)(6)(b)(7)(C) directed me to file this report.

Reporting Officer: (b)(6)(b)(7)(C) _____
Signature

Shift Supervisor: (b)(6)(b)(7)(C) _____
Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action _____ **Minor Sanction**_____ **Major Violation**_____

Referred to D.A. _____ **Investigation** _____ **Date Commenced**_____

Disciplinary Officer:

_____ _____
Signature **Date**

Reviewing Authority (print name): _____

Plymouth County Correctional Facility

Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
12/15/2021	12/15/2021	09:30

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: CD Room 3005 Officer
Involvement: Participant

Housing Location: GNE / 112 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Signature

Date:

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)	M	3	BOS	Bristol

1. **Type of Notification:**

☐14-Day*
☐30-Day
☒Other 30-Day Interval:
60-Day

2. **Initial Date of Placement:** ____5/1/2020_____

3. **Date of Disciplinary Proceeding (If Applicable):**
6/3/2020

4. **Length of Disciplinary Sanction (If Applicable):**
7/1/2020

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☒ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: caused a riot in ICE B/ severe property damage

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    Subject is not a F/O. BIA pending.

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Officer:** _____ **14. Date:** 6/30/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	M	3	BOS	Bristol

1. **Type of Notification:**

☐14-Day*
☐30-Day
☒Other 30-Day Interval:
60-Day

2. **Initial Date of Placement:** ____5/1/2020_____

3. **Date of Disciplinary Proceeding (If Applicable):**
6/3/2020

4. **Length of Disciplinary Sanction (If Applicable):**
7/1/2020

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: caused a riot in ICE B/ severe property damage

6. **Did the detainee request segregation?**

☐YES ☒NO

D-REPORT NO. (b)(7)(E)
D-BOARD USE ONLY

BCSO FORMAL DISCIPLINARY REPORT
(FOR USE WITH MAJOR OFFENSES ONLY)

1. REPORT DATE: 06/05/20 (MM/DD/YY)

2. INMATE NAME:	3. ID NUMBER:	4. INMATE HOUSING UNIT:
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	DAR-EE-G06

5. DIVISION/FACILITY:	6. LOCATION OF INCIDENT:	7. DATE OF INCIDENT:	8. TIME OF INCIDENT:
Dartmouth House of Corrections	ICE B	05-01-2020	1743

9. **Description of Offense:** (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

Through an investigation it was determined that Detainee (b)(6)(b)(7)(C) participated in a major disturbance on 05-01-2020 in ICE B unit.

Detainee (b)(6)(b)(7)(C) will be charged with the following:

1-17 > Violation any law of the Commonwealth of Massachusetts or the United States.

1-35 > Vandalizing, destroying, mutilating, defacing or damaging county property or the property of another person, including, , but not limited to, flooding a cell or other area of the institution, causing a biohazard, stealing or damaging Inmate ID Cards, etc.

- Unit Dryer
- Threw hot coffee at the unit camera

1-39 > Tampering with, damaging, blocking or interfering with any locking or security device, door, gate or window, or with alarms, fire extinguishers, fire hoses, fire exits, or other fire-fighting equipment or devices.

- removed unit dryer from laundry room then pushed it into a pile barricading the entrance of ICE B unit.
- pushed the unit law library out of the classroom in an attempt to barricade the recreation yard entrance.
- covered visiting room window with newspaper obstructing view into unit.

10. **Was property damage caused?** Yes ■ No ☐
Describe: Property damage to ICE B making the unit uninhabitable.

11. **Was medical attention needed?** Yes ■ No ☐
Describe: Use of Force Nurse Check, SMU Evaluation, Mental Health Evaluation

12. **Was additional/emergency assistance required? (i.e. Security, SRT, etc.)** Yes ■ No ☐
Describe: SRT Activated, K-9 Activated, SIU Activated, Medical Activated, Transportation Activated.

13. **Reporting Employee Signature:** (b)(6)(b)(7)(C) **Print Name:** (b)(6)(b)(7)(C) **Date:** June 5, 2020

14. **SUPERVISOR REVIEW:** I approved the sanction(s) imposed, have reviewed this form and incident reported and I am forwarding this report to the D-Report [illegible] Supervisor.
(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 6-5-20
Print Name Date

15. **WATCH COMMANDER REVIEW:** After review of this incident, I [illegible] the Board for further action.
(b)(6)(b)(7)(C) s? Yes ☒ Form a (b)(6)(b)(7)(C) Already on Status
Pr Date June 5, 2020

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:
a. 1-17 b. 1-35 c. 1-39 d. e.
(b)(6)(b)(7)(C) Date 06-13-20

17. INMATE RECEIPT OF DISCIPLINARY REPORT AND WITNESS FORM:

I acknowledge receipt of this Formal Discipline Report that has been written against me as well as a Request for Witness Form.

I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

However, I understand that I may waive my right to 24-hour notice of hearing in writing.

06-13-20
Print Name Date

(b)(6)(b)(7)(C) has been provide (b)(6)(b)(7)(C) Witness Form.
eceipt of Discipli y of this form and a Request for
06-13-20
Date

01/01/16

Solitary - Inmate

BRISTOL COUNTY SHERIFF'S OFFICE
400 Faunce Corner Road North Dartmouth, MA 02747

Notice of Placement into
Awaiting Action or Administrative Segregation Order Status

Inmate: (b)(6)(b)(7)(C) ID#: (b)(6)(b)(7)(C)

From: D-Boards Date: 6-5-20

++

☑ Please be advised that effective this date you have been placed on ***Awaiting Action Status*** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

Code Number: Offense:
1-01 Disobeying an order...
1-02 Failing to maintain acceptable cleanliness ...
1-03 Being out of place.
1-04 Refusal to accept a work assignment, housing assignment or program.
1-05 Conduct which disrupts,...
1-06 Gambling ...
1-07 Misuse of issued supplies, goods, services, or property.
1-08 Horseplay ...
1-09 Lost Inmate ID cards.
1-10 Use of obscene, or threatening gestures
1-11 Possession of any material that depicts sexually explicit acts
1-12 Throwing objects, spitting... at another.
1-13 Possession of items not authorized for retention
1-14 Being tattooed while incarcerated, tattooing another
1-15 Violating library procedures
1-16 Violating any department rule or regulation
1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
1-18 Conspiring with another person to commit any of the above offenses
1-19 Killing.
1-20 Assaulting or threatening to assault
1-21 Fighting with or threatening another person
1-22 Sexual assault on a staff member, another inmate or visitor.
1-23 Engaging in sexual acts
1-24 Escape, attempted escape or possession of escape tools.
1-25 Use of any narcotic, controlled substance, illegal drug, ...
1-26 Use of intoxicants and alcohol

Code Number: Offense:
1-27 Participation in or encouraging a riot, work stoppage, ...
1-28 Taking or holding any person hostage.
1-29 Making a bomb threat
1-30 Possession of a weapon, ammunition, sharpened instrument, ...
1-31 Possession of any tobacco, ...
1-32 Interfering with staff members in the performance of their duties.
1-33 Causing injury to another person
1-34 Setting fire or making a false fire alarm.
1-35 Vandalizing county property ...
1-36 Threatening to vandalize county property...
1-37 Unauthorized possession of property
1-38 Theft of property or possession of stolen property ...
1-39 Tampering with any locking or security device
1-40 Unauthorized accumulation of prescribed medication....
1-41 Refusing to submit to a urinalysis, breathalyzer, ...
1-42 Refusing or failing to submit to testing such as DNA...
1-43 Failing to comply with count procedures
1-44 Possession, ...of unauthorized keys.
1-45 Counterfeiting of any document, ...
1-46 Giving, selling, borrowing, lending or trading to another inmate
1-47 Giving, receiving or offering any staff member a bribe
1-48 Receiving, accepting or obtaining goods by fraud
1-49 Demanding or receiving money or anything of value ...
1-50 Wearing or displaying colors / STG
1-51 Abusing telephone privileges
1-52 Using another inmate'sPIN
1-53 Defacing an inmate ID number affixed to inmate propert
1-54 Violating law library procedures

++

☐ Please be advised that effective this date you have been placed on an ***Administrative Segregation Order*** for the safety of yourself, other inmates, or the security and orderly running of the institution and / or for other reasons as described below:

Your placement on ASO status will be reviewed within the next 30 days.

++

Signe (b)(6)(b)(7)(C) Title: Captain

A copy of this r (b)(6)(b)(7)(C) named inmate.

Staff signature date: 6-5-20 time: 1430

2022-ICLI-00015 1550

DISTRIBUTION: AA Original –Discipline Office Yellow Copy – ADS/ Security Pink Copy – Inmate
ASO Original –ADS Classification Yellow Copy – SIU Pink Copy – Inmate

2/10

(b)(6)(b)(7)(C) [redacted]

D-REPORT NO. (b)(7)(E) [redacted] D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 06/05/20 (MM/DD/YY)
2. INMATE NAME: (b)(6)(b)(7)(C)		3. ID NUMBER: (b)(6)(b)(7)(C) [redacted]	4. INMATE HOUSING UNIT: DAR-EE-G06
5. DIVISION/FACILITY: Dartmouth House of Corrections	6. LOCATION OF INCIDENT: ICE B	7. DATE OF INCIDENT: 05-01-2020	8. TIME OF INCIDENT: 1743

9. **Description of Offense:** (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

Through an investigation it was determined that Detainee Flavio (b)(6)(b)(7)(C) #(b)(6)(b)(7)(C) participated in a major disturbance on 05-01-2020 in ICE B unit.

Detainee (b)(6)(b)(7)(C) will be charged with the following:

1-05 > 1-05 > Conduct which disrupts or interferes with the security or orderly running of the institution.

1-16 > Violating any department rule or regulation, or any other rule, regulation or condition of an institution or community based program.

1-18 > Attempting aiding or conspiring with another person to plan or commit any of the above offenses, in all categories of severity, shall be considered the same as the commission of the offense itself.

1-20 > Assaulting or threatening to assault a staff member, another inmate or visitor.

- Threw a chair in the direction of a staff member striking her in the head.

1-27 > Participation in or encouraging a riot, work stoppage, or unauthorized group demonstration.

1-32 > Interfering with staff members, medical personnel, firefighters, or law enforcement personnel in the performances of their duties.

- wouldn't allow security staff to place another detainee into hand restraints so he could be removed from the unit.

10. **Was property damage caused?** Yes ☒ No ☐

Describe: Property damage to ICE B making the unit uninhabitable.

11. **Was medical attention needed?** Yes ☒ No ☐

Describe: Use of Force Nurse Check, SMU Evaluation, Mental Health Evaluation

12. **Was additional/emergency assistance required? (i.e. Security, SRT, etc.)** Yes ☒ No ☐

Describe: SRT Activated, K-9 Activated, SIU Activated, Medical Activated, Transportation Activated.

13. **Reporting Employee Signature:** (b)(6)(b)(7)(C) **Print Name:** Captain Robert T. Perry Jr. (b)(6)(b)(7)(C) **Date:** June 5, 2020

14. SUPERVISOR REVIEW: (b)(6)(b)(7)(C) ...rm and incident ... orwarding this report to the ...al D-Report (b)(6)(b)(7)(C) [redacted] Zone Supervisor: 6-5-20

Print Name Date

...ident, I ... Board for further action.

(b)(6)(b)(7)(C) Status? Yes ☒ Form (b) (6), (b) (7)(C) [redacted] Already on Status

June 5, 2020

Date

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

(b)(6)(b)(7)(C) 1-18 c. 1-27 d. e.

(b)(6)(b)(7)(C) 6-11-20

Date

17. **INMATE RECEIPT OF DISCIPLINARY REPORT AND WITNESS FORM:**

I acknowledge receipt of this Formal Discipline Report that has been written against me as well as a Request for Witness Form.

I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other (b) (6), (b) (7)(C) [redacted] hat I shall be given notice of the hearing at least 24 hours in advance of the hearing.

...ght to 24-hour notice of hearing in writing.

X [redacted] X (b) (6), (b) (7)(C) [redacted] 6-11-20

Inm... Prin... Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a co... Witness Form.

☐ Inmate refused to sign Inmate Receipt of Disciplinary (b) (6), (b) (7)(C) [redacted] ...ved with a copy of this form and a Request for

(b)(6)(b)(7)(C) 6-11-20

Date

Original – Inmate Institutional File
Canary - Inmate

2022-ICLI-00015 1551

01/01/16

(1P)

DONALD W. WYATT DETENTION FACILITY
RESTRICTIVE HOUSING REVIEW FORM

Detainee's Name:	(b)(6)(b)(7)(C) Last	(b)(6)(b)(7)(C) First	(b)(6)(b)(7)(C) SID#

Date and Time Entered Restrictive Housing:	Date	Time	Date and Time of Review:	Date	Time
	5.7.2020	07:59			

Type of Review			
☑ 7-Day Review	☐ Thirty Day Continuous Confinement Review	☐ Preventative Segregation Phase I Review	☐ Preventative Segregation Phase II Review
☐ Preventative Segregation Phase III Review	☐ Preventative Segregation (#)-day Review	☑ Protective Custody Review	

Detainee's Status		
☐ Administrative Detention	☐ Preventative Segregation	☐ Transitional Segregation
☐ Investigative Segregation	☐ Disciplinary Segregation	☐ Protective Custody

Disciplinary Violation(s) (If applicable),

Comments: Dt. (b)(6)(b)(7)(C) was placed in ICE (9) RH pending PC status other detainees w/ Dt. (b)(6)(b)(7)(C) has argument over Dt. (b)(6)(b)(7)(C) # Gallets taking too much ice. Immigration

Recommendations: - was removed due to safety being jeapordized. per. Captain (b)(6)(b)(7)(C) ICE looking have Dt. re-moved from facility.

Plan to returning the detainee to less restrictive housing:
Detainee (b)(6)(b)(7)(C) to remain in Restrictive housing on Protective Custody Status. Review of Dt. status @ next (b)(6)(b)(7)(C)

ICE DETAINEES ONLY (Disciplinary Segregation)

Was the detainee interview prior to this review:	☑ Yes ☐ No
Is the detainee receiving showers, meals, recreation and other basic necessities as required:	☑ Yes ☐ No
Has the original sanction been reduced:	☐ Yes ☑ No
Has the detainee received a copy of this review:	☐ Yes ☑ No
If no, has the detainee been informed orally of the review:	☑ Yes ☐ No
Why was the review not provided in writing: Orally reviewed w/ detainee (b)(6)(b)(7)(C)	
Was the review decision communicated in a language or matter that the detainee could understand:	☑ Yes ☐ No

Will the plan be shared with the detainee? Yes ☑ No ☐
If no explain?

Detainee Comments:

Name of staff member completing review (b)(6)(b)(7)(C)

Staff Member	Signature	Remain in Restrictive Housing	Release from Restrictive Housing	Date
Unit Officer: (Not Required)		☐	☐	
Comments:				
Detainee Services Coordinator: (Not Required) (b)(6)(b)(7)(C)		☑	☐	5/20/2020
Comments:				
Programs Director or designee: (Not Required) (b)(6)(b)(7)(C)		☑	☐	5/20/20
Comments:				
Unit Manager: (b)(6)(b)(7)(C)		☑	☐	
Comments: (b)(6)(b)(7)(C)				
Classification Manager or designee (b)(6)(b)(7)(C)		☑	☐	5/20/2020
Comments:				
Health Service Administrator or designee:		☐	☐	
Comments:				
Mental Health Staff: (b)(6)(b)(7)(C)		☑	☐	5/20/20
Comments:				
Chief of Security: (b)(6)(b)(7)(C)		☑	☐	5/20/20
Comments:				
Warden: (Not Required) (b)(6)(b)(7)(C)		☑	☐	5/20/20
Comments:				

- The Warden or designee must approve all releases from Restrictive Housing.

DONALD W. WYATT DETENTION FACILITY
RESTRICTIVE HOUSING REVIEW FORM

Detainee's Name:	(b)(6)(b)(7)(C) Last	(b)(6)(b)(7)(C) First	(b)(6)(b)(7)(C) SID#

Date and Time Entered Restrictive Housing:	5.7.2020 Date	07:59 Time	Date and Time of Review:	5.14.2020 Date	11am Time

Type of Review			
☑ 7-Day Review	☐ Thirty Day Continuous Confinement Review	☐ Preventative Segregation Phase I Review	☐ Preventative Segregation Phase II Review
☐ Preventative Segregation Phase III Review	☐ Preventative Segregation (#)-day Review	☑ Protective Custody Review	

Detainee's Status		
☐ Administrative Detention	☐ Preventative Segregation	☐ Transitional Segregation
☐ Investigative Segregation	☐ Disciplinary Segregation	☐ Protective Custody

Disciplinary Violation(s) (If applicable),

Comments: Dt. (b)(6)(b)(7)(C) was placed in restrictive housing pending protective custody. Argument ensued between other Detainees + Dt. (b)(6)(b)(7)(C) of his Immigration excessive (ICE Taking) determined his safety may be jeopardized/removed.

ICE G

H

Recommendations: Detainee may be released to J2 pending consultation w/ Ice Captain.

Plan to returning the detainee to less restrictive housing:

Pending consultation w/ Ice Captain detainee (b)(6)(b)(7)(C) may be released back to J2.

ICE DETAINEES ONLY (Disciplinary Segregation)

Was the detainee interview prior to this review:	☐ Yes ☐ No
Is the detainee receiving showers, meals, recreation and other basic necessities as required:	☐ Yes ☐ No
Has the original sanction been reduced:	☐ Yes ☐ No
Has the detainee received a copy of this review:	☐ Yes ☐ No
If no, has the detainee been informed orally of the review:	☐ Yes ☐ No
Why was the review not provided in writing: _____	
Was the review decision communicated in a language or matter that the detainee could understand:	☐ Yes ☐ No

Will the plan be shared with the detainee? Yes ☐ No ☐
If no explain?

Detainee Comments:

Dt. has concerns for his safety in the FCC Itasca unit - Dt. was informed we would address

Name of staff member completing review: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Staff Member	Signature	Remain in Restrictive Housing	Release from Restrictive Housing	Date
Unit Officer (Not Required)		☐	☐	
Comments:				
Detainee Services Coordinator (Not Required) (b)(6)(b)(7)(C)		☐	☑	5/15/2020
Comments:				
Programs Director or designee (Not Required) (b)(6)(b)(7)(C)		☐	☑	5/15/20
Comments: Pending consultation with FCC psych.				
Unit Manager (b)(6)(b)(7)(C)		☐	☑	5.14.2020
Comments:				
Classification Manager or designee (b)(6)(b)(7)(C)		☐	☑	5/14/2020
(b)(6)(b)(7)(C) Comments:				
Health Service Administrator or designee		☐	☑	5/14/20
Comments:				
Mental Health Staff		☐	☑	5/15/20
Comments:				
Chief of Security (b)(6)(b)(7)(C)		☐	☑	5/1
Comments:				
Warden (Not Required)		☐	☑	5/15/20
Comments:				

- The Warden or designee must approve all releases from Restrictive Housing.

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT

INCIDENT REPORT #:

Time of Incident:	**3pm**	**Date of Incident :**	**5/19/2020**	**Place Incident Occurred:**	**G-Pod**

Time of Report :	**7am**	**Date of Report:**	**May 20, 2020**

Detainee Name :	(b)(6)(b)(7)(C)	**Housing Unit:**	**G-Pod**

Codes & Subject:	**Informational**

FROM: (b)(6)(b)(7)(C)		**DEPARTMENT:**	**PROGRAMS**

On May 19, 2020 I, Counselor (b)(6)(b)(7)(C) and Deportation Officer (b)(6)(b)(7)(C) conducted rounds in G-Pod to check in on ICE Detainees for any questions or concerns they might have had regarding their case. During rounds, both I and Deportation Officer (b)(6)(b)(7)(C) approached Detainee (b)(6)(b)(7)(C) cell, and he asked about his Move back to J2, Detainee (b)(6)(b)(7)(C) expressed to both Myself and Deportation Officer (b)(6)(b)(7)(C) that he does not want to go back to J2 and would rather remain in J1 or G-Pod because he wants to avoid problems in J2. Program Director (b)(6)(b)(7)(C) was notified. //End of Statement//.

(b)(6)(b)(7)(C)

Reporting Staff Signature:

aken

Supervisor's Signature: **Date:**

Shift Commander's Review and Designation of Class and Type: ☐ **Class 1** ☐ **Class 2** ☐ **Class 3**

Type of Incident:

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE
BRISTOL COUNTY SHERIFF

THOMAS M. HODGSON
SHERIFF

400 FAUNCE CORNER ROAD
NORTH DARTMOUTH, MA
02747

TEL. (508) 995-6400
FAX. (508) 995-3326

Cover Letter-72 hour Placement Notice

DETAINEE: (b)(6)(b)(7)(C)

FROM: Major (b)(6)(b)(7)(C)

SUBJECT: Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) A# (b)(6)(b)(7)(C)

DATE: 06/01/20

TIME: 1400

On May 7, 2020 Detainee (b)(6)(b)(7)(C) was placed on ASO status pending investigation by SUI.

The Original Placement Order form was placed in file Detainee's file before the Detainee was given a copy.

Detainee is receiving a copy as of today, Monday, June 1, 2020.

Major (b)(6)(b)(7)(C)
ADS of Security for Female & ICE Units
508-995-(b)(6)(b)(7)(C)
Ext (b)(6)(b)(7)(C)
Cell 508-922-(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C) bcso-ma.org

BRISTOL COUNTY SHERIFF'S OFFICE
400 Faunce Corner Road North Dartmouth, MA 02747

Notice of Placement into Awaiting Action or Administrative Segregation Order Status

Inmate: (b)(6)(b)(7)(C) ID# (b)(6)(b)(7)(C)

From: Special Investigations Unit Date: 5/7/2020

++

☐ Please be advised that effective this date you have been placed on ***Awaiting Action Status*** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

Code Number:	Offense:
1-01	Disobeying an order.
1-02	Failing to maintain acceptable cleanliness ...
1-03	Being out of place.
1-04	Refusal to accept a work assignment, housing assignment or program.
1-05	Conduct which disrupts,...
1-06	Gambling ...
1-07	Misuse of issued supplies, goods, services, or property.
1-08	Horseplay ...
1-09	Lost Inmate ID cards.
1-10	Use of obscene, or threatening gestures
1-11	Possession of any material that depicts sexually explicit acts
1-12	Throwing objects, spitting... at another.
1-13	Possession of items not authorized for retention
1-14	Being tattooed while incarcerated, tattooing another
1-15	Violating library procedures
1-16	Violating any department rule or regulation
1-17	Violation any law of the Commonwealth of Massachusetts or the United States.
1-18	Conspiring with another person to commit any of the above offenses
1-19	Killing.
1-20	Assaulting or threatening to assault
1-21	Fighting with or threatening another person
1-22	Sexual assault on a staff member, another inmate or visitor.
1-23	Engaging in sexual acts
1-24	Escape, attempted escape or possession of escape tools.
1-25	Use of any narcotic, controlled substance, illegal drug, ...
1-26	Use of intoxicants and alcohol
1-27	Participation in or encouraging a riot, work stoppage, ...
1-28	Taking or holding any person hostage.
1-29	Making a bomb threat
1-30	Possession of a weapon, ammunition, sharpened instrument, ...
1-31	Possession of any tobacco, ...
1-32	Interfering with staff members in the performance of their duties.
1-33	Causing injury to another person
1-34	Setting fire or making a false fire alarm.
1-35	Vandalizing county property ...
1-36	Threatening to vandalize county property...
1-37	Unauthorized possession of property
1-38	Theft of property or possession of stolen property ...
1-39	Tampering with any locking or security device
1-40	Unauthorized accumulation of prescribed medication....
1-41	Refusing to submit to a urinalysis, breathalyzer, ...
1-42	Refusing or failing to submit to testing such as DNA...
1-43	Failing to comply with count procedures
1-44	Possession, ...of unauthorized keys.
1-45	Counterfeiting of any document, ...
1-46	Giving, selling, borrowing, lending or trading to another inmate
1-47	Giving, receiving or offering any staff member a bribe
1-48	Receiving, accepting or obtaining goods by fraud
1-49	Demanding or receiving money or anything of value ...
1-50	Wearing or displaying colors / STG
1-51	Abusing telephone privileges
1-52	Using another inmate's PIN
1-53	Defacing an inmate ID number affixed to inmate property
1-54	Violating law library procedures

++

☒ Please be advised that effective this date you have been placed on an ***Administrative Segregation Order*** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below.

Pending SIU Investigation

++

Your placement onto Administrative Segregation Status will be reviewed within 72 hours by Central Classification:

Signed: (b)(6)(b)(7)(C) **Title:** Sergeant

A copy of this notice has been served on the above named inmate.

Staff signatur (b)(6)(b)(7)(C) **Date:** 5/7/20 **Time:** 1530

DISTRIBUTION: AA Original –Discipline Office Yellow Copy – ADS/ Security Pink Copy – Inmate
ASO Original –ADS Classification Yellow Copy – SIU Pink Copy – Inmate

08/2012

U.S. Department of Justice
Immigration and Naturalization Service

Administrative Segregation Order

To: (b)(6)(b)(7)(C)

From _____ Title: Cpt. / SIU

Detainee: (b)(6)(b)(7)(C) _____ A#: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

✓ (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.

_____ (B) Is under medical observation (medical staff must comment and sign this Order).

_____ (C) Is pending a transfer or release within 24 hours.

_____ (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.

_____ (E) Is a security risk to him/herself or the security of the facility.

_____ (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. **I do[ ] do not [ ]** request a hearing concerning my segregation.

Detainee:_____ A-number:_____ Date:_____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

ICE B DISTURBANCE
PENDING MEDICAL SCREENING ON 5/1/20 ASC ACTIVATED 5/1/20

Medical Officer:_____

Admitted by: _____ Title: _____
Admitted: (Date):_____ Time: _____

Released by: _____ Title: _____
Released: (Date)_____ Time: _____

Form No. I-826 (02/08/99)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. **Type of Notification:**

☐14-Day*
☒30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** 5/01/2020

3. **Date of Disciplinary Proceeding (If Applicable):**
D. Board Review not done- Investigation pending.

4. **Length of Disciplinary Sanction (If Applicable):**
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☒ Disciplinary
☒ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. **Reviewing Supervisory Officer:** A.AFOD **13. Date: 5/30/2020**

Plymouth County Correctional Facility

Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
09/07/2020	09/07/2020	00:52

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) **Housing Location:** GNE / 111 / 2
Location: DS3 Officer **Reporting Officer:** (b)(6)(b)(7)(C)
Involvement: Participant

Offense(s):

Code Number of Rule(s) Violated	Offense Type
08 - Conduct which disrupts	Major
18A - Fight/assault/threaten an inmate	Major

Otr Inmates Involved: (b)(6)(b)(7)(C) GNE / 211 / 1 Participant (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Code Number of Rule(s) Violated	Offense Type
08 - Conduct which disrupts	Major
18A Fight/assault/threaten an inmate	Major

Report Subject: Fight / Assault Inmate

Statement of Offense:

Sir/Ma'am
On 9/06/2020 I officer (b)(6)(b)(7)(C) was assigned the unit officer in DS3 for the 2300-0700 shift when an incident occurred involving ICE Detainees ((b)(6)(b)(7)(C)) #(b)(6)(b)(7)(C) and ((b)(6)(b)(7)(C)) #(b)(6)(b)(7)(C) which resulted in the writing of this report.
At approximately 0052 hours I was on the top tier conducting major headcount when I witnessed the two detainees exchanging closed fist strikes in the day room. I immediately called a (code 1 fight DS3) via radio and instructed them to separate to which they both complied. Lt. (b)(6)(b)(7)(C) entered with cert officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) immediately, both detainees were handcuffed (double locked) and escorted to medical then cleared to be housed in unit G.
Respectfully Submitted,
Officer (b)(6)(b)(7)(C)

Reporting Officer: (b)(6)(b)(7)(C) _____ **Shift Supervisor:** (b)(6)(b)(7)(C) _____
Signature **Signature**

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action _____ **Minor Sanction**_____ **Major Violation**_____

Referred to D.A. _____ **Investigation** _____ **Date Commenced**_____

Disciplinary Officer:

_____ _____
Signature **Date**

Reviewing Authority (print name): _____

Plymouth County Correctional Facility

Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
09/07/2020	09/07/2020	00:52

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: DS3 Officer
Involvement: Participant

Housing Location: GNE / 111 / 2
Reporting Officer: (b)(6)(b)(7)(C)

Signature **Date:**

PLYMOUTH COUNTY SHERIFFS DEPARTMENT PLYMOUTH COUNTY CORRECTIONAL FACILITY

Special Management Unit

ICE Detainee Segregation Order

Date: 9/9/2020 ID#: (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C) A-Number: [redacted]

Date Assigned to Unit: 9/7/2020 Housing Assignment: GNE 111

Reason:

☐ Classified for Permanent Housing / Clasifido para el Albergue Permanente / Classifido para Alojamento Permanente

☐ Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando

☐ Pending Classification /La Clasificación pendiente / Classificacão pendente

☒ Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar 9/7/20-9/16/2

Comments: 10 Days D/D - Fight with (b)(6)(b)(7)(C)
credited 2 days of D/D - completes disciplinary detention time on 9/16/2020

Signature: (b)(6)(b)(7)(C) Date: 9-9-2020

☒ The detainee has refused to sign for his copy of the Segregation Order.

Signature: (b)(6)(b)(7)(C) Date: 9/9/2020
*Refusal

Inmate Detainee's Signature of Receipt: Refused

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

PLYMOUTH COUNTY SHERIFF'S DEPARTMENT PLYMOUTH (b)(6)(b)(7)(C)

Special Management Unit

ICE Detainee Segregation Order

Date: 9-7-20 ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C) A-Number:

Date Assigned to Unit: 9-7-20

Housing Assignment: GWE 111

Reason:
- ☐ Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
- ☒ Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- ☐ Pending Classification /La Clasificación pendiente / Classificação pendente

Comments: _____

Signature: (b)(6)(b)(7)(C) Date: 9-7-20

☐ The detainee has refused to sign for his copy of the Segregation Order

Signature: _____ Date: _____

Staff Witness of Refusal

Inmate Detainee's Signature of Receipt: X (b)(6)(b)(7)(C)

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder **Copy to Inmate / Detainee**

PLYMOUTH COUNTY SHERIFFS DEPARTMENT PLYMOUTH COUNTY CORRECTIONAL FACILITY

Special Management Unit

ICE Detainee Segregation Order

Date: 9/16/2020 ID#: (b)(6)(b)(7)(C)

Name (b)(6)(b)(7)(C) A-Number

Date Assigned to Unit: 9/7/2020 Housing Assignment: GNE 111

Reason:

- ☒ Classified for Permanent Housing / Clasifido para el Albergue Permanente / Classifido para Alojamento Permanente
- ☐ Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- ☒ Pending Classification / La Clasificación pendiente / Classificacão pendente
- ☐ Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar

Comments: D/D time complete. Detainee to remain in ad seg pending Asst Supt + Captain mission to retain housing - for the safe, secure, and orderly running of facility.

Signature: (b)(6)(b)(7)(C) Date: 9-7-2020

☒ The detainee has refused to sign for his copy of the Segregation Order.

Signature: (b)(6)(b)(7)(C) Date: 9/16/2020

Inmate Detainee's Signature of Receipt: Refused

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3-High	BOS	Bristol County HOC

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:

_____

2. **Initial Date of Placement:** 5/13/2020

3. **Date of Disciplinary Proceeding (If Applicable):**
D.Board hearing not sched. Investigation underway

4. **Length of Disciplinary Sanction (If Applicable):**
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☒ Disciplinary
☒ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

    Subject tried to incite a riot. Pending Investigation of prohibitive acts

(b)(6)(b)(7)(C)

12. **Reviewing Supervisory Officer:** A.AFOI

13. **Date: 6/02/2020**

D-REPORT NO. [redacted] D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)	1. REPORT DATE 5/9/20 (MM/DD/YY)

2. INMATE NAME: (b)(6)(b)(7)(C)	3. ID NUMBER: (b)(6)(b)(7)(C)	4. INMATE HOUSING UNIT: 2EAST

5. DIVISION/FACILITY: DHOC/MODS	6. LOCATION OF INCIDENT: 2EAST	7. DATE OF INCIDENT: 5/9/20	8. TIME OF INCIDENT: 0900

9. **Description of Offense:** (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

On the above date and time D/T (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was found not wearing his mask while watching a movie on T.V.

10. **Was property damage caused?** Yes ☐ No ☑

Describe:

11. **Was medical attention needed?** Yes ☐ No ☑

Describe:

12. **Was additional/emergency assistance required? (i.e. Security, SRT, etc.)** Yes ☐ No ☑

Describe:

13. **Reporting Employee Signature:** (b)(6)(b)(7)(C) **Print Name:** (b)(6)(b)(7)(C) **Date:** 5/9/20

14. **SUPERVISOR REVIEW:** I have reviewed this form and incident reported and I am forwarding this report to the Watch Commander for further review and action. (Formal D-Reports issued by correctional officers shall be reviewed by Zone Supervisors)

Supervisor/Designee Signature: (b)(6)(b)(7)(C) **Print Name** **Date** 5-9-20

15. (b)(6)(b)(7)(C) ...w of this incident, I am referring this report to the Inmate Discipline Board for further action.

...s? Yes ☐ Form (b)(6)(b)(7)(C) ☑ Already on Status ☐

W... **Date** 5-9-20

16. **D-BOARD:** **TO INMATE:** **You have been charged with the following Offense(s) Codes Violations:**

a. 1-07 b. (b)(6)(b)(7)(C) e.

Discipli... (b)(6)(b)(7)(C) **Date** 05-10-20

17. **INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT.**

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

Inmate Signature **Print Name** **Date** 05-10-20

18. **DISCIPLINARY OFFICER/STAFF:** Inmate has been provided with a copy of this Formal Disciplinary Report.

(b)(6)(b)(7)(C) ...pt of Formal Dis... (b)(6)(b)(7)(C) ...his form.

Date 05-10-20

...ry matter and re... (b) (6), (b) (7)(C) **Date** 5-20-20

Original – Inmate Institutional File
Canary - Inmate

05/01/16

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 5/13/2020

Date and Time of Incident: 05/13/2020 at 2211

Location of Incident: 2 East

Description: Property Inventory

On the above date and time, I, Officer (b)(6)(b)(7)(C) was assigned to 2 East at the Dartmouth House of Corrections for the 1500-2300 shift. At this time, this Officer conducted a search and inventory of property belonging to Detainee (b)(6)(b)(7)(C) No contraband found. EOR.

Detainee Moved to 2-3
(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)

Employee's Signa (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C) **LPN**

Reporting Date: 05/13/2020

Date and Time of Incident: 05/13/2020 1427

Location of Incident: HSU

Description: On the above date and time an initial restrictive housing assessment was performed on detainee (b)(6)(b)(7)(C) **Detainee denies any medical complaints at this time. Detainee was offered COVID-19 testing, which he accepted. Detainee was swabbed for COVID-19. Detainee educated how to contact medical, dental and mental health services while housed in restrictive housing. Detainee referred to on site mental health per protocol. EOR.**

Employee's Signature: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) _____

Time Shift Supervisor Received Report and Initials _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: May 13th, 2020

Date and Time of Incident: May 13th, 2020 @1418 Hours

Location of Incident: 2 East Unit (DHOC)

Description: **Detainee** (b)(6)(b)(7)(C) **CIN #**(b)(6)(b)(7)(C)

On the above date and time I Officer (b)(6)(b)(7)(C) was assigned to Courtyard, Dartmouth House of Corrections (0700-1500). I was contacted VIA radio by Lieutenant (b)(6)(b)(7)(C) to report to 2 East Unit. Upon arrival Lt. (b)(6)(b)(7)(C) briefed this officer on the removal of Detainee (b)(6)(b)(7)(C) CIN #(b)(6)(b)(7)(C) (Cell #246).

Detainee (b)(6)(b)(7)(C) was in the dayroom of the unit and directed to turn around and place his hands behind his back. Detainee (b)(6)(b)(7)(C) complied with ordered and was placed into hand restraints, and checked for proper fit. I hands on escorted Detainee (b)(6)(b)(7)(C) to medical.

Detainee (b)(6)(b)(7)(C) was seen by Nurse (b)(6)(b)(7)(C) and was tested for COVID-19 (Mouth Swab). Once the test was complete Detainee (b)(6)(b)(7)(C) was cleared for the restrictive housing units. Detainee (b)(6)(b)(7)(C) was then evaluated by Mental Health Clinician (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) was escorted out of medical to EC Unit due to the strip cage being utilized by Officer (b)(6)(b)(7)(C) in EE Unit.

Detainee (b)(6)(b)(7)(C) was strip searched without any issues inside Cell M-8 (EC Unit). No contraband was found and the cell door was secured. I returned to my assigned post.

(b)(6)(b)(7)(C)

Employee's Signature: Officer (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials _____

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. **Reviewing Supervisory Officer:** A.AFOD

13. **Date:** 5/30/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		Male	High	BOS	Plymouth County Correctional Facility

1. **Type of Notification:**

☐Special Vulnerability

☒14-Day*

☐30-Day

☐Other 30-Day Interval: _____

2. **Initial Date of Placement:** 04/12/2022

3. **Date of Disciplinary Proceeding (If Applicable):** N/A

4. **Length of Disciplinary Sanction (If Applicable):** N/A

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☐ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☒Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On April 12, 2022, detainee was booked into Plymouth County Correctional Facility after being arrested by ICE. (b)(6)(b)(7)(C) had previously been held in ICE custody and was released on bond on July 06, 2011. At the time of release on bond (b)(6)(b)(7)(C) was serving time in Segregation for conduct which disrupts the security and orderly running of the institution and fighting/assaulting an inmate with offense against inmate property. Due to facility policy (b)(6)(b)(7)(C) had to return to the segregation unit when he came back to the Plymouth County House of Correction custody on April 12, 2022. Subject is due to be released from the Segregation unit today, April 26, 2022.

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

   N/A

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

   N/A

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

    Additional Comment:

    Subject was placed in segregation on July 03, 2011 and bonded out of Plymouth County Correctional Facility on July 06, 2011. (b)(6)(b)(7)(C) was placed back into segregation at the time of booking April 12, 2022 due to (facility policy) after he was released from segregation back in 2011. I do not believe he was in SEG long enough in 2011 to have a hearing/results since he bonded out on July 6, 2011.

    Describe the detainee's immigration history and prior criminal history, if applicable:

    IMMIGRATION HISTORY:

    On July 28, 2004, (b)(6)(b)(7)(C) entered the United States as a Refugee at Newark, New Jersey.

    On June 12, 2007, (b)(6)(b)(7)(C) applied for adjustment of status to become a Lawful Permanent Resident under section 209.

ICE Review of Segregation Cases

On February 9, 2009, (b)(6)(b)(7)(C) application for adjustment to become a Lawful Permanent Resident under section 209, was denied.

On May 14, 2011, (b)(6)(b)(7)(C) was taken into ICE custody after being identified as a fugitive alien.

On July 06, 2011, (b)(6)(b)(7)(C) was released on bond.

On December 18, 2018, (b)(6)(b)(7)(C) was ordered removed from the United States to Somalia by an Immigration Judge.

On April 12, 2022, (b)(6)(b)(7)(C) was taken into custody by ERO Boston after being identified as a fugitive alien.

CRIMINAL HISTORY:

04/12/2022: Trespassing, Dism.
04/13/2021: Trespassing, Dism.
01/20/2020: Aggravated Assault, Gun, Disorderly Conduct, Convicted 18 mos.
01/03/2020: Trespassing, Dism.
01/02/2020: Assault, pending
12/03/2019: Trespassing, Dism.
10/03/2019: Trespassing, Public Order crimes, Dism.
08/23/2019: Aggravated Assault non-family strongarm, Convicted 114 days
08/23/2019: Trespassing, Aggravated Assault non-family weapon, Dism.
11/27/2017: Aggravated Assault weapon, Dism.
10/03/2016: Robbery, Dism.
04/06/2016: Domestic Violence, Dism.
02/16/2016: Aggravated Assault non-family-strongarm, Assault Dism.
09/22/2015: Aggravated Assault non-family weapon, Dism.
08/06/2015: Aggravated Assault family strongarm, Aggravated Assault non-family, Dism.
06/18/2015: Aggravated Assault Strongarm, Aggravated Assault non-family, Dism.
09/03/2014: Intimidation, Crimes against a person, Dism.
06/06/2014: Receive Stolen Property, Conv. 1 year.
06/06/2014: Carrying a prohibited weapon, Dism.
08/05/2013: Trespassing, Dism.
09/10/2012: Aggravated Assault strongarm, crimes against a person, Assault Dism.
08/16/2010: Abuse Prevention Act. 9/10/10 CWOF 9/9/11 VWF.
08/16/2010: Abuse Prevention Act. 9/10/10 CWOF 9/9/11.
12/09/2008: Assault. 4/23/09 Dism.
12/09/2008: Threatening Comm Crime. 4/23/09 Dism.
12/09/2008: Disorderly Conduct. 4/23/09 Dism.
07/08/2008: Minor Poss Alcoholic Bev (Unl) 9/30/08 PD Dism.
03/04/2008: A&B Dangerous Weapon. 5/19/08 Dism.
11/02/2007: Lar from a Per 12/08/08 Prob VWF VOPx3 WARx3 WDx3 11/9/10 Term.
07/23/2007: Disorderly Conduct. 11/27/07 DF DR 11/28/08 PD Dism.
09/15/2005: Poss Class D Cont Sub. 11/02/05 Dism.
09/15/2005: Liquor Law Violation. Mnr purch Alc. 11/02/05 Dism.
09/15/2005: City Ordinance Violation. 11/02/05 Dism.

ICE Review of Segregation Cases

11. Reviewing Supervisory Officer: (b)(6)(b)(7)(C)

(A) Assistant Field Office Director

12. Date: 4/26/2022

PLYMOUTH COUNTY SHERIFFS DEPARTMENT *PLYMOUTH COUNTY CORRECTIONAL FACILITY*

Special Management Unit

ICE Detainee Segregation Order

Date: 4-12-2022 ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C) A-Number: [redacted]

Date Assigned to Unit: 4-12-2022 Housing Assignment: G-NE

Reason:

☐ Classified for Permanent Housing / Clasifido para el Albergue Permanente / Classifido para Alojamento Permanente

☐ Awaiting Disciplinary Action / La Acción Disciplinaria esperando / A ção Disciplinar esperando

☑ Pending Classification /La Clasificación pendiente / Classificacão pendente

☐ Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar

Start Date: _____ End Date: _____

☐ Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial

Date: _____ Time: _____

Comments: Left the facility from Unit G

Signature: (b)(6)(b)(7)(C) Date: 4/12/22

Unit Supervisor

☐ The detainee has refused to sign for his copy of the Segregation Order.

Signature: _____ Date: _____

Staff Witness of Refusal

Inmate Detainee's Signature of Receipt: (b)(6)(b)(7)(C)

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

421 PCCF A11 043021

Plymouth County Correctional Facility

Disciplinary Report

Report Date	Incident Date	Incident Time
2011/07/03	2011/07/03	21:20

Booking Number 21102603 **Inmate ID** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)

Location:

E3 Dayroom

Reporting Officer: (b)(6)(b)(7)(C)

Offense: 08 - CONDUCT WHICH DISRUPTS THE SECURITY/ORDERLY RUNNING OF INSTITUTION, 18A - FIGHTING,ASSAULTING INMATE WITH OFFENSE AGAINST INMATE/PROPERTY

Persons Involved:

Report Subject: Code 1 Fight

Statement of Offense:

Sir,

On 03 July 2011 I, Officer (b)(6)(b)(7)(C) was assigned to unit E3 for the 1500 to 2300 shift an incident occurred that required this report be written.

At approximately 2120 hrs while the unit was in the dayroom for evening recreation, I observed a fight take place between (I.N.S) Inmate (b)(6)(b)(7)(C) and (I.N.S) Inmate (b)(6)(b)(7)(C) at the back of the dayroom. I immediately called a code 1 fight via my radio and instructed the unit to step in. At 2122 hrs 3rd floor C.E.R.T. officer's responded with Lieutenan(b)(6)(b)(7)(C) the two inmates had separated before C.E.R.T arrived. Please note, the unit did not respond to this officer's nor did they respond to central control's orders to step in. The property of both inmates was packed and placed in unit sally port. End of Report

Reporting Officer: (b)(6)(b)(7)(C)

Signature

FSC Approval: (b)(6)(b)(7)(C)

Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action _____ **Minor Sanction**_____ **Major Violation**_____

Referred to D.A._____ **Investigation** _____ **Date Commenced**_____

Printed:
4/26/2022
14:14

Plymouth County Correctional Facility

Disciplinary Report

Report Date	Incident Date	Incident Time
2011/07/03	2011/07/03	21:20

Booking Number (b)(6)(b)(7)(C) **Inmate ID** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)

Location:
E3 Dayroom

Reporting Officer: (b)(6)(b)(7)(C)

Offense: 08 - CONDUCT WHICH DISRUPTS THE SECURITY/ORDERLY RUNNING OF INSTITUTION, 18A - FIGHTING,ASSAULTING INMATE WITH OFFENSE AGAINST INMATE/PROPERTY

Persons Involved:

Report Subject: Code 1 Fight

Disciplinary Officer:
(b)(6)(b)(7)(C)

Signature **Date**

Reviewing Authority (print name):

Signature _____

Date

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Bristol County

1. Type of Notification:

☐14-Day*
☒30-Day
☐Other 30-Day Interval:
_____

2. Initial Date of Placement: _5/09/2020_____

3. Date of Disciplinary Proceeding (If Applicable):
5/12/2020_____

4. Length of Disciplinary Sanction (If Applicable):
_40 days_____

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☒Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

☐YES ☒NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

☒YES ☐NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

☐YES ☒NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

☐YES ☒NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

☐YES ☒NO

Explain why or why not:

11. Additional Comment

Subject has caused a disturbance in the unit. Subject has tried to incite other detainees to stop working and spoke of initiating a demonstration. Subject's Disciplinary time will be completed on 6/19/2020.

12. Reviewing Supervisory Officer: A. AFOD (b)(6)(b)(7)(C) **13. Date: _____**

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Bristol County HOC

1. Type of Notification:

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. Initial Date of Placement: _____9/24/2020_____

3. Date of Disciplinary Proceeding (If Applicable):
_____ _____9/25/2020_____

4. Length of Disciplinary Sanction (If Applicable):
_ ____15 days_____

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

☐YES ☒NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

☒YES ☐NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

☐YES ☒NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

☐YES ☒NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

☐YES ☒NO

Explain why or why not:

11. Additional Comment

Subject was disrespecting Bristol County Officer in front of the unit. He made racist remarks to the Officer. He will not be able to go back to the Unit because of his racist remarks. (for his own safety).

12. Describe the detainee's Immigration history and prior criminal history if applicable:
Immigration history:

04/25/2019 212a6Ai I6A ALIEN PRESENT WITHOUT ADMISSION OR PAROLE
BIA Dismissed Appeal on 9/16/2020
1st Circuit Appeal filed. Warrant for subject in Brazil.
TD Received on 10/7/2020. Scheduled for Departure on Air Charter.

13. Reviewing Supervisory Officer AFOD (b)(6)(b)(7)(C) **14. Date: 10/08/2020**

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Bristol County HOC

1. Type of Notification:

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. Initial Date of Placement: _____9/07/2020_____

3. Date of Disciplinary Proceeding (If Applicable):
_____ _____9/09/2020_____

4. Length of Disciplinary Sanction (If Applicable):
_ 17 days- Changed his mind on appeal_____

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

Subject interfered with cell searches in the Unit. Incited the Unit.
Subject delayed on making a decision on the appeal .
He did not Appeal.

12. **Reviewing Supervisory Officer** AFOD (b)(6)(b)(7)(C)

13. **Date: 9/21/2020**_____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Bristol County HOC

1. Type of Notification:

☐14-Day*
☒30-Day
☐Other 30-Day Interval:
_____

2. Initial Date of Placement: _____9/24/2020_____

3. Date of Disciplinary Proceeding (If Applicable):
_____ _____9/25/2020_____

4. Length of Disciplinary Sanction (If Applicable):
15 days& Admin. seg. For his safety._____

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☒ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

☐YES ☒NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

☒YES ☐NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

☐YES ☒NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

☐YES ☒NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

☐YES ☒NO

Explain why or why not:

11. Additional Comment

Subject was disrespecting Bristol County Officer in front of the unit. He made racist remarks to the Officer. He will not be able to go back to the Unit because of his racist remarks. (for his own safety)

12. Reviewing Supervisory Officer AFOD (b)(6)(b)(7)(C) **13. Date: 10/23/2020**_____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Bristol County HOC

1. Type of Notification:

☐14-Day*
☐30-Day
☒Other 30-Day Interval:
_____60 day_____

2. Initial Date of Placement: _____9/24/2020_____

3. Date of Disciplinary Proceeding (If Applicable):
_____ _____9/25/2020_____

4. Length of Disciplinary Sanction (If Applicable):
15 days& Admin. seg. For his safety._____

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☐ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☒ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

☐YES ☒NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

☒YES ☐NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

☐YES ☒NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

☐YES ☒NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

☐YES ☒NO

Explain why or why not:

11. Additional Comment

Subject was disrespecting Bristol County Officer in front of the unit. He made racist remarks to the Officer. He will not be able to go back to the Unit because of his racist remarks. (for his own safety)

12. Reviewing Supervisory Officer AFOD (b)(6)(b)(7)(C) **13. Date: 11/23/2020**_____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	High	BOS	Strafford County HOC

1. Type of Notification:

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. Initial Date of Placement: ____7/18/2020 _____

3. Date of Disciplinary Proceeding (If Applicable):
_____7/24/2020_____

4. Length of Disciplinary Sanction (If Applicable):

15 days lockup with 5 suspended

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☒ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: On the above date at approximately 1350HRS, I Officer (b)(6)(b)(7)(C) *was assigned to unit H. At that time I was at the officer station when the intercom for cell H-6 rang out. When I answered the intercom, I could hear what sounded like an altercation with scuffling and someone repeatedly saying"I'm not fucking playing with you". At that time I left the control panel and went to cell H-6. When I looked inside, I observed both Inmates* (b)(6)(b)(7)(C) *who are assigned to that cell, on the floor interlocked in a physical altercation just on the other side of the door (MJ-1 Assault, threat of assault or holding any person hostage). I immediately returned to the control panel while requesting back-up to unit H via my radio (MJ-30 Acting in a way that abuses any operation in the facility, or that disrupts or interferes with security and/or the orderly running of the facility). I then made multiple calls to all inmates on tier time to lock down. Shortly after responding officers and CPL* (b)(6)(b)(7)(C) *arrived on unit and entered cell H-6. Both inmates were placed in hand restraints. Inmate* (b)(6)(b)(7)(C) *was escorted off unit via OFC* (b)(6)(b)(7)(C) *and Inmate* (b)(6)(b)(7)(C) *was escorted via OFC* (b)(6)(b)(7)(C) *After the cell was cleared, I observed what appeared to be blood droplets on the floor of the cell as well as on sweatpants and some paper.*

He was written up for a violation of *MJ-1: Fighting with a staff member or another inmate and; MJ-30: Acting in a way that abuses any operation in the facility, or that disrupts or interferes with security and/or the orderly running of the facility.*

6. **Did the detainee request segregation?**

   ☐YES ☒NO

Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

☒YES ☐NO

If no, explain the area(s) of non-compliance:

7. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

8. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

9. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

   ☐YES ☒NO

   Explain why or why not:

10. **Additional Comment:** Detainee was given 15 days lockup with 5 suspended for 90 days

11. **Describe the detainee's immigration history and prior criminal history, if applicable:**

ICE Review of Segregation Cases

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) at 266 Pine St. in Brockton, MA on 11/4/2019. (b)(6)(b)(7)(C) is a native and citizen of Cape Verde
IMMIGRATION HISTORY:
12/15/1994: Admitted to the US as a permanent resident (F25), who subject to a final order of removal

Detainee, (b)(6)(b)(7)(C) #(b)(6)(b)(7)(C) has a criminal history consisting of the following charges;
POSS TO DISTRIBUTE CLASS D, MALICIOUS DESTRUCTION OF PROPERTY, B&E DT W/I COM FEL, POSS TO DISTRIBUTE CLASS B SUBSQ OFF

12. Reviewing Supervisory Officer: _____ **13. Date: _____**

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 05/14/2020

Date and Time of Incident: 05/13/2020 @ 1318

Location of Incident: 2 East Unit

Description: Transfer; 2 East Unit to EC Unit (b)(6)(b)(7)(C)

On Wednesday, May 13, 2020 I, Officer (b)(6)(b)(7)(C) was assigned to medical security at the Dartmouth facility for the 0700-1500 shift. I was notified by Lieutenant (b)(6)(b)(7)(C) to meet him in 2 East unit.

As I entered 2 East unit I was briefed by Lt. (b)(6)(b)(7)(C) that a Detainee (b)(6)(b)(7)(C) was being placed on ASO (Administrative segregation order) in EC unit. I was then advised to go into the caseworker's office. Detainee (b)(6)(b)(7)(C) was then called over the intercom system to report to the caseworker's office. As Detainee (b)(6)(b)(7)(C) entered the dayroom, he was placed into hand restraints behind the back. The restraints were not tight but firm to the skin as not to impede circulation and double locked. I then hands on escorted Detainee (b)(6)(b)(7)(C) out of the unit to medical for an RHU (Restrictive housing evaluation.

At 1427, Nurse (b)(6)(b)(7)(C) conducted an RHU evaluation and cleared Detainee (b)(6)(b)(7)(C) to be housed in the RHU area. I then hands on escorted Detainee (b)(6)(b)(7)(C) to the EE unit search cage to be strip searched for any contraband, none recovered. Detainee (b)(6)(b)(7)(C) was then hands on escorted to EC unit where he was secured in cell M8 with no problems or issues. I then returned back to my post in medical.

(b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)_____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee:(b)(6)(b)(7)(C) **LPN**

Reporting Date: 05/13/2020

Date and Time of Incident: 05/13/2020 1427

Location of Incident: HSU

Description: On the above date and time an initial restrictive housing assessment was performed on detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) **Detainee denies any medical complaints at this time. Detainee was previously swabbed for COVID-19. Detainee educated how to contact medical, dental and mental health services while housed in restrictive housing. Detainee referred to on site mental health per protocol. EOR.**

(b)(6)(b)(7)(C) LPN (b)(6)(b)(7)(C)

Employee's Signature _____

Time Shift Supervisor Received Report and Initials _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 5/13/2020

Date and Time of Incident: 05/13/2020 at 1531

Location of Incident: 2 East

Description: Property Inventory Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

On the above date and time, I, Officer (b)(6)(b)(7)(C) was assigned 1 East Unit at the Dartmouth House of Corrections for the 1500-2300 shift. At this time, this Officer completed a search and inventory of Detainee (b)(6)(b)(7)(C) property. No contraband found. EOR.

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 5/20/2020

Date and Time of Incident: 5/20/2020 @ 1816

Location of Incident: D.H.O.C.

Description: EC-Unit

On the above date and time I, Officer (b)(6)(b)(7)(C) was assigned to EC-Unit, I Officer (b)(6)(b)(7)(C) heard Detainee (b)(6)(b)(7)(C) speaking to Detainee (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) stated " let's turn up and block our windows and make these cops work" at this time Detainee (b)(6)(b)(7)(C) stated " let's get everyone to do it".

Detainee (b)(6)(b)(7)(C) started yelling out his door and stated "let's fucking go fuck these cops" I Officer (b)(6)(b)(7)(C) began to conduct a security round and all the yelling stopped. I Officer (b)(6)(b)(7)(C) walked back to my desk to log my security round in the computer and Detainee (b)(6)(b)(7)(C) stated "let's plan something for the morning". Supervisor was notified. (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Employee's Signature: ___ ___

Time Shift Supervisor Received Report and Initials: ___ ___

ICE Review of Segregation Cases

Alien Number	Last Name. First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. **Type of Notification:**

☐14-Day*
☒30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** 5/01/2020

3. **Date of Disciplinary Proceeding (If Applicable):**
D. Board Review not done- Investigation pending.

4. **Length of Disciplinary Sanction (If Applicable):**
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☒ Disciplinary
☒ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue;

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. **Reviewing Supervisory Officer:** A.AFOI

13. **Date: 5/30/2020**

5/11/2020 Release Date

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

(b)(7)(E)

PART I. REPORT Report No.

DETAINEE NAME	BOOKING NUMBER	DATE & TIME OF INCIDENT	PLACE OF INCIDENT
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	04/21/2020 /4:00pm	J2-Pod

HOUSING UNIT	DISCIPLINARY OFFENSE(S) CHARGED	OFFENSE CODE(S)
J2-Pod	Threats of creating a disturbance, or any other incident which activates the facility CERT team	(A-23)

SUMMARY OF INCIDENT

On April 21, 2020 Officer (b)(6)(b)(7)(C) who was assigned as (118) J2 Housing Unit Officer on 2nd shift 3-11pm. At approximately 04:00pm Officer (b)(6)(b)(7)(C) conducted a security rounds in J2 Housing Unit, and approached cell 36 where Detainee (b)(6)(b)(7)(C) (SID# (b)(6)(b)(7)(C)) resides due to Detainee (b)(6)(b)(7)(C) questioning the reason as to how long he will remain locked down. Officer (b)(6)(b)(7)(C) responded by informing Detainee (b)(6)(b)(7)(C) that the facility will continue remain locked down until further notice. Detainee (b)(6)(b)(7)(C) became disruptive, and began making attempts to flood out his cell. CERT was activated to remove Detainee (b)(6)(b)(7)(C) from the unit and be escorted to Restrictive Housing.

(b)(6)(b)(7)(C)

REPORT FILED DATE & TIME	EMPLOYEE NAME AND TITLE PRINTED
04/21/20 8:53p	(b)(6)(b)(7)(C)

I	DATE SERVED	TIME SERVED
	4-21-20	8:56 pm

Detainee placed on Administrative Detention pending Disciplinary Hearing: ☒ Yes ☐ No — Current Housing Assignment: G-16

PART II. INFORMAL SANCTIONS

☐ 8 HOURS EXTRA DUTY ☐ 24 HOUR LOCKDOWN FROM: _____ TO: _____ ☐ 48 HOUR LOCKDOWN FROM: _____ TO: _____

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature	Date	Supervisor Signature	Date:

PART III. DISCIPLINARY HEARING

DETAINEE HAS BEEN GIVEN WRITTEN 24 HOUR NOTICE OF HEARING BY		DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE:	
SIGNATURE: (b)(6)(b)(7)(C)	DATE & TIME: 4/22/2020 848a	SIGNATURE:	DATE & TIME:
DSC			

HEARING OFFICER: DSC (b)(6)(b)(7)(C) & TITLE

IS THE DETAINEE PRESENT FOR THE HEARING: ☒ YES ☐ NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE _____ PRINT _____

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT.

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS: Attached form ON DATE/TIME: 4/23/2020 140pm

STAFF ASSISTANCE REQUESTED: ☒ YES ☐ NO STAFF NAME & TITLE IF REQUESTED: Officer (b)(6)(b)(7)(C)

WITNESS REQUESTED: ☐ YES ☒ NO WITNESS NAME(S) _____

DETAINEE'S PLEA:

CHARGE #1: A-23 ☒ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #2: ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #3: ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

DETAINEE SIGNATURE: _____

I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.

SUMMARY OF TESTIMONY: I was being on the door because I wanted to get the Officers attention for 30 min. I needed someone to fix my toilet

HEARING OFFICER CONCLUSION: Guilty based on a preponderence of the evidence Reports IR From Unit Officer

CHARGE #1: A-23 ☐ NOT GUILTY ☒ GUILTY	CHARGE #2: _____ ☐ NOT GUILTY ☐ GUILTY	CHARGE #3: _____ ☐ NOT GUILTY ☐ GUILTY
20 DAYS DISCIPLINARY SEGREGATION	DAYS DISCIPLINARY SEGREGATION	DAYS DISCIPLINARY SEGREGATION
0 DAYS SUSPENDED FOR 2 MONTHS	DAYS SUSPENDED FOR MONTHS	DAYS SUSPENDED FOR MONTHS

☒ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.

☐ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

☒ (b)(6)(b)(7)(C) 4/23/2020 140pm

DSC (b)(6)(b)(7)(C) DSC (b)(6)(b)(7)(C) 4/23/2020 140pm

DETAINEE HEARING OFFICER DATE & TIME

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

SHIFT COMMANDER/ SUPERVISOR INVESTIGATIVE NOTES

DETAINEE'S STATEMENT AND ATTITUDE:	
BASED ON THE SHIFT COMMANDER'S/SUPERVISOR'S REVIEW, THE FOLLOWING DETERMINATION HAS BEEN MADE:	
THERE IS SUFFICIENT EVIDENCE TO SUPPORT FURTHER REVIEW BY THE DISCIPLINARY HEARING OFFICER FOR THE FOLLOWING CHARGE(S):	1) 2) 3)
THERE IS INSUFFICIENT EVIDENCE TO SUPPORT FURTHER REVIEW BY THE DISCIPLINARY HEARING OFFICER OF THE FOLLOWING CHARGE(S):	1) 2) 3)
DATE AND TIME INVESTIGATION COMPLETED	1.21.20 9:13 AM PM
NAME OF INVESTIGATOR	(b)(6)(b)(7)(C)
SIGNATURE OF INVESTIGATOR	

INCIDENT REPORT #: _____ (b)(7)(E)

Comments/Action Taken:	
I, agree with the actions taken.	
Date: 04/21/2020	**Shift Commander Signature: Lieutenant** (b)(6)(b)(7)(C)

24hr review

(Conducted by the oncoming Shift Commander or higher authority not involved in the incident)

Date:	4/21/20	**Time:**	1030A

Comments/Action Taken:

I Agree with Action taken.

(b)(6)(b)(7)(C)

Approved ☑ **Denied** ☐ **Modified** ☐

Shift Commander / or higher authority signature:

Comments/Action Taken:

Incident reviewed – No further action required at this time. (b)(6)(b)(7)(C)

☐ **Class 3 incident – Wardens signature is not applicable.**

Major Signature: (b)(6)(b)(7)(C) 4/22/20

Comments/Action Taken: (Class 1 or Class 2 Incidents – Class 3 if applicable)

Date: **Warden Signature:**

cc:

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT

INCIDENT REPORT #: (b)(7)(E)

Time of Incident:	**4:00pm**	**Date of Incident :**	**04/21/2020**	**Place Incident Occurred:**	**Cell-36**

Time of Report :	**5:15pm**	**Date of Report:**	**04/21/2020**

Detainee Name :	(b)(6)(b)(7)(C)	**Housing Unit:**	**J2-36**

Codes & Subject:	**Attempt to flood the cell**

FROM:	**Officer** (b)(6)(b)(7)(C)	**DEPARTMENT:**	**Security**

On Tuesday, April 21 2020, I Officer (b)(6)(b)(7)(C) was posted as the J2 Unit Officer. At approximately 4:00pm while conducting a security round Detainee (b)(6)(b)(7)(C) (b)(7)(C) J2-36 asked me if the unit was going come out of their cells. I then told Detainee (b)(6)(b)(7)(C) that the unit is going to be locked in until further notice and that someone is coming in to speak with the unit about why there is an emergency lock down. As I continued my round, I heard the toilet keep flushing, so I walked back over to cell 36 and that's when I observed Detainee (b)(6)(b)(7)(C) repeatedly flushing his toilet. I then notified Captain (b)(6)(b)(7)(C) as he entered the unit with Sergeant (b)(6)(b)(7)(C) and Escorts. ///END OF REPORT////

Reporting Staff Signature:	**Officer** (b)(6)(b)(7)(C)

Supervisors Action Taken

Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was removed from J2-Housing Unit and escorted to Restrictive Housing pending Disciplinary Ticket for violation of facility rules and regulations. Detainee (b)(6)(b)(7)(C) will remain in Restrictive Housing pending Disciplinary Hearing.

Supervisor's Signature: (b)(6)(b)(7)(C) **Date:** 4-21-20

Shift Commander's Review and Designation of Class and Type:	☒ **Class 1**	☐ **Class 2**	☐ **Class 3**
	Type of Incident: 0		

INCIDENT REPORT #: _____

Comments/Action Taken: Cert Team was activated for this incident
Date: 4/21/20 — **Shift Commander Signature:** LT. (b)(6)(b)(7)(C)

24hr review
(Conducted by the oncoming Shift Commander or higher authority not involved in the incident)

Date: 4/21/20	**Time:** 10:20pm

Comments/Action Taken: I agree with action taken.

(b)(6)(b)(7)(C)

Approved ☑ **Denied** ☐ **Modified** ☐

Shift Commander / or higher authority Signature:

Comments/Action Taken: (b)(6)(b)(7)(C)

Incident reviewed - No further action required at this time.

☐ **Class 3 incident – Wardens signature is not applicable.**

Major Signature: (b)(6)(b)(7)(C) 4/22/20

Comments/Action Taken: (Class 1 or Class 2 Incidents – Class 3 if applicable)
Date: — **Warden Signature:**

cc:_____

DONALD W. WYATT DETENTION FACILITY
Investigation Report

INCIDENT REPORT #: (b)(7)(E)

Time of Incident:	08:00pm	**Date of Incident:**	4/21/20	**Place Incident Occurred:**	J2-Pod

Time of Report :	6:27pm	**Date of Report:**	04/21/20
Time Investigation Started :	6:27pm	**Date Investigation Started:**	4/14/20

Detainee Name :	(b)(6)(b)(7)(C)	**Housing Unit:**	J2-Pod
Detainee Name :			

Discipline Codes:	**(A-23) creating a disturbance or any incident which causes the activation of CERT team**

Investigating Officer:	**Sergeant** (b) (6), (b) (7)(C)	**Department:**	**Security**

On Tuesday On April 21, 2020 Officer (b)(6)(b)(7)(C) **who was assigned as (118) J2 Housing Unit Officer on 2nd shift 3-11pm. At approximately 04:00pm Officer** (b)(6)(b)(7)(C) **conducted a security round in J2 Housing Unit, and approached cell 36 where Detainee** (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) **resides, due to Detainee** (b)(6)(b)(7)(C) **questioning the reason as to how long he will remain locked down. Officer** (b)(6)(b)(7)(C) **responded by informing Detainee** (b)(6)(b)(7)(C) **that the facility will continue remain locked down until further notice. Detainee** (b)(6)(b)(7)(C) **became disruptive, and began making attempt to flood out his cell. CERT was activated to remove Detainee** (b)(6)(b)(7)(C) **from the unit and be escorte to Restrictive Housing.**

Photos secured? ☐ **Yes - How many?** ☐ **No**	**Video secured?** ☒ **Yes** ☐ **No Type (circle one): DVR or Handheld**
Description of contraband and/or weapon(s):	
Date/Time logged into evidence: N/A	

Detainee Witness #1 (b)(6)(b)(7)(C)	SID# (b)(6)(b)(7)(C)

Statement: Detainee (b)(6)(b)(7)(C) **stated that he is constantly becoming disruptive in the unit. Consistently causes disruptions.**

Detainee Witness #2 (b)(6)(b)(7)(C)	SID# (b)(6)(b)(7)(C)

Statement: Detainee (b)(6)(b)(7)(C) **stated that he didn't know what was happing, just knows that he kept hearing the toilet going on.**

Detainee Witness #3	SID#

Statement:

Officer Statement #2	N/A

Investigator Conclusion: Statement: Investigator Conclusion: After reviewing all the information provided it was concluded that Detainee (b)(6)(b)(7)(C) **was in violation of facility rules and regulations and will receive a Disciplinary Ticket and charged with (A-23) Creating a disturbance or any incident which causes the activation of CERT team. Detainee** (b)(6)(b)(7)(C) **will remain in Restrictiv Housing pending Disciplinary Housing.**

Time Investigation Completed:	08:10pm	Date Investigation Completed:	04/21/20
Investigating Supervisor Signature:	(b)(6)(b)(7)(C)		

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	4/21/2020	**Time:**	4:45	AM xPM	**IR Number:** (b)(7)(E)
Incident Class:	☒ 1 ☐ 2 ☐ 3		**Type:** O		
Incident Location:	Cell 36			**Housing Unit:**	J-2
Prepared By:	Sergeant (b)(6)(b)(7)(C)			**Title:**	Sergeant

Narrative:	C.E.R.T. Activation

On Tuesday April 21, 2020 at 4:45pm I, Sergeant (b)(6)(b)(7)(C) was activated by C.E.R.T. Commander Lieutenant (b)(6)(b)(7)(C) Due to Detainee (b)(6)(b)(7)(C) ((b)(6)(b)(7)(C) making a disturbance in J-2 cell 36. Upon arrival to facility at 5:00pm I, was briefed of Detainee (b)(6)(b)(7)(C) behavior being upset, making a disturbance and flooding out his cell. At 5:45pm the introduction was held in the roll call room by Lieutenant (b)(6)(b)(7)(C) At 5:51pm the C.E.R.T. that consisted of Sergeant (b)(6)(b)(7)(C) as the squad leader, Officer's (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and on camera (b)(6)(b)(7)(C) entered J-2 pod. At 5:53pm the team entered cell J-2 36 placed hand and leg restraints. At 5:55pm Detainee (b)(6)(b)(7)(C) was escorted out of the unit. At 5:58pm the detainee was escorted to G & H sallyport medical exam room to be evaluated by Nurse (b)(6)(b)(7)(C) At 6:02pm the detainee was escorted into G-pod cell 16 were the restraints were removed and an unclothed search was conducted no contraband was recovered. No further incident with Detainee (b)(6)(b)(7)(C) ///END OF REPORT///

(b)(6)(b)(7)(C)

Reporting Employee Signature: (b)(6)(b)(7)(C **Title:** Sergeant

Date: 4/21/2020 **Time: 8:409** **Type:** ☑ Individual ☐ Summary

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT- SUPPLEMENTAL PAGE

(b)(7)(E)

Date:	4/21/2020	**Time:**	4:45	☐AM ☑PM	**IR Number:**
Incident Class:	☑1 ☐2 ☐3		**Type:** O		
Incident Location:	Cell 36			**Housing Unit:**	J-2
Prepared By:	Sergeant (b)(6)(b)(7)(C)			**Title:**	Correctional Officer

Narrative:	C.E.R.T. Activation

On April 21st 2020, I, Sergeant (b)(6)(b)(7)(C) was activated by Lieutenant (b)(6)(b)(7)(C) for a Correctional Emergency Response Team extraction. At approximately 5:00pm, I arrived to the facility and began to suit up and to receive briefing on the situation. At approximately 5:45pm, an introduction video was recorded to assign all members to their roles. I was assigned to be the squad leader for the extraction of Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) out of the J-2 housing unit. I was responsible for giving instructions to the detainee and deploy (b)(7)(E) if the detainee refused to comply with order given. At approximately 5:51pm, the team made entry into the J2 housing unit and began to march towards cell 36. At approximately 5:53pm, I gave Detainee (b)(6)(b)(7)(C) a direct order to lay face down on the ground. Detainee (b)(6)(b)(7)(C) complied with orders given. At this point, the cell door was opened and the extraction team made entry into the cell to place restraints on the detainee. At approximately 5:55pm, once he was secured, Detainee (b)(6)(b)(7)(C) was escorted out of the cell and to the Restrictive Housing Unit for a lockdown assessment. At approximately 5:58pm, a lockdown assessment was conducted in the G/H medical exam room by Registered Nurse (b)(6)(b)(7)(C) At approximately 6:00pm, once the detainee was cleared by Registered Nurse (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) was escorted to in G-16 to be housed. An unclothed search was conducted of the detainee and no contraband was found. I had no further involvement in this incident. ///End of Report///

(b)(6)(b)(7)(C)

Reporting Employee Signature: **Title:** Correctional Officer

Date: 4/21/2020 **6:36** ☐AM ☑PM **Type:** ☑ Individual ☐Summary

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	04-21-2020	**Time:**	4:45	☐AM ☑PM	**IR Number:**	(b)(7)(E)
Incident Class:	☑ 1 ☐ 2 ☐3		**Type:** O			
Incident Location:	J2-36				**Housing Unit:**	J2-Pod
Prepared By:	Officer (b)(6)(b)(7)(C)				**Title:**	Correctional Officer

Narrative:	C.E.R.T Activation

On Tuesday, April 21, 2020, At approximately 4:45pm, I, Officer (b)(6)(b)(7)(C) was activated for the Correctional Emergency Response Team as the shield man to remove Detainee (b)(6)(b)(7)(C) (SID#(b)(6)(b)(7)(C) from J2-Pod on 2nd shift from 3:00pm to 11:00pm. At approximately 5:00pm the CERT team reported to roll call for a briefing for a possible extraction. At approximately 5:51pm the CERT team entered J2-Pod Housing Unit to remove Detainee (b)(6)(b)(7)(C) from J2-Pod Cell 36. As I entered J2-Pod and made my way up to the top tier, direct orders were given to Detainee (b)(6)(b)(7)(C) to prone out on the floor with his hands behind his back. Once the cell door was open, Detainee (b)(6)(b)(7)(C) was already laying down in a prone position. At that time I entered Cell 36 and secured Detainee (b)(6)(b)(7)(C) head so wrist restraints could be applied. Once Detainee (b)(6)(b)(7)(C) was all secured, I assisted in helping him up on his feet and Detainee (b)(6)(b)(7)(C) was then escorted to the G & H Medical Exam Room for a lockdown assessment by Nurse Lucy. Once the lockdown assessment was concluded, I assisted in escorting Detainee (b)(6)(b)(7)(C) to the Restrictive Housing Unit Cell 16 where I removed his leg restraints. Once Cell 16 was secured I then removed his wrist restraints through the traps. I had no further involvement with Detainee (b)(6)(b)(7)(C) ///END OF REPORT///

Reporting Employee Signature: (b)(6)(b)(7)(C) **Title:** Correctional Officer

Date: April 21, 2020 **Time: 7:00PM** ☐ AM ☑ PM **Type:** ☑ Individual ☐Summary

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	4/21/2020	**Time:**	4:45	AM XPM	**IR Number:** (b)(7)(E)
Incident Class:	☒ 1 ☐ 2 3		**Type:** O		
Incident Location:	Cell 36			**Housing Unit:**	J-2
Prepared By:	Officer (b)(6)(b)(7)(C)			**Title:**	Correctional Officer

Narrative:	C.E.R.T. Activation

On April 21st 2020 I Officer (b)(6)(b)(7)(C) at approximately 4:45pm, was activated for C.E.R.T. extraction by C.E.R.T. Commander (b)(6)(b)(7)(C) At 5:00pm, I arrived to the facility to suit up and to receive briefing. At 5:45pm, an intro video was recorded, I was assigned second man on the extraction team of Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and was responsible for sweeping the legs and securing the left arm. At 5:51pm, we made entry into the J2 housing unit. At 5:56pm, we entered Cell #36 and I secured Detainee (b)(6)(b)(7)(C) left arm and applied hand restraints and assisted in escorting the detainee to G-pod. At 5:58pm, a lockdown assessment was conducted in the G/H medical exam room by RN (b)(6)(b)(7)(C) At 6:00pm, Detainee (b)(6)(b)(7)(C) was secured in G-16 and I conducted a unclothed search of the Detainee. ///End of Report///

Reporting Employee Signature: (b)(6)(b)(7)(C) **Title:** Correctional Officer

Date: 4/21/2020 **6:36** AM X PM **Type:** ☑ Individual ☐ Summary

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	4/21/2020	**Time:**	4:45	☐AM ☒ PM	**IR Number:** (b)(7)(E)
Incident Class:	☒1 ☐2 ☐3	**Type:** 6			
Incident Location:	Cell J2-36			**Housing Unit :**	J2-Pod
Prepared By:	Officer (b)(6)(b)(7)(C)			**Title:**	Officer

Narrative:	CERT Activation

On Tuesday April 21, 2020, I Officer (b)(6)(b)(7)(C) was assisnged as the 3rd man on a 5 man team for a Correctional Emergency Response Team cell extraction. At approximately 4:45pm I was activated for a C.E.R.T. cell extraction. At 5:00pm I arrived at the facility. At 5:45pm C.E.R.T. Commander Lt. (b)(6)(b)(7)(C) conducted a briefing on the detainee and the cell extraction. At the brief I was assigned the 3rd man position, my duties included securing the right arm. At 5:51pm I made entry into J2-Pod Housing Unit in a stack formation. At 5:53pm I entered cell J2-36, due to the detainee complying and lack of space I placed leg restraints on both legs of Detainee (b)(6)(b)(7)(C) (SID (b)(6)(b)(7)(C) At 5:55pm Detainee (b)(6)(b)(7)(C) was removed from cell J2-36.//// END OF REPORT////

(b)(6)(b)(7)(C)

Reporting Employee (b)(6)(b)(7)(C)	**Title: Officer**
Date: 4/21/2020	☒ PM **Type:** ☐ Individual ☐ Summary

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	4/21/2020	**Time:**	4:45	☐AM ☑PM	**IR Number:** (b)(7)(E)
Incident Class:	☒1 ☐2 ☐3			**Type:** O	
Incident Location:	Cell 36			**Housing Unit:**	J-2
Prepared By:	Officer (b)(6)(b)(7)(C)			**Title:**	Correctional Officer

Narrative:	C.E.R.T. Activation

On April 21st 2020, I, Officer (b)(6)(b)(7)(C) was activated by C.E.R.T Commander Lieutenant (b)(6)(b)(7)(C) for a Correctional Emergency Response Team extraction. At approximately 5:00pm, I arrived to the facility and began to suit up and to receive briefing in the C.E.R.T locker room. At approximately 5:45pm, an introduction video was recorded to assign all members to their roles. I was assigned to be the (4th) man of the squad for the extraction of Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) out of the J-2 housing unit. I was responsible for securing the Detainees left leg in leg restraints. At approximately 5:51pm, the team made entry into the J2 housing unit and began to march towards cell 36. At approximately 5:53pm, Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was given a direct order to lay face down on the ground. Detainee (b)(6)(b)(7)(C) complied to all direct orders. At this point, the cell door was opened and the extraction team made entry into the cell to place restraints on the Detainee. Due to unforeseen circumstances which was a lack of space. I had to hand off the leg restraints to Officer (b)(6)(b)(7)(C) Once I hand off the leg restraints I assisted with securing the Detainees arms in hand restraints. At approximately 5:55pm, once he was secured, Detainee (b)(6)(b)(7)(C) was escorted out of the cell and to the Restricitive Housing Unit for a lockdown assessment. At approximately 5:58pm, a lockdown assessment was conducted in the G/H medical exam room by Registered Nurse (b)(6)(b)(7)(C) At approximately 6:00pm, once the detainee was cleared by Registered Nurse (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) was escorted to cell G-16 where he was housed. I had no further involvement in this incident ///End of Report///

(b)(6)(b)(7)(C)

Reporting Employee Signature: Officer . **Title:** Correctional Officer

Date: 4/21/2020 **6:36** ☐AM ☒PM **Type:** ☑ Individual ☐Summary

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT- SUPPLEMENTAL PAGE

(b)(7)(E)

Date:	4/21/2020	**Time:**	4:45	☐AM ☑PM	**IR Number:**
Incident Class:	☒ 1 ☐ 2 ☐3			**Type:** O	
Incident Location:	Cell 36			**Housing Unit:**	J-2
Prepared By:	Officer (b)(6)(b)(7)(C)			**Title:**	Correctional Officer

Narrative:	C.E.R.T. Activation

On Tuesday April 21, 2020 I, Officer (b)(6)(b)(7)(C) at approximately 4:45pm was activated for C.E.R.T, by CERT Commander Lieutenant (b)(6)(b)(7)(C) for Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) During the briefing I was assigned as the (5TH) man on the extraction team responsible for securing the Right Leg and placing mechanical restraints on that side. At approxiatemely 5:51pm we entered J-2 and approached Cell 36 where Detainee Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was housed. (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was given verbal commands by Sergeant (b)(6)(b)(7)(C) in (spanish) at which time (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was compliant . I then entered the cell where (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was compliant. I assisted the team by escorting (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) to (G-POD) Restirctive Housing Unit . I then had no further involvement in the incident. ///END REPORT////

(b)(6)(b)(7)(C)

Reporting Employee Signature: **Title:** Correctional Officer

Date: 4/21/2020 **6:36** ☐AM ☑PM **Type:** ☑ Individual ☐Summary

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	4/21/2020	**Time:**	4:45	AM xPM	**IR Number:**	(b)(7)(E)
Incident Class:	☒ 1 ☐ 2 ☐ 3			**Type:**		
Incident Location:	Cell 36				**Housing Unit:**	J-2
Prepared By:	Officer (b)(6)(b)(7)(C)				**Title:**	Correctional Officer

Narrative:	C.E.R.T. Acitivation

On Tuesday April 21, 2020 I, Officer (b)(6)(b)(7)(C) at approximately 4:45pm I was activated for C.E.R.T, by Cert Commander Lieutenant (b)(6)(b)(7)(C) for Detainee (b)(6)(b)(7)(C) (A215558320). During the brieifing I was assigned as the camera man on the extraction team. At approxiatemely 5:51pm we entered J-2 and approached Cell 36 were Detainee Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was housed. At approximately 5:55pm Detainee Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)) was secured and removed from the cell. Once Detainee was removed, he was escorted to G-16 where he was secured, and an unclothed strip search was conducted. I had no further involvement.//END OF REPORT//

(b)(6)(b)(7)(C)

Reporting Employee Signature: (b)(6)(b)(7)(C) **Title:** Correctional Officer

Date: 4/21/2020 **Time: 6:47** ☐ AM ✓PM **Type:** ☑ Individual ☐Summary

(b)(7)(E)

DISCIPLINARY REPORT

PART I. REPORT — Report No.

DETAINEE NAME	BOOKING NUMBER	DATE & TIME OF INCIDENT	PLACE OF INCIDENT
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	04/21/2020 /4:00pm	J2-Pod

HOUSING UNIT	DISCIPLINARY OFFENSE(S) CHARGED	OFFENSE CODE(S)
J2-Pod	Threats of creating a disturbance, or any other incident which activates the facility CERT team	(A-23)

SUMMARY OF INCIDENT

On April 21, 2020 Officer (b)(6)(b)(7)(C) who was assigned as (118) J2 Housing Unit Officer on 2nd shift 3-11pm. At approximately 04:00pm Officer (b)(6)(b)(7)(C) conducted a security rounds in J2 Housing Unit, and approached cell 36 where Detainee (b)(6)(b)(7)(C) (SID# (b)(6)(b)(7)(C) resides due to Detainee (b)(6)(b)(7)(C) questioning the reason as to how long he will remain locked down. Office (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) responded by informing Detainee (b)(6)(b)(7)(C) that the facility will continue remain locked down until further notice. Detainee (b)(6)(b)(7)(C) became disruptive, and began making attempts to flood out his cell. CERT was activated to remove Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) from the unit and be escorted to Restrictive Housing.

(b)(6)(b)(7)(C)

REPORT FILED DATE & TIME	EMPLOYEE NAME AND TITLE PRINTED
04/21/20 8:53 p	(b)(6)(b)(7)(C)

DA...	...SERVED
4-21-20	8:56 pm

...ing Disciplinary Hearing: ☐ Yes ☐ No — Current Housing Assignment:

PART II. INFORMAL SANCTIONS

☐ **8 HOURS EXTRA DUTY** ☐ **24 HOUR LOCKDOWN** FROM: _____ TO: _____ ☐ **48 HOUR LOCKDOWN** FROM: _____ TO: _____

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature	Date	Supervisor Signature	Date:

PART III. DISCIPLINARY HEARING

DETAINEE HAS BEEN GIVEN WRITTEN 24 HOUR NOTICE OF HEARING BY		DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE:	
SIGNATURE	DATE & TIME	SIGNATURE	DATE & TIME

HEARING OFFICER COMMITTEE MEMBER #1 NAME & TITLE

IS THE DETAINEE PRESENT FOR THE HEARING: ☐YES ☐NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE _____ PRINT _____

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS: ON DATE/TIME: _____

STAFF ASSISTANCE REQUESTED: ☐ YES ☐ NO STAFF NAME & TITLE IF REQUESTED: _____

WITNESS REQUESTED: ☐ YES ☐ NO WITNESS NAME(S) _____

DETAINEE'S PLEA:

CHARGE #1:	☐ NOT GUILTY	☐ GUILTY	☐ GUILTY WITH EXPLANATION
CHARGE #2:	☐ NOT GUILTY	☐ GUILTY	☐ GUILTY WITH EXPLANATION
CHARGE #3:	☐ NOT GUILTY	☐ GUILTY	☐ GUILTY WITH EXPLANATION

DETAINEE SIGNATURE: _____

I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.

SUMMARY OF TESTIMONY.

HEARING OFFICER CONCLUSION:

CHARGE #1: ☐ NOT GUILTY ☐ GUILTY	CHARGE #2: ☐ NOT GUILTY ☐ GUILTY	CHARGE #3: ☐ NOT GUILTY ☐ GUILTY
... DAYS DISCIPLINARY SEGREGATION	DAYS DISCIPLINARY SEGREGATION	DAYS DISCIPLINARY SEGREGATION
DAYS SUSPENDED FOR ... MONTHS	DAYS SUSPENDED FOR ... MONTHS	DAYS SUSPENDED FOR ... MONTHS

☐ **I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.**

☐ **I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.**

DETAINEE SIGNATURE DATE & TIME

HEARING OFFICER SIGNATURE Hearing Officer Print Name DATE & TIME

Appendix A

(b)(7)(E)

DONALD W. WYATT DETENTION FACILITY
ADMINISTRATIVE DETENTION PLACEMENT ORDER

TO: Captain (b)(6)(b)(7)(C), Shift Commander

FROM: Sergeant (b)(6)(b)(7)(C)

RE: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 04/21/20

(Print Detainee Name) **I.D.#** **Date**

The above named detainee is being recommended/referred to restrictive housing for the following reason(s):	
☐	A new commitment that has been recommended for Administrative Detention (A/D) upon written order of the detainee's committing agency. **(Provide explanation below and attach any supporting documentation)**
☐	A general population detainee that has been recommended for Administrative Detention (A/D) upon written order of the detainee's committing agency. **(Provide explanation below and attach any supporting documentation)**
☐	New commitment pending review for Preventative Segregation (P/S). (Commitment paperwork and/or intelligence reflects high profile and/or violent)
☑	Is pending investigation for violation of facility rules, regulations or criminal acts and his/her continued presence in general population poses a serious threat to life, property, self, staff, other detainees, or the security or orderly operation of the facility.
☐	Is pending review for placement in Protective Custody (P/C).
☐	Has been placed in Protective Custody (P/C).
☐	Is pending review for placement in Preventative Segregation (P/S).
☐	Has been placed in Preventative Segregation (P/S).
☐	Has been placed in Transitional Segregation (T/S) pending transfer to another facility.
☐	Has been placed on Dry Cell Observation.
☐	ICE ONLY – Detainee has been housed in Restrictive Housing for medical reasons.

The above named detainee's presence in general population poses a serious threat to life, property, self, other detainees, and security and/or orderly operation of the facility because: (Explain in as much detail as possible. A memorandum detailing the reason for placement may be attached in lieu of describing the specific incident in this section.)

Detainee (b)(6)(b)(7)(C) (SID# (b)(6)(b)(7)(C) was escorted to Restrictive Housing pending investigation for violation of facility rules and regulations. Detainee (b)(6)(b)(7)(C) was evaluated by medical prior to being housed.

****MEDICAL REVIEW****

Medical (b)(6)(b)(7)(C) Sergeant O. Fuentes

Name of Medi R.N. L. Rie

Restrictive Housing Unit Placement Health Assessment ☐Yes ☐No

Shift Commander's Approval:	Captair (b)(6)(b)(7)(C)	4/21/2020	Time:	8:30pm
On Coming Shift Commander's Review:			Time:	

Detainee given a copy of this form: ☐Yes If no, why not: ☐No		Date:	Time:	

ICE Detainee Only

Date and Time detainee was released from Restrictive Housing:		Date:	Time:	

Original: Records Department

cc: Warden (Within 72 hours)
Chief of Security (Within 72 hours)
Programs Director (Within 72 hours)

(b)(7)(E)

DONALD W. WYATT DETENTION FACILTY
RESTRICTIVE HOUSING PLACEMENT HEALTH ASSESSMENT FORM

Detainee Name (First Last, First, Initial): (b)(6)(b)(7)(C)	SID #:	DOB: 10-27-92
Upt (b)(6)(b)(7)(C)		Date/Time Notified: 4-21-20 @ 6pm

☑ Health Record Reviewed:

Any Known Active Medical Diagnosis? (Do not include specific diagnosis)	☐Yes	☑No
Medical Concerns If yes, describe concern:	☐Yes	☑No
History of MH or Psychiatric Diagnosis? (Do not include specific diagnosis)	☐Yes	☑No
Active Mental Health Diagnosis? (Do not include specific diagnosis)	☐Yes	☑No
Suicide Ideations? If yes, circle one: History/Current	☐Yes	☑No
Suicide Attempts? If yes, circle one: History/Current Most Recent Suicide Attempt (mode/date):	☐Yes	☑No
History of Self Injurious Behavior If yes, describe:	☐Yes	☑No
Most Recent Self-Injurious Behavior (type/date):		
Homicidal Ideations? If yes, circle one: History/Current	☐Yes	☑No
Other Mental Health concerns? If yes, describe:	☐Yes	☑No
ADA Needs/Accommodations:	☐Yes	☑No

Disposition:
☑Cleared for Restrictive Housing Placement at this time. (b)(6)(b)(7)(C)
☐Requires Further Medical or Mental Health Follow-Up place on: (check one)
☐Constant Observation (one on one) ☐Close Observation Watch
☐Concerns:
☐Medical and/or Mental Health Referral Completed? ☐Yes ☐No
☑Shift Commander Notified of disposition.

Medical Staff (b)(6)(b)(7)(C) Title: RN Date/Time. 4-21-20 6pm

2022-ICLI-00015 1617

Appendix M

(b)(7)(E)

DONALD W. WYATT DETENTION FACILITY
RESTRICTIVE HOUSING – DETAINEE PROPERTY INVENTORY FORM

Detainee:	SID #:	Unit:	Date and Time of Inventory:
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	J2	4/21/20 @ 9:45pm

REASON FOR INVENTORY (Check ALL that apply):
☐ Placed on Administrative Detention (A/D) Status
☐ Placed on Disciplinary Segregation (D/S) Status
☐ Released from Restrictive Housing

#	Description	Quantity	Item Issued Y/N	#	Description	Quantity	Item Issued Y/N
1	Triamcinolone	1	Y	31	Cotton Swabs	1	Y
2	Adobo Sazón	1	Y	32	Long Grain Rice	2	Y
3	Garlic Powder	1	Y	33	Top Ramen	11	Y
4	Acne Medication	1	Y	34	pen	1	Y
5	Colgate	1	Y	35	Pencile	1	Y
6	Gel	2	Y	36	Head Brush	3	N
7	Deodorant	2	Y	37	Combs	6	N
8	Shampoo	1	Y	38	AAAY	2 Boxs	N
9	Soap	5	Y	39	Tooth brush	2	N
10	Herbal Blend	1	Y	40	note Book	1	Y
11	Shea Butter	1	Y	51	Legal work	1	Y
12	Cocoa Butter	2	Y	52	Shoe	2 pair	N
13	Hair Conditioner	1	Y	53			
14	Triamcinolone Acetonide	2	Y	54			
15	Hydrocortison Cream	1	Y	55			
16	Photo Book	1	Y	56			
17	Harry Potter	1	Y	57			
18	White Cups	3	Y	58			
19	White Tray Bolm Blow	2	Y	59			
20	Radio	2	Y	50			
21	Head set	1	Y	51			
22	Bible	2	Y	52			
23	Whole wheat	1	Y	53			
24	Coffee Roasters	1	Y	54			
25	Lip Bum	1	Y	55			
26	Cheddar	1	Y	56			
27	Sazón Goya	1	Y	57			
28	Big Hams	6	Y	58			
29	Peanut Butter	2	Y	59			
30	[illegible]	[illegible]	Y	60			

(b)(6)(b)(7)(C)

S FOR ENTRY INTO RESTRICTIVE HOUSING		
Detainee Signature	Detainee Prin (b)(6)(b)(7)(C)	Date: 4-21-20
Officer Signature:	Officer Print:	Date: 4-21-20
Officer Signature:	Officer Print:	Date: 4-21-20
If refused to sign, reason:		

SIGNATURES FOR RELEASE FROM RESTRICTIVE HOUSING		
Detainee Signature:	Detainee Print:	Date:
Officer Signature:	Officer Print:	Date:
Officer Signature:	Officer Print:	Date:
If refused to sign, reason:		

By signing this document, ALL parties agree that the property inventory is accurate and that there are no discrepancies

Original Copy to Shift Commander----------→ Copy to Detainee----------→ Copy to Detainee Property File

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Wyatt

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** ____4/21/2020_____

3. **Date of Disciplinary Proceeding (If Applicable):**
_____ __4/23/2020_____

4. **Length of Disciplinary Sanction (If Applicable):**
_____ _____05/10/2020_____

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☒ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: On April 21, 2020, Detainee (b)(6)(b)(7)(C) started to create a disturbance during a facility emergency lockdown. Detainee (b)(6)(b)(7)(C) started to flood his cell. As a result of his actions, the facility Correctional Emergency Response Team (CERT) entered the unit and removed Detainee (b)(6)(b)(7)(C) without incident. He was brought to medical, evaluated and cleared to be housed in restrictive housing (G-POD). On April 23, 2020, Detainee (b)(6)(b)(7)(C) had his disciplinary hearing. He received 20 days of Disciplinary Segregation for his actions. Three days were credited, so Detainee (b)(6)(b)(7)(C) has 17 days to serve given him a release date of May 10, 2020. He has chosen to appeal the decision to the Warden.

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue: Per Dr. Grando, Florence Detention Center ICE Health Service Corps (IHSC) psychologist; BARRERA has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
(b)(7)(E)

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Officer:** _____ 14. **Date:** 4/5/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	M	2	BOS	Strafford

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** ____5/12/2020_____

3. **Date of Disciplinary Proceeding (If Applicable):**
Awaiting seg report from facility

4. **Length of Disciplinary Sanction (If Applicable):**
Awaiting seg report from facility

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: Subject came into the facility with drugs in him

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue: Per Dr.(b)(6)(b)(7)(C) Florence Detention Center ICE Health Service Corps (IHSC) psychologist,(b)(6)(b)(7)(C)has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    Subject is a F/O awaiting removal.

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Officer:** _ _ **Date:** 6/2/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
059 578 551	(b)(6)(b)(7)(C)	Male	3-High	BOS	Strafford County Jail

1. Type of Notification:

☐14-Day*
☒30-Day
☐Other 30-Day Interval:
_____

2. Initial Date of Placement: 2/16/2022

3. Date of Disciplinary Proceeding (If Applicable):
N/A

4. Length of Disciplinary Sanction (If Applicable):
Administrative Segregation TBD

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On 2/16/2022, I, Correctional Officer (CO) (b)(6)(b)(7)(C) was assisting HPI serve chow. CO (b)(6)(b)(7)(C) entered Unit E with Officer (b)(6)(b)(7)(C) and noticed a piece of paper on the floor by cell EX2. The piece of paper was a note from non-citizen (b)(6)(b)(7)(C) who is housed in D-7 on administrative segregation status. The note was addressed to a '(b)(6)(b)(7)(C) It should be noted that this is a nickname for non-citizen (b)(6)(b)(7)(C) CO (b)(6)(b)(7)(C) took the note to Sgt. (b)(6)(b)(7)(C) who believed non-citizen (b)(6)(b)(7)(C) had recently been placed on report for passing notes. CO (b)(6)(b)(7)(C) and Sgt. (b)(6)(b)(7)(C) confirmed that non-citizen (b)(6)(b)(7)(C) was placed on report for passing notes by CO Carpenter on February 4th, 2022. Sgt. (b)(6)(b)(7)(C) instructed me to search non-citizen (b)(6)(b)(7)(C) cell and take all commissary items and property bin as he would be going back to Maximum Seg security status.

On 3/09/2022, non-citizen (b)(6)(b)(7)(C) completed his MAX segregation time. Non-citizen (b)(6)(b)(7)(C) is being held in administrative Seg for further evaluation as per Security Captain (b)(6)(b)(7)(C) of Trafford County DOC.

ICE Review of Segregation Cases

Did the detainee request segregation?

☐YES ☒NO

6. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

7. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

8. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

9. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

   ☐YES ☒NO

   Explain why or why not:

10. **Additional Comment:**

11. **Describe the detainee's immigration history and prior criminal history, if applicable:**

    IMMIGRATION HISTORY:

    (b)(6)(b)(7)(C) DOB (b)(6)(b)(7)(C) was encountered pursuant to his incarceration in the Massachusetts Department of Correction, MCI Cedar Junction, Walpole, Massachusetts. Subject was sentenced out of Suffolk Superior Court, Boston, Massachusetts, Assault and Battery Dangerous Weapon, Assault Dangerous Weapon, and Intimidation of a Witness, sentenced to serve 2-2 years 1-day, earliest release date, October 7, 2019.

Subject was offered the assistance of the DHS language line and declined, interview was conducted in the English language. Subject stated his full, true, and correct name is (b)(6)(b)(7)(C) born (b)(6)(b)(7)(C) Port Au Prince, Haiti. Subject stated he last entered the United States legally, October 17, 2007, through Miami, Florida. Subject stated he is not sure what country he was a citizen of.

DERIVATION:

Subject stated his mother, (b)(6)(b)(7)(C) born (b)(6)(b)(7)(C) was born in and is a citizen of Haiti. Subject stated his mother has never been to the United States and is married to (b)(6)(b)(7)(C) 38 years of age, born in and a citizen of Haiti. Subject stated (b)(6)(b)(7)(C) is his stepfather, however never adopted. CIS was negative. Mother's information verified in Subject's A file.

Subject stated his father, (b)(6)(b)(7)(C) born (b)(6)(b)(7)(C) was born in and is a citizen of the United States. Subject stated he is unaware of his father's address because he has not lived with him since he was 16 years of age. Search in CIS shows (b)(6)(b)(7)(C) DOB (b)(6)(b)(7)(C) naturalized (b)(6)(b)(7)(C) Subject was 21 years of age when father naturalized.

Subject cannot derive citizenship, his mother is not a USC and his father naturalized after Subject was over the age of 18.

IMMIGRATION HISTORY:

-October 17, 2007, through Miami, Florida, lawful permanent resident, F12.

CRIMINAL HISTORY:

DATE: September 9, 2014
COURT: Suffolk Superior Court
CHARGE: Assault Dangerous Weapon
CONVICTION: Assault With Dangerous Weapon
SENTENCE: 2-2 years 1 day

DATE: September 9, 2014
COURT: Suffolk Superior Court
CHARGE: Intimidation of a Witness
CONVICTION: Intimidation of a Witness
SENTENCE: 2-2 years 1 day

MEDICAL:

Subject stated he has no medical or mental health issues and is not prescribed any medications.

MILITARY:

Subject has not served in any branch of the United States military.

CHILD CARE/CUSTODY:

Subject stated he has one daughter, (b)(6)(b)(7)(C) born in the United States,

presently resides with her mother.

OTHER:

Subject stated he does not fear being returned to Haiti.

12. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

Assistant Field Office Director

13. Date: _3/16/2022_____

Superintendent
(b) (6), (b) (7)(C)
Administrative Captain
(b) (6), (b) (7)(C)
Security Captain
(b) (6), (b) (7)(C)

STRAFFORD COUNTY DEPARTMENT
OF CORRECTIONS
266 County Farm Road
Dover, New Hampshire 03820
Telephone: (603) 742-3310
Fax: (603) 742-2192
e-mail: (b)(6)(b)(7)(C) co.strafford.nh.us

Special Housing Status Review

On 25MAR2022, I, Captain (b)(6)(b)(7)(C) conducted a formal review of the Special housing status of Inmate/Detainee (b)(6)(b)(7)(C) Permanent (b)(6)(b)(7)(C) who is presently in:
Protective Custody Status [ ] Other Administrative Segregation [X] Disciplinary Segregation []

Date Inmate/Detainee was placed in this status: 09MAR2022

Inmate/Detainee has been in this Segregation status for 0 days **(24 Hrs/72 Hrs/7 Days/Weekly/30 Days/60 Days/More)**

The following factors were reviewed with the results as indicated:	**YES**	**NO**
1. Does the reason for initial placement remain valid?	[ ]	[X]
2. Does the detainee pose a threat to himself/herself?	[ ]	[X]
3. Does the detainee pose a threat to others?	[ ]	[X]
4. Does the detainee pose a threat to property?	[ ]	[X]
5. Does the detainee pose a threat to security?	[ ]	[ ]
6. Is the detainee defiant towards authority?	[X]	[ ]
7. Is the detainee unwilling or unable to live in the general population?	[ ]	[ ]
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	[ ]	[ ]

If any of the above factors are marked "YES", the Inmate/Detainee must continue his/her existing status, unless the reporter determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	[X]	[ ]
2. Is the detainee exercising at least one hour daily, 5 days a week?	[X]	[ ]
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	[X]	[ ]
4. Is the detainee receiving daily visits from medical staff?	[X]	[ ]
5. Are the special housing officers signing and properly filling out the special housing unit record?	[X]	[ ]

Translation into the Spanish or other language provided by ____N/A__.

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. [ ] Signature_____N/A_____

I state that the initial reason for my placement in Protective Custody (PC) remains valid. I am requesting to remain on PC status. [ ] Signature_____N/A_____

Comments:___Inmate may be reviewed for reclassificatic (b)(6)(b)(7)(C)

For the reasons above, I recommend / I do not recommend removal from segregation status.

Security Captain signature:___(b)(6)(b)(7)(C)___Date/Time: 3/25/2022

Superintendent
(b) (6), (b) (7)(C)
Administrative Captain
(b) (6), (b) (7)(C)
Security Captain
(b) (6), (b) (7)(C)

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e-mail: (b)(6)(b)(7)(C) co.strafford.nh.us

Special Housing Status Review

On 25MAR2022, I, (b)(6)(b)(7)(C) conducted a formal review of the Special housing status of Inmate/Detainee (b)(6)(b)(7)(C) Permanent (b)(6)(b)(7)(C) who is presently in:
Protective Custody Status [ ] Other Administrative Segregation [X] Disciplinary Segregation []

Date Inmate/Detainee was placed in this status: 17MAR2022

Inmate/Detainee has been in this Segregation status for 0 days **(24 Hrs/72 Hrs/7 Days/Weekly/30 Days/60 Days/More)**

The following factors were reviewed with the results as indicated:	**YES**	**NO**
1. Does the reason for initial placement remain valid?	[X]	[ ]
2. Does the detainee pose a threat to himself/herself?	[ ]	[X]
3. Does the detainee pose a threat to others?	[X]	[ ]
4. Does the detainee pose a threat to property?	[ ]	[X]
5. Does the detainee pose a threat to security?	[X]	[ ]
6. Is the detainee defiant towards authority?	[X]	[ ]
7. Is the detainee unwilling or unable to live in the general population?	[X]	[ ]
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	[X]	[ ]

If any of the above factors are marked "YES", the Inmate/Detainee must continue his/her existing status, unless the reporter determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	[X]	[ ]
2. Is the detainee exercising at least one hour daily, 5 days a week?	[X]	[ ]
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	[X]	[ ]
4. Is the detainee receiving daily visits from medical staff?	[X]	[ ]
5. Are the special housing officers signing and properly filling out the special housing unit record?	[X]	[ ]

Translation into the Spanish or other language provided by N/A.

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. [ ] Signature N/A

I state that the initial reason for my placement in Protective Custody (PC) remains valid. I am requesting to remain on PC status. [ ] Signature N/A

Comments: Inmate may request a video visit through 1st shift supervisors Saturday or Sunday during regular visiting hours. Detainee may on rotation receive recreation in addition to standard tier time between 1200-1300 Hrs (or 1800-1900 Hrs if unable during first shift.) Inmate is authorized commissary/hygiene items, which are not to be shared with any disciplinary segregation inmates. These privileges apply only due to status under Administrative Segregation.

For the reasons above, I recommend / I do not recommend removal from segregation status.

(b)(6)(b)(7)(C)

Security Captain signature: _____ Date/Time: 25MAR2022

15 1628

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
059 578 551	(b)(6)(b)(7)(C)	Male	3-High	BOS	Strafford County Jail

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** 2/16/2022

3. **Date of Disciplinary Proceeding (If Applicable):**
on appeal

4. **Length of Disciplinary Sanction (If Applicable):**
Awaiting disciplinary board results

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☒ Disciplinary
☒ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On 2/16/2022, I, Correctional Officer (CO) (b)(6)(b)(7)(C) was assisting HPI serve chow. CO (b)(6)(b)(7)(C) entered Unit E with Officer (b)(6)(b)(7)(C) and noticed a piece of paper on the floor by cell EX2. The piece of paper was a note from non-citizen (b)(6)(b)(7)(C) who is housed in D-7 on administrative segregation status. The note was addressed to a "(b)(6)(b)(7)(C) It should be noted that this is a nickname for non-citizen (b)(6)(b)(7)(C) CO (b)(6)(b)(7)(C) took the note to Sgt. (b)(6)(b)(7)(C) who believed non-citizen (b)(6)(b)(7)(C) had recently been placed on report for passing notes. CO (b)(6)(b)(7)(C) and Sgt. (b)(6)(b)(7)(C) confirmed that non-citizen (b)(6)(b)(7)(C) was placed on report for passing notes by CO Carpenter on February 4th, 2022. Sgt. (b)(6)(b)(7)(C) instructed me to search non-citizen (b)(6)(b)(7)(C) cell and take all commissary items and property bin as he would be going back to Maximum Seg security status.

Did the detainee request segregation?

☐YES ☒NO

6. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

7. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

8. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

9. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

   ☐YES ☒NO

   Explain why or why not:

10. **Additional Comment:**

11. **Describe the detainee's immigration history and prior criminal history, if applicable:**

IMMIGRATION HISTORY:

(b)(6)(b)(7)(C) DOB (b)(6)(b)(7)(C) was encountered pursuant to his incarceration in the Massachusetts Department of Correction, MCI Cedar Junction, Walpole, Massachusetts. Subject was sentenced out of Suffolk Superior Court, Boston, Massachusetts, Assault and Battery Dangerous Weapon, Assault Dangerous Weapon, and Intimidation of a Witness, sentenced to serve 2-2 years 1-day, earliest release date, October 7, 2019.

Subject was offered the assistance of the DHS language line and declined, interview was conducted in the English language. Subject stated his full, true, and correct name is (b)(6)(b)(7)(C) born (b)(6)(b)(7)(C) Port Au Prince, Haiti. Subject stated he last entered the United States legally, October 17, 2007, through Miami,

Florida. Subject stated he is not sure what country he was a citizen of.

DERIVATION:

Subject stated his mother, (b)(6)(b)(7)(C) born (b)(6)(b)(7)(C) was born in and is a citizen of Haiti. Subject stated his mother has never been to the United States and is married to (b)(6)(b)(7)(C) 38 years of age, born in and a citizen of Haiti. Subject stated (b)(6)(b)(7)(C) is his stepfather, however never adopted. CIS was negative. Mother's information verified in Subject's A file.

Subject stated his father, (b)(6)(b)(7)(C) born (b)(6)(b)(7)(C) was born in and is a citizen of the United States. Subject stated he is unaware of his father's address because he has not lived with him since he was 16 years of age. Search in CIS shows (b)(6)(b)(7)(C) DOB (b)(6)(b)(7)(C) naturalized (b)(6)(b)(7)(C) Subject was 21 years of age when father naturalized.

Subject cannot derive citizenship, his mother is not a USC and his father naturalized after Subject was over the age of 18.

IMMIGRATION HISTORY:

-October 17, 2007, through Miami, Florida, lawful permanent resident, F12.

CRIMINAL HISTORY:

DATE: September 9, 2014
COURT: Suffolk Superior Court
CHARGE: Assault Dangerous Weapon
CONVICTION: Assault With Dangerous Weapon
SENTENCE: 2-2 years 1 day

DATE: September 9, 2014
COURT: Suffolk Superior Court
CHARGE: Intimidation of a Witness
CONVICTION: Intimidation of a Witness
SENTENCE: 2-2 years 1 day

MEDICAL:

Subject stated he has no medical or mental health issues and is not prescribed any medications.

MILITARY:

Subject has not served in any branch of the United States military.

CHILD CARE/CUSTODY:

Subject stated he has one daughter, (b)(6)(b)(7)(C) born in the United States, presently resides with her mother.

OTHER:

Subject stated he does not fear being returned to Haiti.

12. Reviewing Super (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Assistant Field Of

13. Date: 3/4/22

Superintendent
(b) (6), (b) (7)(C)
Administrative Captain
(b) (6), (b) (7)(C)
Security Captain
(b) (6), (b) (7)(C)

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Special Housing Status Review

On 09MAR2022, I, Captain(b)(6)(b)(7)(C) conducted a formal review of the Special housing status of Inmate/Detainee (b)(6)(b)(7)(C) Permanent (b)(6)(b)(7)(C) who is presently in:
Protective Custody Status [ ] Other Administrative Segregation [X] Disciplinary Segregation []

Date Inmate/Detainee was placed in this status: 09MAR2022

Inmate/Detainee has been in this Segregation status for 0 days (**24 Hrs/72 Hrs/7 Days/Weekly/30 Days/60 Days/More**)

The following factors were reviewed with the results as indicated:	**YES**	**NO**
1. Does the reason for initial placement remain valid?	[X]	[ ]
2. Does the detainee pose a threat to himself/herself?	[ ]	[X]
3. Does the detainee pose a threat to others?	[ ]	[X]
4. Does the detainee pose a threat to property?	[ ]	[X]
5. Does the detainee pose a threat to security?	[X]	[ ]
6. Is the detainee defiant towards authority?	[X]	[ ]
7. Is the detainee unwilling or unable to live in the general population?	[X]	[ ]
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	[ ]	[X]

If any of the above factors are marked "YES", the Inmate/Detainee must continue his/her existing status, unless the reporter determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	[X]	[ ]
2. Is the detainee exercising at least one hour daily, 5 days a week?	[X]	[ ]
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	[X]	[ ]
4. Is the detainee receiving daily visits from medical staff?	[X]	[ ]
5. Are the special housing officers signing and properly filling out the special housing unit record?	[X]	[ ]

Translation into the Spanish or other language provided by ____N/A__.

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. [ ] Signature_____N/A_____

I state that the initial reason for my placement in Protective Custody (PC) remains valid. I am requesting to remain on PC status. [ ] Signature_____N/A_____

Comments:___Inmate may request a video visit through 1st shift supervisors Saturday or Sunday during regular visiting hours. Detainee may on rotation receive recreation in addition to standard tier time between 1200-1300 Hrs (or 1800-1900 Hrs if unable during first shift.) Inmate is authorized commissary/hygiene items, which are not to be shared with any disciplinary segregation inmates. These privileges apply only due to status under Administrative Segregation.

For the reasons above, I recommend / I do not recommend removal from segregation status.

(b)(6)(b)(7)(C)

Security Captain signature:_____ Date/Time: 3/1/2022

~~015-1633~~

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[redacted]	Male	High	BOS	Plymouth County Correctional Facility

1. **Type of Notification:**

☒Special Vulnerability

☐14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** 11/30/2021

3. **Date of Disciplinary Proceeding (If Applicable):**
Pending

4. **Length of Disciplinary Sanction (If Applicable):**
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☒Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☒The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☐ Disciplinary
☒ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On November 30, 2021, (b)(6)(b)(7)(C) was removed from general population and housed in administrative segregation due to refusing his housing assignment.

6. **Did the detainee request segregation?**

☐YES ☒NO

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

☒YES ☐NO

If no, explain the area(s) of non-compliance:

N/A

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

☒YES ☐NO

If yes, provide a general description of the medical or mental issue:

Detainee is diagnosed with unspecified depressive disorder and unspecified anxiety disorder. (b)(6)(b)(7)(C) is prescribed psychiatric medication.

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

☐YES ☒NO

If yes, explain:

N/A

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

☐YES ☒NO

Explain why or why not:

This writer, (b)(6)(b)(7)(C) LICSW met with detainee (b)(6)(b)(7)(C) on December 1, 2021. The detainee presented as stable. Detainee (b)(6)(b)(7)(C) mood was euthymic with congruent affect. Detainee's thought process was organized, and goal directed and there was no evidence of psychosis. The detainee was purposeful in his behavior and his mental disorder did not have any impact on his behavior.

Additional Comment:

N/A.

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

06/09/2015: I-862 NTA served for alleged violation of INA 212(a)(6)(A)(i) and INA 212(a)(7)(A)(i)(I)

06/22/2015: Ordered removed to Honduras by an immigration judge in Hartford, CT (appeal waived)

08/14/2015: Removed to Honduras via ICE operated flight from Alexandria, LA

06/21/2016: Encountered by United States Border Patrol in Rio Grande City, TX and served I-871 Notice of Intent/Decision to Reinstate Prior Order

08/29/2016: Removed from the United States to Honduras via ICE operated flight from Houston, TX

01/11/2017: Encountered by United States Border Patrol in McAllen, TX and served I-871 Notice of Intent/Decision to Reinstate Prior Order

04/20/2017: Removed from the United States to Honduras via ICE operated flight from Houston, TX

10/29/2021: Arrested by ERO and served form I-871.

11/17/2021: TD received.

12/1/2021: Scheduled for removal on 12/07/2021.

CRIMINAL HISTORY:

Arrest Date: 06/04/2020
Arresting Agency: Enfield (CT) Police Department
Offense(s)/Statute(s): 1.) Larceny 6th Degree (C.G.S./P.A. No: 53a-125b)
Case Number: (b)(7)(E)
Disposition/Date/Court: Pending at Enfield (CT) Superior Court
Sentence: Pending

Arrest Date: 01/11/2017
Arresting Agency: United States Border Patrol - McAllen, TX
Offense(s)/Statute(s): 1.) Illegal Entry (8 U.S.C. 1325)
Case Number: Unknown
Disposition/Date/Court: 01/13/2017 at United States District Court for the Southern District of Texas
Sentence: 60 days jail

Arrest Date: 06/21/2016
Arresting Agency: United States Border Patrol - Rio Grande City, TX
Offense(s)/Statute(s): 1.) Illegal Entry (8 U.S.C. 1325)
Case Number: Unknown
Disposition/Date/Court: 06/22/2016 at United States District Court for the Southern District of Texas
Sentence: 45 days jail

Arrest Date: 04/05/2015
Arresting Agency: New Britain (CT) Police Department
Offense(s)/Statute(s): 1.) Interfering/Resisting (C.G.S./P.A. No: 53a-167a)
2.) Operating Under the Influence (C.G.S./P.A. No: 14-227a)
Case Number: (b)(7)(E)
Disposition/Date/Court: Pending at New Britain (CT) Superior Court
Sentence: Pending

Arrest Date: 08/27/2013
Arresting Agency: New Britain (CT) Police Department
Offense(s)/Statute(s): 1.) Assault 3rd Degree (C.G.S./P.A. No: 53a-61)
2.) Interfering/Resisting (C.G.S./P.A. No: 53a-167a)

ICE Review of Segregation Cases

Case Number: (b)(7)(E)
Disposition/Date/Court: 01/16/2014 at New Britain (CT) Superior Court
Sentence: 1 year jail (execution suspended after 6 months) with 2 years' probation each (consecutive)

11. Reviewing Super (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Assistant Field Of

12. Date: 12/1/2021

PLYMOUTH COUNTY SHERIFFS DEPARTMENT *PLYMOUTH COUNTY CORRECTIONAL FACILITY*

Special Management Unit

ICE Detainee Segregation Order

Date: 11/30/21 ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C) A-Number: [redacted]

Date Assigned to Unit: 11/30/21 Housing Assignment: GNW

Reason:

☐ Classified for Permanent Housing / Clasifido para el Albergue Permanente / Classifido para Alojamento Permanente

☑ Awaiting Disciplinary Action / La Acción Disciplinaria esperando / A ção Disciplinar esperando

☐ Pending Classification /La Clasificación pendiente / Classificacão pendente

☐ Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar

Start Date: _____ End Date: _____

☐ Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial

Date: _____ Time: _____

Comments:

_____

_____

_____

Signature: (b)(6)(b)(7)(C) Date: 11/30/21

☒ The detainee has refused to sign for his copy of the Segregation Order.

Signature: (b)(6)(b)(7)(C) Date: 11/30/21

Inmate Detainee's Signature of Receipt: X

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

Plymouth County Correctional Facility

Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
11/30/2021	11/30/2021	15:25

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) EDU **Housing Location:** GNW / 115 / 1
Location: C1 Officer **Reporting Officer:** (b)(6)(b)(7)(C)
Involvement:

Offense(s):

Code Number of Rule(s) Violated	Offense Type
02 - Violating any rule or regulation	Major
08 - Conduct which disrupts	Major
01D - Refusing a housing assignment	Major

Report Subject: Inmate Misconduct

Statement of Offense:

Sir,

On November 30th 2021, I Officer (b)(6)(b)(7)(C) was assigned to Unit C1 for the 1500- 2300 shift when an incident occurred resulting in the writing of this report.

At approximately 1525 hours, INS Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) entered Unit C1 from Booking. Detainee (b)(6)(b)(7)(C) was extremely upset about being housed in C1 on quarantine status. Detainee (b)(6)(b)(7)(C) stated he would rather be housed in Unit G than be housed in C1. Officer (b)(6)(b)(7)(C) asked him if he was refusing a housing assignment which he stated "Yes". We then directed Detainee (b)(6)(b)(7)(C) to the sallyport and called Lt. (b)(6)(b)(7)(C) to inform him of the situation. Detainee (b)(6)(b)(7)(C) was removed from the sallyport without issue.

EOR

Officer (b)(6)(b)(7)(C)

Reporting Officer: (b)(6)(b)(7)(C) **Shift Supervisor:** (b)(6)(b)(7)(C)
Signature **Signature**

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action _____ **Minor Sanction**_____ **Major Violation**_____

Referred to D.A. _____ **Investigation** _____ **Date Commenced**_____

Disciplinary Officer:

_____ _____
Signature **Date**

Reviewing Authority (print name): _____

2022-ICLI-00015 1639

DEPARTMENT OF HOMELAND SECURITY
ICE Health Service Corps

CLINICAL SEGREGATION DATA CHECKLIST

DETAINEE'S NAME: _____ ALIEN NUMBER: _____

FACILITY: _____ DATE: _____

Does the detainee have a Mental Health (MH) DSM-5 diagnosis? Choose One
If yes, please explain:

Does the detainee present with any active symptoms? Choose One
If yes, please explain:

Is the detainee receiving MH treatment?

- ☐ Psychotropic medications
- ☐ Other mental health meds
- ☐ Talk therapy (*Talk therapy is an alternate name for the various forms of psychotherapy that emphasize the importance of the client or patient speaking to the therapist as the main means of expressing and resolving issues*)
- ☐ *Other, Please Explain:*
- ☐ Case Management *(an on-going collaborative information-gathering and decision making process of assessment, planning, facilitation and advocacy for options and services to meet a client or patient's health needs through communication and available resources to promote quality outcomes)*

Is the detainee compliant with his/her treatment? Choose One

If the detainee is not compliant with psychotropic medications, has ICE attempted to obtain a court order for involuntary treatment in the last 3 months? Choose One
If no, please explain; if yes, results?

Is the detainee currently engaging in any dangerous or disruptive activity that would render his/her return to the general population a threat to the detainee or the safety/security of the facility? Choose One
If yes, please explain:

Would the detainee benefit from a higher level of care?

- ☐ Acute MH hospital
- ☐ Chronic MH hospital
- ☐ Chronic Therapeutic MH facility
- ☐ Krome Transitional Unit
- ☐ Detainee can be stabilized within the facility
- ☐ Current facility has the resources to meet detainee's MH needs
- ☐ Detainee cannot be moved from his/her currently facility due to legal/immigration issues

Please describe:

Is the detainee frequently followed up by medical personnel (other than MH)? Choose One
If yes, state frequency:

Is the detainee frequently followed up by MH personnel? Choose One
If yes, state frequency:

Has there been deterioration on the detainee's condition while in segregation? Choose One
If yes, please explain:

Is the detainee involved in activities while he/she is in segregation? Choose One

- ☐ Recreation (outside the cell)
- ☐ Books or reading material
- ☐ Television
- ☐ Therapeutic/Educational groups

Please describe:

Signature: (b)(6)(b)(7)(C) LICSW Date: _____

Plymouth County Sheriff's Department
Plymouth County Correctional Facility

ADMINISTRATIVE SEGREGATION ORDER

1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.

a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: *(ICE) DETAINEE* (b)(6)(b)(7)(C) **ID #:** (b)(6)(b)(7)(C)

Reason for Segregation	Location of Housing Assigned
Place an 'X' in the applicable box, articulate further information below.	*Place an 'X' in the applicable box, articulate further information below.*
☐ Pending Re-Classification	☒ Unit G
☒ Pending Disciplinary Review / Action	☐ Booking & Release Orientation
☐ Medical Watch / Mental Health Watch	☐ Medical
☐ Protective Custody / Housing / Enemy Issues	
☐ Suicide Watch	
☐ Other, list below	☐ Other: List below

Comments: *CONDUCT WHICH DISRUPTS*

2) Medical Officer (b)(6)(b)(7)(C) was notified at *1720* hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

☒ There were **NO** medical issues noted that would preclude placement in Administrative Segregation.

☐ There are existing medical issues requiring address, listed as follows:

Comments:

Shift Commander: CAPT (b)(6)(b)(7)(C) **Signature:** (b)(6)(b)(7)(C)

Date: *June 26, 2020* **Time:** *1720*

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 6/27/20 **Time:** 0715 (am / pm)

Comments: (b)(6)(b)(7)(C)

Superintendent or Designee:

A printed copy of this form must accompany all reports regarding this inmates placement in segregation.

PLYMOUTH COUNTY SHERIFF'S DEPARTMENT PLYMOUTH COUNTY CORRECTIONAL FACILITY

Special Management Unit

ICE Detainee Segregation Order

Date: 06/26/2020 ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C) A-Number:

Date Assigned to Unit: 06/26/2020

Housing Assignment: NE

Reason:
- ☐ Classified for Permanent Housing / Clasifido para el Albergue Permanente / Classifido para Alojamento Permanente
- ☒ Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- ☐ Pending Classification /La Clasificación pendiente / Classificação pendente

Comments: INSOLENCE / OUT OF PLACE

Signature: (b)(6)(b)(7)(C) Date: 26 Jun 2020

☐ The detainee has refused to sign for his copy of the Segregation Order.

Signature: _____ Date: _____
Staff Witness of Refusal

(b)(6)(b)(7)(C)

Inmate Detainee's Signature of Receipt: X _____

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

Plymouth County Correctional Facility

Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
06/26/2020	06/26/2020	17:20

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) **Housing Location:** GNE / 109 / 1
Location: DS3 Officer **Reporting Officer:** (b)(6)(b)(7)(C)
Involvement: Participant

Offense(s):

Code Number of Rule(s) Violated	Offense Type
04 - Being out of place	Major
08 - Conduct which disrupts	Major
01C - Insolence to staff	Major

Otr Inmates Involved:, No Housing Assign

Code Number of Rule(s) Violated	Offense Type
-	

Report Subject: Inmate Misconduct

Statement of Offense:

Sir,
On June 26, 2020 I was assigned to unit DS3 when an incident occured resulting in the removal of Boston ICE Detainee (b)(6)(b)(7)(C). Upon chow being completed for the unit I was monitoring the cell doors than still needed to be secured. I noticed cell DS405 was still showing open on my panel so I called over the room intercom to confirm both detainees were in there and ordered them to secure their cell door. I only recieved confirmation that there was one inmate in the cell when there should have been two.
Now that all the doors were reading secure in the unit I conducted a cell check round to locate the second detainee that was suppose to be housed in DS405. Opening each cell one at a time I finally came to cell DS406 and found three detainees in the cell when there was only suppose to be two. I asked who did not live in that cell and detainee (b)(6)(b)(7)(C) admitted to being out of place. I ordered (b)(6)(b)(7)(C) back to cell DS405 where he was suppose to be. I informed (b)(6)(b)(7)(C) he could not take it upon himself to be in other rooms while the dayrom was locked down. I also informed him of the dangers of not knowing where all detainees were at all times and that being out of place was an infraction that could result in his removal from the unit.
After reporting back to his room as I instructed him to I closed the door behind him and he felt it was necessary to boot the door. It was at this point I felt that (b)(6)(b)(7)(C) was no longer fit to stay in the unit for failire to follow unit rules as well as his uncalled for temper.
I then called via radio to Lt. (b)(6)(b)(7)(C) for the removal of detainee (b)(6)(b)(7)(C) Lt. (b)(6)(b)(7)(C) responded as well as Officers (b)(6)(b)(7)(C) l. Detainee (b)(6)(b)(7)(C) was reomoved from the unit with no further issues. Inmate (b)(6)(b)(7)(C) packed his own property and Officer (b)(6)(b) took possession.

Respectfully Submitted,
Officer (b)(6)(b)(7)(C)

Reporting Officer: (b)(6)(b)(7)(C) **Shift Supervisor:** (b)(6)(b)(7)(C)
Signature **Signature**

Disposition of Evidence:

Plymouth County Correctional Facility

Disciplinary Report

Incident ID (b)(7)(E)

Report Date	Incident Date	Incident Time
06/26/2020	06/26/2020	17:20

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name (b)(6)(b)(7)(C)
Location: DS3 Officer
Involvement: Participant

Housing Location: GNE / 109 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action _____ **Minor Sanction** _____ **Major Violation** _____

Referred to D.A. _____ **Investigation** _____ **Date Commenced** _____

Disciplinary Officer: _____ _____
Signature **Date**

Reviewing Authority (print name): _____

_____ _____
Signature **Date:**

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[redacted]	Male	3-High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

☐14-Day*
☐30-Day
☒Other 30-Day Interval:
60

2. Initial Date of Placement:
11/1/2020

3. Date of Disciplinary Proceeding (If Applicable):
11/5/2020

4. Length of Disciplinary Sanction (If Applicable):
5 days disciplinary detention (30 days suspended) 20 days disciplinary detention to serve

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On November 1, 2020, at approximately 12:10 p.m., a Plymouth County Correctional Facility officer assigned to ICE Unit DN-3 (level 3 offenders) observed two detainees (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) that appeared to be fighting. The officer issued an order to separate and both detainees complied. CERT officers responded and both detainees were placed in restraints without incident. Both detainees were evaluated by medical staff which determined that detainee (b)(6)(b)(7)(C) would be transported to Beth Israel Deaconess Hospital in Plymouth, MA for evaluation. Detainee (b)(6)(b)(7)(C) was treated for a laceration to his head and returned to the facility. (b)(6)(b)(7)(C) had no injuries and was cleared to be housed in Administrative Segregation pending a disciplinary board hearing. Review of security video determined that (b)(6)(b)(7)(C) was the aggressor and (b)(6)(b)(7)(C) did not throw any punches during the incident.

November 30, 2020 - PCCF has requested a transfer due to keep separate alerts in both ICE housing units. ICE is searching for bed space to facilitate the transfer.

December 31, 2020 – Still awaiting additional bed space for transfer request. Due to ongoing litigation and social distancing policies additional bed space in this AOR had not become available. Subject is schedule for removal in approximately two weeks.

Did the detainee request segregation?

☐YES ☒NO

6. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

7. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

8. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

9. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

   ☐YES ☒NO

   Explain why or why not:

10. **Additional Comment:** Case referred to district attorney. PCCF has requested a transfer due to keep separate alerts in both ICE housing units. ICE is searching for bed space to facilitate the transfer.

11. **Describe the detainee's immigration history and prior criminal history, if applicable:**

IMMIGRATION HISTORY:

01/03/2004 - admitted into US through Newark, NJ as an asylee.

02/28/2019 – Subject taken into ICE custody and served with Notice to Appear form I-862 served.

01/22/2020 – subject ordered excluded/deported/removed by an Immigration Judge.

02/24/2020 – subject files an appeal with the BIA.

11/17/2020 – BIA appeal currently pending.

11/19/2020 – BIA appeal dismissed.

CRIMINAL HISTORY:

Arraignment: 03/09/2018
Lowell District Court
Offense: Assault to Rape, Unarmed Robbery, Strangulation/Suffocation, B&E Daytime Felony, A&B Family/Household Member, A&B Dangerous Weapon - Wall
Disposition: 06/07/18 NP

Arraignment: 06/12/2017
Lawrence District Court
Offense: A&B Dangerous Weapon
Disposition: GUILTY 09/05/2018 2YR SS 09/04/20

Arraignment: 05/03/2017
Lawrence District Court
Offense: A&B Family/Household Member
Disposition: GUILTY 09/15/18 2 YR SS 09/04/20

Arraignment: 12/09/2016
Lowell District Court
Offense: Operating After Suspend Lic
Disposition: Fine

Arraignment: 09/28/2016
Lawrence District Court
Offense: Assault Dangerous Weapon
Disposition: Dismissed

Arraignment: 06/07/2016
Quincy District Court

Offense: Operating After Suspend Lic
Disposition: Dismissed

Arraignment: 04/12/2016
Quincy District Court
Offense: Operating After Suspend Lic
Disposition: Dismissed

Arraignment: 09/08/2015
Chelsea District Court
Offense: OUI
Disposition: CWOF VACATED G TERM

Arraignment: 02/08/2012
Montgomery County, OH Common Pleas Court
Offense: Grand Theft (Motor Vehicle)
Disposition: 5 years community controls and 12 months imprisonment

Arraignment: 02/08/2012
Montgomery County, OH Common Pleas Court
Offense: Assault
Disposition: 5 years community controls and 180 days imprisonment

Arraignment: 11/12/2011
Montgomery County, OH Common Pleas Court
Offense: Aggravated Burglary (Physical Harm)
Disposition: Dismissed

12. Reviewing Supervisory Officer: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) **13. Date:** _____

(A)Assistant Field Office Director

Incident ID: (b)(7)(E)

Informational Report

Report Date	Incident Date	Incident Time
11/01/2020	11/01/2020	12:10

Name/Event: (b)(6)(b)(7)(C) **Booking Number:** (b)(6)(b)(7)(C)
Incident Location: DN3 Officer **Housing Location:** GNE / 212 / 1

Persons Involved: (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)

Report Subject: Fight / Assault Inmate **Reporting Officer:** (b)(6)(b)(7)(C)

On 1 November 2020 I was the 3rd Floor Lieutenant when there was an assault in DN3. ICE inmate (b)(6)(b)(7)(C) assaulted ICE inmate (b)(6)(b)(7)(C) Officer Case was running chow when it appeared as though both inmates were fighting by the Kiosk. The Officer called a code one fight DN3 and made his way towards the fight while ordering the other inmates to step in. When he got to the fight inmate (b)(6)(b)(7)(C) was on the floor with blood all over his face and shirt. Inmate (b)(6)(b)(7)(C) had stopped punching inmate (b)(6)(b)(7)(C) so he ordered him away from the other inmate. CERT responded to the unit where handcuffs were applied to both inmates. Inmate (b)(6)(b)(7)(C) was taken out first, was escorted to Medical and then to Pod G. Inmate (b)(6)(b)(7)(C) was in the unit where Officers were tending to the inmates injury. Medical Officer (b)(6)(b)(7)(C) made her way to the 3rd floor and saw said inmate. He was then escorted to Medical where it was decided that he would go to the BI Jordan. When I spoke to him about what had happened he stated to me " I don't know what happened he just hit me fore no reason."

At this time I went to the IPS's Department and viewed tape of the fight. Inmate (b)(6)(b)(7)(C) is sitting eating lunch when (b)(6)(b)(7)(C) walks up behind him bends downs, appears to say something to him and then starts to hit inmate (b)(6)(b)(7)(C) in the face and head area repetitively. Inmate (b)(6)(b)(7)(C) does not throw a punch and after viewing the tape this is an assault by inmate (b)(6)(b)(7)(C) on (b)(6)(b)(7)(C) After viewing the tape with Sgt. (b)(6)(b)(7)(C) it was decided that inmate (b)(6)(b)(7)(C) appears to kick inmate (b)(6)(b)(7)(C) Due to this inmate (b)(6)(b)(7)(C) sneakers were confiscated (Control #(b)(7)(E)) on G Floor at 1225hrs.. Said inmate was brought to talk to me where I asked him if he spoke and understood English? He said he did speak and understand English. Due to this being an assault I read inmate (b)(6)(b)(7)(C) his Miranda Warnings and he signed. He did not want to talk to me about anything to do with the incident he was just involved in. As mentioned the inmates' sneakers were confiscated at this time. I then went to speak with inmate (b)(6)(b)(7)(C) prior to him leaving the facility. When questioned further about what had happened he stated that he had been trying to get out of that unit for weeks because the whole unit thought he was a pedophile. He stated that he was just sitting at chow when this inmate just came up and hit him. He also stated that last night at around headcount inmates came up to him about them thinking he was a pedophile. He stated to me that one of the inmates was the guy who had assaulted him today. It was at this time the inmate was going out to the Hospital. I will interview this inmate again when he comes back as to who else was involved with the incident last night at headcount. Keep a ways were placed between the inmates, all property was inventoried and signed for. BCI was also called to take pictures of the inmate and the unit.

[redacted]
Officer Name

(b)(6)(b)(7)(C)
FSC Name

Officer Signature **Date:**

Shift Supervisor: (b)(6)(b)(7)(C)

PLYMOUTH COUNTY SHERIFFS DEPARTMENT PLYMOUTH COUNTY CORRECTIONAL FACILITY

Special Management Unit

ICE Detainee Segregation Order

Date: 11/20/2020 ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C) A-Number:

Date Assigned to Unit: 11/20/2020 Housing Assigment: GUE 107

Reason:

[ ] Classified for Permanent Housing / Clasificado para el Alojamiento Permanente / Classificado para Alojamento Permanente

[ ] Awaiting Disciplinary Action / La Acción Disciplinaria espera / Ação Disciplinar esperando

[X] Pending Classification / La Clasificacion pendiente / Classificação pendente

[ ] Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar

Comments: DISCIPLINARY DETENTION TIME SERVED PENDING CLASSIFICATION DUE TO KEEP SEPERATE CONFLICTS CAN NOT BE MOVED TO POPULATION

Signature: (b)(6)(b)(7)(C) Date: 11/20/2020

[ ] Third Copy of the Segregation Order.

Signature: Date:

Staff Witness of Refusal

Inmate/Detainee's Signature of Receipt:

This form is to be completed by the Supervisor on duty at the time the I.C.E. Detainee is placed in the Special Management Unit.

Original: Inmate Record Folder Copy to Inmate / Detainee

PLYMOUTH COUNTY SHERIFF'S DEPARTMENT PLYMOUTH COUNTY CORRECTIONAL FACILITY

Special Management Unit

ICE Detainee Weekly Housing / 72 Hour Review Form

Date: 11/20/2020

ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C)

A-Number:

Date Assigned to Unit: 11/1/2020

Housing Assignment: CUE109

Type of Review: ☒ Weekly Housing Review ☐ 72 Hour Review

Other: PENDING WEEKLY REVIEW DUE TO KEEP SEPERATE CONFLICTS IN POPULATION

Reason:
- ☐ Classified for Permanent Housing / Clasifido para el Albergue Permanente / Classifido para Alojamento Permanento
- ☐ Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- ☐ Serving Sanction / La Sanción sirviendo / Sanção servindo

Actions Taken:
- ☒ Continue Housing in SMU / Continúe el Albergue en SMU / Continuo Alojamento em SMU
- ☐ Re-classify to General Population / Re-clasifique a la Población General / Re-classifique a População Geral

Comments: DISCIPLINARY DETENTION TIME SERVED. PENDING REVIEW / CLASSIFICATION DUE TO KEEP SEPERATE CONFLICTS CAN NOT BE MOVED TO POPULATION

Signatu (b)(6)(b)(7)(C) Date: 11/20/2020

Signatu Date: 11-20-2020

Inmate Detainee's Signature of Receipt (b)(6)(b)(7)(C)

Original: Inmate Records Folder Copy to Inmate / Detainee

Plymouth County Sheriff's Department
Plymouth County Correctional Facility

ADMINISTRATIVE SEGREGATION ORDER

1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.

   a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: *(ICE) INMATE* (b)(6)(b)(7)(C) **ID #:** (b)(6)(b)(7)(C)

Reason for Segregation	Location of Housing Assigned
Place an 'X' in the applicable box, articulate further information below.	*Place an 'X' in the applicable box, articulate further information below.*
[ ] Pending Re-Classification	[X] Unit G
[X] Pending Disciplinary Review / Action	[ ] Booking & Release Orientation
[ ] Medical Watch / Mental Health Watch	[ ] Medical
[ ] Protective Custody / Housing / Enemy Issues	
[ ] Suicide Watch	
[ ] Other, list below	[ ] Other: List below

Comments: *FIGHT WITH BARUZZO VIEIRA*

2) Medical Officer (b)(6)(b)(7)(C) was notified at *1210* hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

[X] There were **NO** medical issues noted that would preclude placement in Administrative Segregation.

[ ] There are existing medical issues requiring address, listed as follows:

Comments:

Shift Commander: (b)(6)(b)(7)(C) **Signatur**
ADS

Date: *November 1, 2020* **Time:** *1210*

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: *11/3/20* **Time:** *0730* (am) / **pm**

Comments: (b)(6)(b)(7)(C)

Superintendent or Designee:

A printed copy of this form must accompany all reports regarding this inmates placement in segregation.

PLYMOUTH COUNTY SHERIFFS DEPARTMENT PLYMOUTH COUNTY CORRECTIONAL FACILITY

Special Management Unit

ICE Detainee Segregation Order

Date: 11/01/2020 ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C) A-Number:

Date Assigned to Unit: 11/01/2020 Housing Assignment: ONE 212

Reason:

☐ Classified for Permanent Housing / Clasifido para el Albergue Permanente / Classifido para Alojamento Permanente

☒ Awaiting Disciplinary Action / La Acción Disciplinaria esperando/ Ação Disciplinar esperando

☐ Pending Classification /La Clasificación pendiente / Classificacão pendente

☐ Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar

Comments: _____

Signature: (b)(6)(b)(7)(C) Date: 11-01-2020

☑ The detainee has refused to sign for his copy of the Segregation Order.

Signature: _____ Date: _____

Staff Witness of Refusal

Inmate Detainee's Signature of Receipt: _____

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

150

PLYMOUTH COUNTY SHERIFFS DEPARTMENT PLYMOUTH COUNTY CORRECTIONAL FACILITY

Special Management Unit

ICE Detainee Segregation Order

Date: 11/5/2020 ID#: (b)(6)(b)(7)(C)

Name (b)(6)(b)(7)(C) A-Number

Date Assigned to Unit: 11/1/2020 Housing Assignment: GNE 212

Reason:

- ☐ Classified for Permanent Housing / Clasifido para el Albergue Permanente / Classifido para Alojamento Permanente
- ☐ Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- ☐ Pending Classification / La Clasificación pendiente / Classificacão pendente
- ☑ Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar

Comments: 20 Days Disciplinary Detention - credited 5 days DID; MUX 11/20/2020 (DID served from 11/1/20 - 11/20/20

Signature: (b)(6)(b)(7)(C) Date: 11-9-2020

Unit Supervisor

☐ The detainee has refused to sign for his copy of the Segregation Order.

Signature: _____ Date: _____

Staff Witness of Refusal

(b)(6)(b)(7)(C)

Inmate Detainee's Signature of Receipt:

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Wyatt

1. Type of Notification:

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. Initial Date of Placement: ____4/07/2020_____

3. Date of Disciplinary Proceeding (If Applicable):
_____ __4/10/2020_____

4. Length of Disciplinary Sanction (If Applicable):
_____ _____4/27/2020_____

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☒ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

☐YES ☒NO

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

Release date 4/27/2020

(b)(7)(E)

PART I. REPORT

Report No.

INMATE NAME	BOOKING NUMBER	DATE & TIME OF INCIDENT	PLACE OF INCIDENT
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	04/07/2020 / 10:10am	J2-Pod

HOUSING UNIT	DISCIPLINARY OFFENSE(S) CHARGED	OFFENSE CODE(S)
J2-Pod	Threats of creating or participating in a disturbance or demonstration/Attempt to commit, aid or make plans with another person to commit any above offense.	(A-23) (A-35)

SUMMARY OF INCIDENT

On Tuesday April 07, 2020, Major (b)(6)(b)(7)(C) received information that there were two detainees in J2-Pod that conspired in creating, organizing, and participating in a group demonstration that resulted in several detainees being placed on a "hunger strike". Detainee (b)(6)(b)(7)(C) was one of detainees that was identified for his involvement and potential position as the leader in the group "hunger strike".

SIGNATURE OF ISSUING EMPLOYEE	REPORT FILED DATE & TIME	EMPLOYEE NAME AND TITLE PRINTED
(b)(6)(b)(7)(C)	4/8/20 2:18pm	(b)(6)(b)(7)(C)

TIME SERVED: 4-8-20 6:44pm

Detainee placed on Administrative Detention pending Disciplinary Hearing: ☐ Yes ☐ No

Current Housing Assignment:

PART II. INFORMAL SANCTIONS

☐ 8 HOURS EXTRA DUTY ☐ 24 HOUR LOCKDOWN FROM: _____ TO: _____ ☐ 48 HOUR LOCKDOWN FROM: _____ TO: _____

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature	Date	Supervisor Signature	Date:

PART III. DISCIPLINARY HEARING

DETAINEE HAS BEEN GIVEN WRITTEN 24 HOUR NOTICE OF HEARING BY:	DATE & TIME	DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE: SIGNATURE	DATE & TIME
(b)(6)(b)(7)(C)	4/9/2020 935am		

TIME

HEARING: ☒ YES ☐ NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE _____ PRINT _____

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT.

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS: Separate Form ON DATE/TIME: 4/10/2020 135pm

STAFF ASSISTANCE REQUESTED: ☐ YES ☒ NO STAFF NAME & TITLE IF REQUESTED: _____

WITNESS REQUESTED: ☐ YES ☒ NO WITNESS NAME(S): _____

DETAINEE'S PLEA:

CHARGE #1: A-23 ☐ NOT GUILTY ☒ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #2: A-35 ☒ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

CHARGE #3: ☐ NOT GUILTY ☐ GUILTY ☐ GUILTY WITH EXPLANATION

DETAINEE SIGNATURE: _____

I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.

SUMMARY OF TESTIMONY: I participated but I didnot plane it

HEARING OFFICER CONCLUSION: Guilty Based on a preponderence of the evidence Reports and ~~no~~ Interview with Major (b)(6)(b)(7)(C) also detainees admission to A-23

CHARGE #1: A-23 ☐ NOT GUILTY ☒ GUILTY	CHARGE #2: A-35 ☐ NOT GUILTY ☒ GUILTY	CHARGE #3: _____ ☐ NOT GUILTY ☐ GUILTY
20 DAYS DISCIPLINARY SEGREGATION	20 DAYS DISCIPLINARY SEGREGATION	DAYS DISCIPLINARY SEGREGATION
0 DAYS SUSPENDED FOR 0 MONTHS	0 DAYS SUSPENDED FOR 0 MONTHS	DAYS SUSPENDED FOR _____ MONTHS

☒ I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO [illegible]'S. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.

(b)(6)(b)(7)(C) [illegible] THE DISCIPLINARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

(b)(6)(b)(7)(C) 4/10/2020 135pm

DSC WD (b)(6)(b)(7)(C) 4/10/2020 135pm

DATE & TIME

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT

INCIDENT REPORT #:

Time of Incident:	10:10am	**Date of Incident :**	04/07/2020	**Place Incident Occurred:**	J-2
Time of Report :	3:38pm	**Date of Report:**	04/07/2020		
Detainee Name :	Detainee (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C)			**Housing Unit:**	J-2
Codes & Subject:	(A-23) Threats of creating or participating in a disturbance or demonstration. (A-35) Attempt to commit, aid or make plans with another person to commit any of the above listed offenses.				
FROM:	Major (b)(6)(b)(7)(C)	**DEPARTMENT:**	Security		

On Tuesday April 7, 2020, I received information that there were two detainees in J-2 that were the ring leaders and organizers for the "hunger strike." Detainee (b)(6)(b)(7)(C) and Detainee (b)(6)(b)(7)(C) were identified. At approximately 10:10am, I ordered both detainees to be moved to the Restrictive Housing Unit, F-pod, pending investigation as they were identified as potential leaders in the weekend "hunger strike." END OF REPORT

Reporting Staff Signature: (b)(6)(b)(7)(C)

Supervisors Action Taken

Supervisor's Signature: **Date:**

Shift Commander's Review and Designation of Class and Type: ☐ **Class 1** ☐ **Class 2** ☒ **Class 3**

Type of Incident: H

INCIDENT REPORT #: _____

Comments/Action Taken: I Agree with action taken. (b)(6)(b)(7)(C)	
Date: 4/7/20	**Shift Commander Signature:**

24hr review **(Conducted by the oncoming Shift Commander or higher authority not involved in the incident)**			
Date:		**Time:**	
Comments/Action Taken: I read the report and based on the information received I agree with the action(s) taken.			
Approved ☑	**Denied** ☐	**Modified** ☐	
Shift Commander / or higher authority Signature: (b)(6)(b)(7)(C)			

Comments/Action Taken:
☐ **Class 3 incident – Wardens signature is not applicable.**
Major Signature:

Comments/Action Taken: (Class 1 or Class 2 Incidents – Class 3 if applicable)	
Date:	**Warden Signature:**

cc: _____

DONALD W. WYATT DETENTION FACILITY
Investigation Report

INCIDENT REPORT #:

Time of Incident:	**10:10pm**	**Date of Incident:**	**4/07/20**	**Place Incident Occurred:**	**J2-Pod**

Time of Report :	**5:51pm**	**Date of Report:**	**04/07/20**
Time Investigation Started :	**4:33pm**	**Date Investigation Started:**	**4/08/20**

Detainee Name :	(b)(6)(b)(7)(C)	**Housing Unit:**	**J2-Pod**
Detainee Name :	(b)(6)(b)(7)(C)		

Discipline Codes:	**(A-23) Threats of creating or participating in a disturbance or demonstration**
	(A-35) Attempt to commit, aid or make plans with another person to commit
	any of the above listed offenses.

Investigating Officer:	**Sergeant** (b)(6)(b)(7)(C)	**Department:**	**Security**

On Tuesday April 07, 2020, Major (b)(6)(b)(7)(C) **received information that there were two detainees in J2-Pod that conspired in creating, organizing, and participating in a group demonstration that resulted in several detainees being placed on a "hunger strike". Detainee** (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) **and Detainee** (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) **were the detainees identified. At approximately 10:10am, Major** (b)(6)(b)(7)(C) **ordered both detainees to be removed from the unit, and moved to Restrictive Housing. Pending investigation due to their potential involvement and position as leaders in this weekends "hunger strike".**

Photos secured? ☐ **Yes - How many?** ☐ **No**	**Video secured?** ☒ **Yes** ☐ **No Type (circle one): DVR or Handheld**
Description of contraband and/or weapon(s):	
Date/Time logged into evidence: N/A	

Detainee Witness #1	(b)(6)(b)(7)(C)	**SID#**	(b)(6)(b)(7)(C)

Statement: Detainee (b)(6)(b)(7)(C) admitted to his involvement, and participation in the group demonstration. He stated that he was not the person who instigated or lead the demonstration. He did not speak to the media, but was only trying let ICE and US Marshalls aware of the pandemic in order to be released, so that he can take care of his medically ailing parents. It has nothing to do with Being detained at the Wyatt Detention Facility, the staff at the Wyatt has been great, and we just want the government to be aware.			
Detainee Witness #2	(b)(6)(b)(7)(C)	**SID#**	(b)(6)(b)(7)(C)
Statement: Detainee (b)(6)(b)(7)(C) stated that he wasn't involved in the group demonstration, but provided commissary to the detainees who were participating. Detainee (b)(6)(b)(7)(C) later recanted his statement stating that he participated in the "hunger strike" for his own personal reasons that has nothing to do with the cause or concerns of the other detainees participating. He wanted to make ICE, along with federal officials, and judges aware that their proceedings are on stand still due to Covid19. Their release has been suspended. Furthermore they he is not a federal inmate, but immigration and has served his time.			
Detainee Witness #3	(b)(6)(b)(7)(C)	**SID#**	(b)(6)(b)(7)(C)
Statement: Detainee (b)(6)(b)(7)(C) stated that he doesn't believe both detainee that are being accused of being ring leaders. He also stated that they were in it together united and no one was the leader.			
Officer Statement #2	**N/A**		
Investigator Conclusion: Statement: Investigator Conclusion: After reviewing all the information provided it was concluded that Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and Detainee (b)(6)(b)(7)(C) (SID#(b)(6)(b)(7)(C) was in violation of facility rules and regulations and will receive a Disciplinary Ticket (A-23) Threats of creating or participating in a disturbance or demonstration. (A-35) Attempt to commit, aid or make plans with another person to commit any of the listing above.			
Time Investigation Completed:	**06:1pm**	**Date Investigation Completed:**	**04/08/20**
Investigating Supervisor Signature:	(b)(6)(b)(7)(C)		

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	4-7-2020	**Time:**	10:15am	XAM PM	**IR Number:**	
Incident Class:	☐ 1 ☐ 2 ☑ 3		**Type: H**			
Incident Location:					**Housing Unit:**	J2-Pod
Prepared By:	Sergeant (b)(6)(b)(7)(C)				**Title:**	Sergeant

Narrative:	Pending Investigation

On Tuesday April 7, 2020 at approximately 10:10am I Sergeant (b)(6)(b)(7)(C) was instructed by Captain (b)(6)(b)(7)(C) to remove two Detainees out of the J-2-Pod housing unit. At approximately 10:15am I approached cell J2-2 and directed Detainee (b)(6)(b)(7)(C) to step out of the cell and ordered him to put his hands behind his back so wrist restraints could be applied onto him. Once in wrist restraints Detainee (b)(6)(b)(7)(C) was escorted to the J1-J2 Pod Sally Port where ankle restraints were applied onto him and medical assessment took place. Then Sergeant (b)(6)(b)(7)(C) took over escorting Detainee (b)(6)(b)(7)(C) I returned to the unit and approached cell 41 where I instructed Detainee (b)(6)(b)(7)(C) Sid#(b)(6)(b)(7)(C) to step out of his cell and put his hands behind his back so the wrist restraints could be applied. I then assisted in escorting Detainee (b)(6)(b)(7)(C) the J1-J2 Sally Port where ankle restraints were applied and medical assessment took place. Once Detainee was cleared to be housed in F-Pod per medical I assisted in escorting Detainee (b)(6)(b)(7)(C) to F-Pod bottom shower where an unclothed search was conducted with the result of no contraband found. End Of Report.

Reporting Employee Signature. (b)(6)(b)(7)(C) **Title:** Sergeant

Date: 4/7/20 **Time** 11:00 XAM PM **Type:** ☑ Individual ☐ Summary

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	4/7/20	**Time:**	10:15AM	☑AM ☐PM	**IR Number:**	
Incident Class:	☐ 1 ☐ 2 ☑3			**Type:** H		
Incident Location:	J2-Pod				**Housing Unit:**	J2-Pod
Prepared By:	Officer (b)(6)(b)(7)(C)				**Title:**	Correctional Officer

Narrative:	Lockdown Placement

On April 7, 2020 I Officer (b)(6)(b)(7)(C) was posted as 133 New Side Escort Officer. At approximately 10:15AM I was instructed by my shift supervisor Sergeant (b)(6)(b)(7)(C) to remove two Detainees from J2-Pod housing unit for placement on lockdown status. At that time I activated my body camera and I then reported to Cell J2-2 and placed hand restraints on Detainee (b)(6)(b)(7)(C) (SID#(b)(6)(b)(7)(C) and escorted Detainee (b)(6)(b)(7)(C) to the J1-J2 sallyport where I applied leg restraints and at that time the escort of the inmate was taken over by Sergeant (b)(6)(b)(7)(C) I then reported to cell J2-41 with Sergeant (b)(6) (b)(7)(C) and placed hand restraints on Detainee (b)(6)(b)(7)(C) (SID#(b)(6)(b)(7)(C) I then escorted Detainee (b)(6)(b)(7)(C) to the J1/J2 sallyport where I applied leg restraints and Health Services Unit staff member (b)(6)(b)(7)(C) conducted a lockdown assessment on Detainee (b)(6)(b)(7)(C) Once Detainee (b)(6)(b)(7)(C) was cleared for lockdown placement I assisted Sergeant (b)(6) in escorting Detainee (b)(6)(b)(7)(C) to F-Pod where I removed Detainee (b)(6)(b)(7)(C) leg restraints in the unit bottom tier shower. Once leg restraints where removed Detainee (b)(6)(b)(7)(C) was secured in the shower where I removed Hand restraints and deactivated my body camera in order for a unclothed search to be conducted. The unclothed searched yielded no contraband being found and Detainee (b)(6)(b)(7)(C) was then escorted to F-Pod Cell 8 where Detainee (b)(6)(b)(7)(C) was then housed. No further involvement in the incident. ///END OF REPORT///

Reporting Employee Signature: (b)(6)(b)(7)(C) **Title:** Correctional Officer

Date: 4/7/20 **Time: 11:10AM** ☑ AM ☐ PM **Type:** ☑ Individual ☐Summary

DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	4-7-2020	**Time:**	10:15	☑AM ☐PM	**IR Number:**	
Incident Class:	☐ 1 ☐2 ☒3	**Type: H**				
Incident Location:	J2-Pod				**Housing Unit :**	J2
Prepared By:	Sergeant (b)(6)(b)(7)(C)				**Title:**	Sergeant

Narrative:	Pending Investigation

On April 7, 2020 at approximatley 10:15am, I, Sergeant (b)(6)(b)(7)(C) was directed to report to J2-Pod. Once in J2-Pod, I was directed to assist with the removal of two detainees. I then assisted with escorting Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) out of the unit and escorted to F-Pod where an unclothed search was conducted. He was then place in F-7 cell where he will remain pending investigation. End of report.

Reporting Employee: Sergeant (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) **Title: Sergeant**

Date: 4-7-2020 **Time: 10:41** ☒AM ☐ PM **Type:** ☐ Individual ☐ Summary

DONALD W. WYATT DETENTION FACILITY

INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	4/7/20	**Time:**	10:15	☑AM ☐PM	**IR Number:**	
Incident Class:	☐ 1 ☐ 2 ☒3			**Type:**		
Incident Location:	J2			**Housing Unit:**	J2	
Prepared By:	Officer (b)(6)(b)(7)(C)			**Title:**	Correctional Officer	

Narrative:	Pending Investigation

On April 7, 2020, I, Officer (b)(6)(b)(7)(C) was posted as 132 New Side Escort Officer. At approximately 10:15am, I was dispatched to assist in removing two Detainees from J2-Pod. At this time, I assisted in removing Detainee (b)(6)(b)(7)(C) SID# (b)(6)(b)(7)(C) from J2-Pod to F-Pod due to pending investigation. Prior to Detainee (b)(6)(b)(7)(C) exiting the unit, a medical assessment was conducted. Upon entering F-Pod, Detainee (b)(6)(b)(7)(C) was subjected to unclothed search by Sergeant (b)(6)(b)(7)(C) which is procedure when a detainee is being locked down. No contraband was found. No other info to report at this time. End of Report//////

(b)(6)(b)(7)(C)

Reporting Employee Signature: Officer (b)(6)(b)(7)(C) **Title:** Correctional Sergeant

Date: 4/7/20 **Time: 10:40am** ☒ AM ☐ PM **Type:** ☑ Individual ☐Summary

DONALD W. WYATT DETENTION FACILITY
ADMINISTRATIVE DETENTION PLACEMENT ORDER

TO: Captain (b)(6)(b)(7)(C), Shift Commander

FROM: Sergeant (b)(6)(b)(7)(C)

RE: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 4-7-20

(Print Detainee Name) I.D.# Date

	The above named detainee is being recommended/referred to restrictive housing for the following reason(s):
☐	A new commitment that has been recommended for Administrative Detention (A/D) upon written order of the detainee's committing agency. (**Provide explanation below and attach any supporting documentation**)
☐	A general population detainee that has been recommended for Administrative Detention (A/D) upon written order of the detainee's committing agency. (**Provide explanation below and attach any supporting documentation**)
☐	New commitment pending review for Preventative Segregation (P/S). (Commitment paperwork and/or intelligence reflects high profile and/or violent)
✓	Is pending investigation for violation of facility rules, regulations or criminal acts and his/her continued presence in general population poses a serious threat to life, property, self, staff, other detainees, or the security or orderly operation of the facility.
☐	Is pending review for placement in Protective Custody (P/C).
☐	Has been placed in Protective Custody (P/C).
☐	Is pending review for placement in Preventative Segregation (P/S).
☐	Has been placed in Preventative Segregation (P/S).
☐	Has been placed in Transitional Segregation (T/S) pending transfer to another facility.
☐	Has been placed on Dry Cell Observation.
☐	ICE ONLY - Detainee has been housed in Restrictive Housing for medical reasons.

The above named detainee's presence in general population poses a serious threat to life, property, self, other detainees, security and/or orderly operation of the facility because: (Explain in as much detail as possible. A memorandum detailing the reason for placement may be attached in lieu of describing the specific incident in this section.)

Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) is being housed in the Restrictive Housing Unit Pending Investigation.

****MEDICAL REVIEW****		
Medical Staff Notified By:	Sgt (b)(6)(b)(7)(C)	
Name of Medical Staff Member:	R/N	
Restrictive Housing Unit Placement Health Assessment Form Completed:	✓Yes	☐No

Shift Commander's Approval:	(b)(6)(b)(7)(C)	Date:	4-7-20	Time:	11:00am
On Coming Shift Commander's Review:		Date:	4-7-20	Time:	1:00pm
Detainee given a copy of this form: ☐Yes ☐No If no, why not:		Date:		Time:	

ICE Detainee Only

Appendix B

J-2

DONALD W. WYATT DETENTION FACILTY
SEGREGATION PLACEMENT HEALTH ASSESSMENT FORM

Detainee Name (First Last, First Initial): (b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	DOB: 4/30/80
Notified By (Print Name/Title): (b)(6)(b)(7)(C) LPN		Date/Time Notified: 4/7/20 10:20 AM

☑ Health Record Reviewed:

Any Known Active Medical Diagnosis? (Do not include specific diagnosis)	☐Yes	☑No
Medical Concerns	☐Yes	☑No
If yes, describe concern: _____		
History of MH or Psychiatric Diagnosis? (Do not include specific diagnosis)	☐Yes	☑No
Active Mental Health Diagnosis? (Do not include specific diagnosis)	☐Yes	☑No
Suicide Ideations? If yes, circle one: History/Current	☐Yes	☑No
Suicide Attempts? If yes, circle one: History/Current	☐Yes	☑No
Most Recent Suicide Attempt (mode/date): _____		
History of Self Injurious Behavior	☐Yes	☑No
If yes, describe: _____		
Most Recent Self-Injurious Behavior (type/date): _____		
Homicidal Ideations? If yes, circle one: History/Current	☐Yes	☑No
Other Mental Health concerns?	☐Yes	☑No
If yes, describe: _____		
ADA Needs/Accommodations:	☐Yes	☑No

Disposition:

☑ Cleared for (b)(6)(b)(7)(C) me.

☐ Requires Fu [redacted] Follow-Up place on: (check one)

☐ Sui[redacted] 15 Minute Watch

☐ Concerns: _____

☐ Medical or [redacted] ted? ☐Yes ☐No

☐ Shift Comm[redacted]

Medical Staff: (b)(6)(b)(7)(C) Title: LPN Date/Time: 4/7/20 10:20 AM

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for

(b)(6)(b)(7)(C)

Booked: 07/27/2018

Incident ID: (b)(7)(E)
Name: (b)(6)(b)(7)(C)
Booking Number: [redacted]
Report Date: 08/10/2018 **Incident Date:** 08/10/2018
Incident Time: 11:14
Location: HOC- 8 00 4
Event Type: DISCIPLINARY
Report Subject: FORMAL
Reporting Officer: [redacted]
Persons Involved: (b)(6)(b)(7)(C)

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
3C/ Disruptive behavior	Formal		
8A/ Destruction of Property	Formal		
7B/ Lying to staff	Formal		
15/ Violation of rules	Formal		
3E/ Possession of Weapon	Formal		

Initial Report:

I, Officer [redacted] assigned to the 8-4 unit have the following to report: At approximately 9:50 A.M. on Friday August 10, 2018, D/T [redacted] #[redacted] returned to me a razor that was handed to him at about 9:00 A.M. Upon closer examination of the razor I discovered the blade was removed, and detainee concealed the removed blade with a silver colored paper strip. I immediately notified my supervisor, LT. [redacted] Detainee was questioned about the missing blade, but first claimed he dropped it in the bathroom and could not find it. Detainee was ordered to go back to the bathroom and look for it. Detainee reappeared holding the blades. Blades were collected and placed in evidence bag #[redacted] sealed and given to Lt. [redacted] along with this report. Detainee [redacted] was thereafter removed from 8-4 unit to 1-4-2 unit without any incident.

Reporting Staff: (b)(6)(b)(7)(C) _____
SIGNATURE

Reporting Staff: (b)(6)(b)(7)(C) _____ (b)(6)(b)(7)(C) _____ **Position:** C.O.1
PRINT (FIRST) PRINT (LAST)

☐ *INMATE REFUSED INFORMAL SANCTION*

☐ Oral warning ☐ Written reprimand
☐ Restricted movement 24 48 72 (*circle one*) ☐ Loss of visits for 72 hrs
☐ Susp. From detail 24 48 72 (*circle one*) ☐ Loss of canteen for 72 hrs
☐ Loss of phone for 72 hrs ☐ Referred to Classification

BEGIN:_____ AM PM ON _____
END:_____ AM PM ON _____

INMATE SIGNATURE DATE

☐ *FORMAL HEARING REQUESTED* ☐ *REFER TO S.I.D.*

Inmate offered informal sanction Yes (No) (*circle one*)

(b)(6)(b)(7)(C) 8.10.18
Date

(b)(6)(b)(7)(C) 8/10/18
Shift C *s* Date

Lt 8/12/18
Discipl *nature* Date

2022-ICLI-00015 1667

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for

(b)(6)(b)(7)(C)

Booked: 09/03/2018

Incident ID: (b)(7)(E)
Name: (b)(6)(b)(7)(C)
Booking Number: (b)(6)(b)(7)(C)
Report Date: 09/13/2018 **Incident Date:** 09/13/2018 **Incident Time:** 20:10
Location: HOC- 8 00 2 **Event Type:** DISCIPLINARY
Report Subject: FORMAL **Reporting Officer:** (b)(6)(b)(7)(C)
Persons Involved: (b)(6)(b)(7)(C)

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
15/ Violation of rules	Formal		
7A/ Disobey order	Formal		
3C/ Disruptive behavior	Formal		

Initial Report:

On Thursday, September 13, 2018 at approximately 8:10pm I Deput(b)(6)(b)(7)(C) did observe 2 detainees argueing inside dayrom #2. As I approached dayroom #2, I witnessed detainee (b)(6)(b)(7)(C) #(b)(6)(b)(7)(C) grabbing the T.V. with both hands, before raising his hands towards detainee (b)(6)(b)(7)(C) immediately positioned myself between the two detainees and ordered them to stop arguing and seperate. The two detainees began to seperate and detainee (b)(6)(b)(7)(C) engaged again. Detainee (b)(6)(b)(7)(C) began to yell louder and took his shirt off as he stepped back into detainee (b)(6)(b)(7)(C) personal space. Detainees (b)(6)(b)(7)(C) both were dismissing any and all of my secondary orders given by me to seperate and stop yelling. Both detainees refused to comply with my orders and were causing a escalating disturbance with the unit during recreation.

(b)(6)(b)(7)(C)

Reporting Staff: _____
SIGNATURE

Reporting Staff: (b)(6)(b)(7)(C) **Position:** CO1
PRINT (FIRST) PRINT (LAST)

☐ *INMATE REFUSED INFORMAL SANCTION*

☒ *FORMAL HEARING REQUESTED* ☐ *REFER TO S.I.D.*

(b)(6)(b)(7)(C) No *(circle one)*

☐ Oral warning ☐ Written reprimand

☐ Restricted movement 24 48 72 *(circle one)* ☐ Loss of visits for 72 hrs

☐ Susp. From detail 24 48 72 *(circle one)* ☐ Loss of canteen for 72 hrs

☐ Loss of phone for 72 hrs ☐ Referred to Classification

9/13/18
Date

BEGIN: _____ AM PM ON _____
END: _____ AM PM ON _____

9/13/18
Date

_____ _____
INMATE SIGNATURE DATE

7/14/19
Date

2022-ICLI-0001

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for
(b)(6)(b)(7)(C)

Booked: 09/03/2018

Incident ID: (b)(7)(E)
Name: (b)(6)(b)(7)(C)
Booking Number: (b)(6)(b)(7)(C)
Report Date: 09/18/2018 **Incident Date:** 09/18/2018 **Incident Time:** 02:47
Location: HOC- 1 04 2 **Event Type:** DISCIPLINARY
Report Subject: FORMAL **Reporting Officer:** (b)(6)(b)(7)(C)
Persons Involved: (b)(6)(b)(7)(C) **Disposition:** Remain in Unit Pending Discipline Hearing

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
3B/ Blocking Door, Window, Camera	Formal		
7A/ Disobey order	Formal		
3C/ Disruptive behavior	Formal		

Initial Report:

On Tuesday, September 18th, 2018 at approximately 2:42AM, I officer (b)(6)(b)(7)(C) have the following the report. While conducting a cell check, ICE Detainee,(b)(6)(b)(7)(C) was covering his entire cell window with a towel. Detainee (b)(6)(b)(7)(C) was advised and ordered to remove the towel so I could physical see him. Detainee (b)(6)(b)(7)(C) refused to take the towel down because he didn't want the flashlight being shined in his room. Again, I ordered Detainee (b)(6)(b)(7)(C) to remove the towel to which he refused all orders. LT (b)(6)(b)(7)(C) notified. SERT 1 (b)(6)(b)(7)(C) responded removing the towel from the window and all belongings for Detainees (b)(6)(b)(7)(C) safety. Nothing Further to report.

(b)(6)(b)(7)(C)

Reporting Staff: _____

Reporting Staff: (b)(6)(b)(7)(C) _____ (b)(6)(b)(7)(C) _____ **Position:** CO1
PRINT (FIRST) SIGNATURE PRINT (LAST)

☐ *INMATE REFUSED INFORMAL SANCTION*

☐ Oral warning ☐ Written reprimand
☐ Restricted movement 24 48 72 *(circle one)* ☐ Loss of visits for 72 hrs
☐ Susp. From detail 24 48 72 *(circle one)* ☐ Loss of canteen for 72 hrs
☐ Loss of phone for 72 hrs ☐ Referred to Classification

BEGIN: _____ AM PM ON _____
END: _____ AM PM ON _____

_____ _____
INMATE SIGNATURE DATE

☒ *FORMAL HEARING REQUESTED* ☐ *REFER TO S.I.D.*

Inmate offered informal sanction Yes (No) *(circle one)*

(b)(6)(b)(7)(C) 9-18-18
Date

9/11/18
Date

_____ 9/18/18
Disciplinary Officer's Signature Date

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for

(b)(6)(b)(7)(C)

Booked: 09/03/2018

Incident ID: (b)(7)(E)
Name: (b)(6)(b)(7)(C)
Booking Number: (b)(6)(b)(7)(C)
Report Date: 09/18/2018 **Incident Date:** 09/18/2018 **Incident Time:** 07:45
Location: HOC- 1 04 2 **Event Type:** DISCIPLINARY
Report Subject: FORMAL **Reporting Officer:** (b)(6)(b)(7)(C)
Persons Involved: (b)(6)(b)(7)(C) **Disposition:** Remain in Unit Pending Discipline Hearing

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
3C/ Disruptive behavior	Formal		
7A/ Disobey order	Formal		
8A/ Destruction of Property	Formal		

Initial Report:

While assigned to the1-4-2 unit on Tuesday September 18, 2018 during the 6:45-3:15 shift, I deputy (b)(6)(b)(7)(C) have the following to report.
At approximately 7:45am while conducting security rounds, ICE Detainee (b)(6)(b)(7)(C) began urinating out of his cell (cell 6) onto my department issued boots. I ordered detainee (b)(6)(b)(7)(C) to stop urinating, he refused my orders and continued to urinate out of his cell. Operations was notified. SERT immediately responded to the unit. His actions clearly disrupted the orderly running of the unit.

(b)(6)(b)(7)(C)

Reporting Staff: _____
SIGNATURE

Reporting Staff: (b)(6)(b)(7)(C) **Position:** C/O
PRINT (FIRST) LAST)

☐ *INMATE REFUSED INFORMAL SANCTION*

☐ Oral warning ☐ Written reprimand
☐ Restricted movement 24 48 72 (*circle one*) ☐ Loss of visits for 72 hrs
☐ Susp. From detail 24 48 72 (*circle one*) ☐ Loss of canteen for 72 hrs
☐ Loss of phone for 72 hrs ☐ Referred to Classification

BEGIN: _____ AM PM ON _____
END: _____ AM PM ON _____

INMATE SIGNATURE DATE

☑ *FORMAL HEARING REQUESTED* ☐ *REFER TO S.I.D.*

Inmate offered informal sanction Yes (No) (*circle one*)

(b)(6)(b)(7)(C) 9/18/18
Date
9/18/18
Date
9/20/18
Disciplinary Officer's Signature Date

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for

(b)(6)(b)(7)(C) **Booked: 09/03/2018**

Incident ID: (b)(7)(E)
Name: (b)(6)(b)(7)(C) **Booking Number** (b)(6)(b)(7)(C)
Report Date: 09/18/2018 **Incident Date:** 09/18/2018 **Incident Time:** 08:40
Location: HOC- 1 04 2 **Event Type:** DISCIPLINARY
Report Subject: FORMAL **Reporting Officer** (b)(6)(b)(7)(C)
Persons Involved: (b)(6)(b)(7)(C)

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
1G/ Self Mutilation- Attempted Suici	Formal		
15/ Violation of rules	Formal		

Initial Report:

On Tuesday September 18, 2018 while assigned as the Building One Supervisor I Lieutenant (b)(6)(b)(7)(C) have the following to report. At approximately 8:40 am I responded to a radio call for an unresponsive inmate in unit 1-04-2 cell #6. Upon arrival I observed Ice Detainee (b)(6)(b)(7)(C) sitting towards the back of the cell with what I believed to be a white t-shirt tied around his neck. Cell door #6 was opened and Lieutenant (b)(6)(b)(7)(C) and Officer (b)(6)(b)(7)(C) responded into the cell and he briefly resisted staffs attempts to remove the ligiture.

(b)(6)(b)(7)(C)

Reporting Staff: _____ _____
SIGNATURE

Reporting Staff: (b)(6)(b)(7)(C) **Position:** LT.
PRINT (FIRST) PRINT (LAST)

☐ *INMATE REFUSED INFORMAL SANCTION*

☐ Oral warning ☐ Written reprimand
☐ Restricted movement 24 48 72 (*circle one*) ☐ Loss of visits for 72 hrs
☐ Susp. From detail 24 48 72 (*circle one*) ☐ Loss of canteen for 72 hrs
☐ Loss of phone for 72 hrs ☐ Referred to Classification

BEGIN: _____ AM PM ON _____
END: _____ AM PM ON _____

_____ _____
INMATE SIGNATURE DATE

☑ *FORMAL HEARING REQUESTED* ☐ *REFER TO S.I.D.*

Inmate offered informal sanction Yes (No) *(circle one)*

(b)(6)(b)(7)(C) ___ 9/18/18 Date

___ 9/18/18 Date

Disciplinary Officer's Signature ___ 9/20/18 Date

To: ADS (b)(6)(b)(7)(C)

From: Captain (b)(6)(b)(7)(C)

Date: September 18th, 2018

Re: ICE Detainee (b)(6)(b)(7)(C)

On Sept. 18th, at 8:45 am I authorized SERT Supervisor Lt. (b)(6)(b)(7)(C) to use the restraint chair to control ICE Detainee (b)(6)(b)(7)(C).

The Detainee was in segregation unit 1-4-2. He had disrupted to unit multiple times over the following shifts, generating reports. At 8:30 am unit officer (b)(6)(b)(7)(C) was conducting random security rounds and found Detainee (b)(6)(b)(7)(C) unresponsive with a ligature around his neck.

SERT Supervisor Lt. (b)(6)(b)(7)(C) responded with support staff and rendered care to the Detainee. Detainee (b)(6)(b)(7)(C) then became assaultive toward staff and I authorized the use of the restraint chair for the control and safety of the detainee and staff.

At 10:40 am, now in the Medical unit, Detainee (b)(6)(b)(7)(C) was taken out of the restraint chair and cleared by Medical staff.

Respectfully Submitted,

(b)(6)(b)(7)(C)

SUFFOLK COUNTY SHERIFF'S DEPARTMENT

Incident Report

September 18, 2018

To: Captain (b)(6)(b)(7)(C)

From: Lieutenant (b)(6)(b)(7)(C)

Re: Ice Detainee (b)(6)(b)(7)(C)

Sir,

On Tuesday September 18, 2018 while assigned as the Building One Supervisor I Lieutenant (b)(6)(b)(7)(C) have the following to report. At approximately 8:30 am I responded to a radio call for an unresponsive inmate in unit 1-04-2 cell #6. Upon arrival I observed Ice Detainee (b)(6)(b)(7)(C) sitting towards the back of the cell with what I believed to be a white t-shirt tied around his neck. Cell door #6 was opened and Lieutenant (b)(6)(b)(7)(C) and Officer (b)(6)(b)(7)(C) attempted to remove the ligature from his neck. Detainee (b)(6)(b)(7)(C) began resisting their attempts to remove it. Force was used by Lieutenant (b)(6)(b)(7)(C) and Officer (b)(6)(b)(7)(C) to remove the t-shirt. Officer (b)(6)(b)(7)(C) also responded into the cell and assisted placing him in restraints. During this incident Ice Detainee (b)(6)(b)(7)(C) continued to yell "Send me back to my country." He also yelled "blood of Jesus, I want to die."

Once under control Sert Officers (b)(6)(b)(7)(C) secured Detainee (b)(6)(b)(7)(C) in the restraint chair for his personal safety. This use of force was supervised by Lieutenant (b)(6)(b)(7)(C) and video recorded by Officer (b)(6)(b)(7)(C). After being secured in the restraint chair he was escorted out of the unit into the hallway.

Respectfully Submitted

(b)(6)(b)(7)(C)

Lieutenant (b)(6)(b)(7)(C)

SUFFOLK COUNTY SHERIFF'S DEPARTMENT

Incident Report

September 18, 2018

To: Captain (b)(6)(b)(7)(C)

From: Lieutenant (b)(6)(b)(7)(C)

Re: Ice Detainee (b)(6)(b)(7)(C)

Sir,

On Tuesday September 18, 2018 while assigned as the Building One Supervisor I Lieutenant (b)(6)(b)(7)(C) have the following to report. At approximately 7:45 am I responded to a disruptive inmate called via radio in unit 1-04-2 cell #6. Upon arrival I was informed by unit Officer (b)(6)(b)(7)(C) that Ice Detainee (b)(6)(b)(7)(C) was kicking his cell door and refused orders to stop. He also urinated out of his cell onto the dayroom floor.

It should be noted that this detainee was issued a disciplinary report on the 11pm to 7am shift at approximately 2:42am. Discipline report #(b)(6)(b)(7)(C) states that Detainee (b)(6)(b)(7)(C) covered his cell door window and refused orders to remove it. Sert responded and cooperatively removed his property from his cell.

Once Sert Supervisor Lieutenant (b)(6)(b)(7)(C) arrived on scene at approximately 7:46 am, he was cooperatively restrained through the cell trap door and removed from his cell. All remaining items were removed from his cell in an attempt to restore order in the unit. The water to cell #6 was turned off and Detainee (b)(6)(b)(7)(C) was advised that any further disruptive behavior could result in being secured in the restraint chair. He was placed back in his cell and the restraints were removed without further incident.

Respectfully Submitted

(b)(6)(b)(7)(C)

Lieutenant (b)(6)(b)(7)(C)

To: Captain (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)

From: Lieutenant (b)(6)(b)(7)(C)

Date: September 18, 2018

Re: Detainee (b)(6)(b)(7)(C)

On Tuesday, September 18, 2018, at approximately 8:45am, Detainee (b)(6)(b)(7)(C) (#(b)(6)(b)(7)(C) was secured inside the Emergency Restraint Chair due to his continuous violent, aggressive, disruptive and harmful behavior.

At approximately 7:40am, SERT Personnel and I responded to the 142 Segregation Unit due to a radio transmission of a disruptive inmate. Upon my arrival to the unit, Lieutenant (b)(6)(b)(7)(C) (Building One Supervisor) reported to me that Detainee (b)(6)(b)(7)(C) disruptive behavior has been escalating over the past few hours (two Formal Disciplinary Reports submitted).

On Monday September 17, 2018, at approximately 8:10 pm, Detainee (b)(6)(b)(7)(C) was moved from the 82 Detainee Housing Unit to the 142 Segregation Unit for engaging in an altercation with another detainee and disruptive behavior (Formal Disciplinary Report submitted)..

On Tuesday, September 18, 2018, at approximately 2:45am, Detainee (b)(6)(b)(7)(C) covered the cell door window with a towel and disobeyed all orders to remove the obstruction. As a result, his property items were temporarily removed from the cell in an attempt to restore order and prevent any further disruptive behavior (Formal Disciplinary Report submitted).

On Tuesday, September 18, 2018, at approximately 7:35am, Detainee (b)(6)(b)(7)(C) deliberately urinated underneath the cell door into the dayroom area and began continuously disrupting the orderly running of the housing unit by yelling, "Blood of Jesus!" while banging and kicking the cell door. As a result, the water to the cell was turned off and Detainee (b)(6)(b)(7)(C) was advised that if he continued with his disruptive behavior that he would be secured inside the Restraint Chair (Formal Disciplinary Report submitted). ***It should be noted that the unit officers were directed to turn the water on as needed (to discard human waste and provide drinking water).***

On Tuesday, September 18, 2018, at approximately 8:40am, SERT Personnel and I responded to the 142 Segregation Unit due to a radio transmission of an unresponsive inmate. Upon arrival to the unit, Officer (b)(6)(b)(7)(C) (unit officer) directed us to cell #6 where I observed Detainee (b)(6)(b)(7)(C) leaning against the cell wall in a seated/slumped over position with what appeared to be a white t-shirt tightly fastened around his neck as a makeshift ligature.

I initially attempted to visually evaluate his condition from outside the cell to the best of my ability to determine if his life was in imminent danger (by shaking the cell door and yelling his first name "(b)(6)(b)(7)(C) Inmate (b)(6)(b)(7)(C) body remained motionless and I was unable to determine if he was breathing.

In response, I immediately ordered the unit officers to open the door and we entered the cell to assess the situation. When I attempted to remove the ligature from his neck he became combative by violently swinging his arms and legs in the direction of staff. It is unknown if he was attempting to assault staff or merely detached from his surroundings and disoriented. Deputy (b)(6)(b)(7)(C) and I gained control of his flailing extremities (arms) and forcefully directed him into a prone position (face down) on the cell floor. Seconds later, Deputy (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) entered the cell and gained control of his flailing lower extremities (legs) and secured them in a Figure Four Leg Lock (to prevent kicking). Once in this position and under control, I cut the ligature off his neck with a department issued safety cutter.

Following this, Detainee (b)(6)(b)(7)(C) was breathing adequately and began aggressively screaming, "Send me back to my country, just let me die or I will kill you motherfuckers, blood of Jesus!" I ordered Detainee (b)(6)(b)(7)(C) to stop resisting the security staff and to cease with his violent, aggressive and harmful behavior, which he disobeyed. Due to his continuous violent, aggressive, disruptive and harmful behavior, he was secured inside the Restraint Chair for his own personal safety as well as the staff's safety (the Shift Commander and the Building One Supervisor were notified). Nurse (b)(6)(b)(7)(C) confirmed that Detainee (b)(6)(b)(7)(C) had no medical contraindications preventing placement into the Restraint Chair.

At approximately 8:45am, a video archive commenced to document the incident as if unfolded. While Deputy Ford (b)(6)(b)(7)(C) videotaped the incident, Deputy (b)(6)(b)(7)(C), Deputy (b)(6)(b)(7)(C) and I properly secured him inside the Restraint Chair. After being secured inside the Restraint Chair, Nurse (b)(6)(b)(7)(C) conducted an initial medical evaluation of his condition (no treatment necessary). Detainee (b)(6)(b)(7)(C) was transported from the 142 unit to the 621 Medical Housing Unit in the Restraint Chair. Within fifteen minutes per department policy, Nurse (b)(6)(b)(7)(C) conducted a secondary medical evaluation of his condition with the same diagnosis (before being secured inside cell #9 of the 621 unit).

At approximately 10:40am, Detainee (b)(6)(b)(7)(C) stated on camera that he was willing to comply with the rules and regulations of the department to myself and Mental Health Clinician (b)(6)(b)(7)(C). Shortly thereafter, he was removed from the Restraint Chair. After he was removed from the Restraint Chair, the handcuffs and leg-irons were cooperatively removed and he was "Strip Searched" for contraband (nothing discovered).

In closing, Nurse (b)(6)(b)(7)(C) conducted a final medical evaluation of his condition (no treatment was necessary); and all staff promptly exited the cell and the handcuffs were removed through the cell trap door without further incident. (The incident was documented on digital media card #81).

Be advised, the makeshift ligature (t-shirt) was secured inside a brown paper Evidence Bag for evidentiary purposes.

Suffolk County Sheriff's Department

Incident Report

To : Lt. (b)(6)(b)(7)(C)
From : Sgt. (b)(6)(b)(7)(C)
Date : September 18, 2018
Re : Use of Force on D/T (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

On the above date at approximately 8:30 am I did witness D/T (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) being placed in the restraint chair in the 142 unit. D/T (b)(6)(b)(7)(C) was found with a t-shirt tied around his neck in cell #6 and had become assaultive and resistive to staff when the t-shirt was removed. Therefore he was placed in the restraint chair by SERT personell (Officers (b)(6)(b)(7)(C)).

Respectfully Submitted
(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department

Incident Report

To: Lieutenant (b)(6)(b)(7)(C) Bldg.1 Supervisor
From: Sergeant (b)(6)(b)(7)(C)
Date: Tuesday, September 18, 2018
Re: ICE D/t (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Sir,

While assigned as the Building #1 Unit Supervisor (floors 8 to 11) I have the following to report, At approximately 8:30am Sgt. (b)(6)(b)(7)(C) and I responded to the 142 unit for a unresponsive inmate in the unit. ICE #2 D/t (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) cell # 6 was observed with a t-shirt around his neck. When SERT (Lt. K. (b)(6)(b)(7)(C) Deputy (b)(6)(b)(7)(C) entered his cell to remove the ligature D/t (b)(6)(b)(7)(C) became combative and resisted and keep yelling "blood of Jesus " Because for his actions D/t (b)(6)(b)(7)(C) was placed in the restrain chair by Deputies (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) and removed from the unit without further incident.

Respectfully Submitted,

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department
Incident Report

To: Lt. K (b)(6)(b)(7)(C)
From: C/O (b)(6)(b)(7)(C)
Date: September 18, 2018
Subject: Dt. (b)(6)(b)(7)(C) #(b)(6)(b)(7)(C)

On September 18, 2018 while on duty as the SERT 2 Officer I Deputy (b)(6)(b)(7)(C) have the following to report:

At @829am I did respond to the 1-4-2 unit cell #6 for an unresponsive inmate call via radio transmission. Upon arrival with you (Lt. (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) #(b)(6)(b)(7)(C) was unresponsive to several of your orders to get up off the floor and come to the door. Said detainee had tied his t-shirt around his neck.

Per your (Lt. (b)(6)(b)(7)(C) order we entered cell #6. As we attempted to gain control of dt. (b)(6)(b)(7)(C) he began to resist by flailing his arms and kicking his legs in my direction, screaming, "Fuck Jesus I wanna die! I wanna go back to my country!" Lt. (b)(6)(b)(7)(C) and I were able to gain control of said detainee's upper and lower torso and turn him over onto his stomach. Officer (b)(6)(b)(7)(C) entered the cell and gained control of dt. (b)(6)(b)(7)(C) kicking legs and we were then able to apply handcuffs behind the back as well as leg irons. Once restrained you (Lt. (b)(6)(b)(7)(C) did remove the t-shirt tied tightly around said detainee's neck with the safety cutter.

Per your (Lt. (b)(6)(b)(7)(C) order officer (b)(6)(b)(7)(C) and I then placed said detainee in the restraint chair. He was then medically evaluated and cleared to remain in the chair by Rn. (b)(6)(b)(7)(C). Dt. (b)(6)(b)(7)(C) was then escorted to the Medical Housing Unit cell #9.

At @1040am Officer (b)(6)(b)(7)(C) and I did remove said detainee from the restraint chair without incident. He was medically evaluated and cleared by RN (b)(6)(b)(7)(C) and remains the MHU cell #9. Nothing further to report.

Respectfully Submitted,
(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department

Incident Report

TO: (b)(6)(b)(7)(C)

FROM: CO (b)(6)(b)(7)(C)

DATE: 9.18.18

Re: Itn (b)(6)(b)(7)(C)

Sir at Approx 8:29am I did respond to the 142 unit of a unresponsive inmate cell #6, as I entered cell #6 I did see (b)(6)(b)(7)(C) resisting (b)(6)(b)(7)(C) by kicking his feet, flailing his arms & attempting to get to his feet, as this time I gained control of (b)(6)(b)(7)(C) legs & placed leg irons on, after gaining control of (b)(6)(b)(7)(C) with handcuffs & leg irons (b)(6)(b)(7)(C) did cut the tee shirt off that was wrapped around his neck, (b)(6)(b)(7)(C) was then placed in the restraint chair, & the escorted to the infirmary & placed in cell #9 at Approx. 10:40am (b)(6)(b)(7)(C) was removed from the restraint chair without further incident.

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department
Incident Report

To: (b)(6)(b)(7)(C)

From: Deputy (b)(6)(b)(7)(C)

Date: September 18, 2018

Subject: Detainee (b)(6)(b)(7)(C)

While assigned to SERT 3 at approximately 830 I responded to the 1-4-2 unit for an "unresponsive inmate". As I entered the unit I was ordered by Lt. (b)(6)(b)(7)(C) to retrieve the restraint chair from the fourth floor ready room. I proceeded to the fourth floor and myself and Deputy (b)(6)(b)(7)(C) retrieved the restraint chair and video camera. Once back in the 1-4-2 unit I assisted in placing Detainee (b)(6)(b)(7)(C) into the restraint chair and transporting him to the medical housing unit (6-2-1 cell 9)

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department

Incident Report

TO: (b)(6)(b)(7)(C)

FROM: C/O (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

DATE: 9-18-18

Re: (b)(6)(b)(7)(C)

While assigned TO Sect # 1 I C/O (b)(6)(b)(7)(C) DID video tape P/T (b)(6)(b)(7)(C) be placed in the restraint chair. P/T (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was placed in the Restraint chair because He was trying to Harm himself and assault staff. the said P/T was placed in the chair By C/O (b)(6)(b)(7)(C) C/O (b)(6)(b)(7)(C) + C/O (b)(6)(b)(7)(C) the said P/T was then cleared By (b)(6)(b)(7)(C) to Remain in the chair. the said P/T was then transported to IHF placed in cell # 9 and cleared By medical again (b)(6)(b)(7)(C) At 10:40 am L.T. (b)(6)(b)(7)(C) asked the said P/T IF He would comply He said "yes". the said P/T was then removed From the Restraint chair and cleared By medical. the cell Door was then closed handcuffs Removed.

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Suffolk County HOC

1. Type of Notification:

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. Initial Date of Placement: ____9/13/2018_____

3. Date of Disciplinary Proceeding (If Applicable):
_____ __9/17/2018_____

4. Length of Disciplinary Sanction (If Applicable):
_____ ____27 _____

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☐ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☒ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

Subject was placed on a Mental Health watch for 6 days. Prior to being in ICE Custody he spent three months in Bridgewater State and was treated for schizophrenia. He refuses to take medication in Suffolk because he does not think he is mentally ill. The incident he had in Suffolk was a behavioral problem. He urinated on the floor to get attention.

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

ICE Review of Segregation Cases

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:
The subject fought another detainee and was disruptive.
Subject was disruptive and disobeyed staff.Subject blocked door and Staff.
Subject was placed on Mental Health watch for 6 Days.

13. Reviewing Supervisory Officer **15. Date: 10/02/2018**_____

14. A.FOD(b)(6)(b)(7)(C)_____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	High	BOS	Strafford County HOC

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** ____11/13/2018_____

3. **Date of Disciplinary Proceeding (If Applicable):**
_____ __11/15/2018_____

4. **Length of Disciplinary Sanction (If Applicable):**
_____ _____10 Days_____

*This form is necessary for a detainee in segregation for more than 14 days only if:
- ☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- ☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- ☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

- ☒ Disciplinary
- ☐ Pending Investigation of Disciplinary Violation
- ☒ Facility Security: Violent or Disruptive Behavior
- ☐ Facility Security: Due to Seriousness of Criminal Conviction
- ☐ Facility Security: Gang Member Status (Not Protective Custody)
- ☐ Facility Security Threat: Other
- ☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
- ☐ Protective Custody: Gang Status
- ☐ Protective Custody: Victim of Sexual Assault
- ☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
- ☐ Protective Custody: Other Special Vulnerability
- ☐ Protective Custody: Other
- ☐ Mental Illness
- ☐ Medical: TB or Other Infectious Diseases
- ☐ Medical: Disabled or Infirm
- ☐ Medical: Detox/Withdrawal Observation
- ☐ Medical: Other
- ☐ Hunger Strike
- ☐ Suicide Risk Placement
- ☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue: Per DI (b)(6)(b)(7)(C) Florence Detention Center ICE Health Service Corps (IHSC) psychologist, (b)(6)(b)(7)(C) has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment: Detainee has since been moved out of segregation on 11/30/2018 to a general population unit.**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    The subject threatened a corrections officer by motioning that he was going to cut the officer's throat.

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Officer:** **14. Date:** 11/30/18

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for

(b)(6)(b)(7)(C)

Booked: 09/13/2018

Incident ID: (b)(7)(E)
Name (b)(6)(b)(7)(C)
Report Date: 11/24/2018 **Incident Date:** 11/24/2018
Location: HOC- 8 00 2
Report Subject: FORMAL
Persons Involved: (b)(6)(b)(7)(C)

Booking Number: (b)(6)(b)(7)(C)
Incident Time: 04:45
Event Type: ASSAULT
Reporting Officer: (b)(6)(b)(7)(C)

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
1B/ ASSAULT INMATE	Formal		
3E/ Possession of Weapon	Formal		
8C/ Contraband	Formal		
14/ Attempt to commit crime	Formal		

Initial Report:

On Saturday, November 24, 2018 I Officer (b)(6)(b)(7)(C) have the following to report. While on duty in Unit 8-2, at approximately 4:40am Detainee (b)(6)(b)(7)(C)) (who occupies the bottom middle bunk of cell (#09)) allegedly grabbed a book from the top bunk (above him) and pulled what was described as a sharp object from book and proceeded to lunge at his cellmate, Detainee (b)(6)(b)(7)(C)) in an attempt to stab him with the object. The item was recvovered during a targeted cell search. Be advised, Detainee (b)(6)(b)(7)(C) admitted ownership of the property on the top and bottom middle bunks.

Reporting Staff: (b)(6)(b)(7)(C)
PRINT (FIRST)

Reporting Staff: (b)(6)(b)(7)(C) **Position:** C.O.
PRINT (LAST)

☐ *INMATE REFUSED INFORMAL SANCTION*

☐ Oral warning
☐ Restricted movement 24 48 72 *(circle one)*
☐ Susp. From detail 24 48 72 *(circle one)*
☐ Loss of phone for 72 hrs
☐ Written reprimand
☐ Loss of visits for 72 hrs
☐ Loss of canteen for 72 hrs
☐ Referred to Classification

BEGIN:_____ AM PM ON _____
END:_____ AM PM ON _____

INMATE SIGNATURE DATE

☒ *FORMAL HEARING REQUESTED* ☐ *REFER TO S.I.D.*

Inmate offered informal sanction Yes (No) *(circle one)*

(b)(6)(b)(7)(C) 11-24-18
Supervisor's Signature Date

(b)(6)(b)(7)(C) 11/24/18
Date

11/25/18
Disciplinary Officer's Signature Date

SUFFOLK COUNTY SHERIFF'S DEPARTMENT
INCIDENT REPORT

TO: Captain (b)(6)(b)(7)(C)
FROM: Lieutenant (b)(6)(b)(7)(C)
DATE: Saturday, November 24, 2018
RE: Special Housing Request

Sir:

On Saturday, November 24, 2018 while on duty in Building Eight, I, Lieutenant (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) have the following to report.

At approximately 4:40 am, I was summoned to Unit 8-2 by Unit Officer (b)(6)(b)(7)(C) who stated she had a Detainee who was requesting protective custody. Upon my arrival I observed Detainee (b)(6)(b)(7)(C)) who is housed in cell (#09) sitting in the dayroom appearing visibly shaken. Upon Inquiry Detainee (b)(6)(b)(7)(C) informed me that he snores very loud at night and this disrupts his cellmates. He alleged that his cellmates yelled over to him demanding him to stop snoring. At which point, Detainee (b)(6)(b)(7)(C) (bottom middle bunk) "stood up from his bunk, grabbed a book that was placed on the empty bunk above him and took what appeared to be a sharp object out of the book. He further stated that at that point he wrapped a blanket around his arm for protection. Detainee (b)(6)(b)(7)(C) then lunged at him in an attempt to stab him however his other cellmates all yelled (in Spanish) for him to stop. Detainee (b)(6)(b)(7)(C) then ceased his attempted assault and went back to bed. Detainee (b)(6)(b)(7)(C) stated that he is sorry he snores but there is nothing he can do and he is in fear for his life and cannot live in the unit. He requested SHU placement (see attached Security Placement Form.) and was subsequently cooperatively escorted by Sert Officers (b)(6)(b)(7)(C) to Unit 1-4-1 cell (#10).

Due to the nature of the allegation and security threat, I requested a targeted cell search of cell (#09) be conducted to search for the possible weapon. Sert Supervisor Sergeant (b)(6)(b)(7)(C) was notified and responded to the Unit with Officers (b)(6)(b)(7)(C) . The following cell occupants were ordered to exit the cell and face the wall:

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

All were cooperatively pat searched (nothing of significance recovered). During the search of cell (#09) Officer (b)(6)(b)(7)(C) did recover a book from the top middle bunk as described by the alleged victim, Detainee (b)(6)(b)(7)(C) During the search of the book Officer (b)(6)(b)(7)(C) recovered what appeared to be part of a broken nail clipper and possible alleged weapon. The items were placed in evidence bag (# (b)(6)(b)(7)(C)

As Detainee (b)(6)(b)(7)(C)) was identified as the alleged assailant and identified his property to be on the top and bottom middle bunk, he was subsequently cooperatively handcuffed and escorted to Unit 1-3-1 cell (#08) Awaiting Action.

Respectfully,

(b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)	M	Med/High	BOS	Strafford County HOC

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** ____11/30/2018_____

3. **Date of Disciplinary Proceeding (If Applicable):**
_____12/3/2018_____

4. **Length of Disciplinary Sanction (If Applicable):**
_____30 Days_____

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☒ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: Subject was caught trying to hide a handcuff key in his mouth during transport by Strafford County Deputies transporting him from Strafford County to Burlington and back on 11/30/2018.

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment:**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**

13. **Reviewing Supervisory Office** (b)(6)(b)(7)(C) **14. Date:** 12/26/18

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Suffolk County HOC

1. **Type of Notification:**

   ☒14-Day*
   ☐30-Day
   ☐Other 30-Day Interval:
   _____

2. **Initial Date of Placement:** ____1/14/2019_____

3. **Date of Disciplinary Proceeding (If Applicable):**
   _____ _1/22/2019_____

4. **Length of Disciplinary Sanction (If Applicable):**
   _____ ___ 20 Days _____

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☐ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☒ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    The subject was responsible in breaking a window in a transport vehicle and concealing glass to be used as a weapon.

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Offic** **15. Date: 1/29/2019**

14. A.FOD (b)(6)(b)(7)(C)

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Booked: 01/14/2019

Incident ID: (b)(7)(E)
Name: (b)(6)(b)(7)(C)
Booking Number: (b)(6)(b)(7)(C)
Report Date: 01/14/2019 **Incident Date:** 01/14/2019 **Incident Time:** 14:10
Location: HOC- ICE **Event Type:** DISCIPLINARY
Report Subject: FORMAL **Reporting Officer:** (b)(6)(b)(7)(C)
Persons Involved: (b)(6)(b)(7)(C)

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes

Initial Report: 3C/Disruptive behavior, 3E/Possession of Weapons / 3C/Contraband, 3A/Destruction of Property

On January 14, 2019 at approximately 1:05pm, ICE detainee (b)(6)(b)(7)(C) did destroy the Plexiglas wndow of an ICE transport vehicle by kicking it in. The above mentioned Detainee did also conceal a large piece of the afore mentioned Plexiglas in his trousers. The glass was recovered by ICE Agents (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) Upon his arrival to the HOC, Detainee (b)(6)(b)(7)(C) cooperated with searching and booking procedures and complied with all orders.

Reporting Staff: (b)(6)(b)(7)(C) SIGNATURE

Reporting Staff: (b)(6)(b)(7)(C) PRINT (FIRST) (b)(6)(b)(7)(C) PRINT (LAST) **Position:** CO 4

☐ *INMATE REFUSED INFORMAL SANCTION*

(b)(6)(b)(7)(C)

☐ *REFER TO S.I.D.*

☐ Oral warning
☐ Written reprimand
☐ Restricted movement 24 48 72 (*circle one*)
☐ Loss of visits for 72 hrs
☐ Susp. From detail 24 48 72 (*circle one*)
☐ Loss of canteen for 72 hrs
☐ Loss of phone for 72 hrs
☐ Referred to Classification

~~No~~ (*circle one*)

1/14/2019 Date

BEGIN: _____ AM PM ON _____
END: _____ AM PM ON _____

1/14/2019 Date

INMATE SIGNATURE DATE

Disciplinary Officer's Signature

1/15/19 Date

To: Capt. (b)(6)(b)(7)(C)

From: Lt. (b)(6)(b)(7)(C)

RE: ICE D/T (b)(6)(b)(7)(C)

Date: January 14, 2019

Sir, on the above date during the 7-3 shift, I, Lt. (b)(6)(b)(7)(C) (SERT Supervisor) have the following to report. At approximately 1:15pm I received a report of a combative ICE detainee being transported to the HOC from Chelsea district court. Preliminary reports suggested the above mentioned detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) did kick the Plexiglas window out of an ICE vehicle during the transport. As the agents and the detainee were nearing the HOC, I deployed SERT officers (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) to building 8. Upon arrival of the ICE transportation team and the above mentioned detainee, I was informed by ICE Agents (b)(6)(b)(7)(C) that D/T (b)(6)(b)(7)(C) did, in fact, damage the ICE vehicle by kicking out the window. The agents further related to me that D/T (b)(6)(b)(7)(C) concealed a large piece of Plexiglas and concealed it which was recovered by the above mentioned Agents prior to their arrival. Upon first contact with Detainee (b)(6)(b)(7)(C) I explained the booking procedure and asked him if he was going to cooperate. He agreed. Based on this information received, I suggested to Captair (b)(6)(b)(7)(C) that a probable cause strip search be conducted on this Detainee. After permission was received, the strip search was conducted by the above mentioned SERT Officers without incident. Detainee (b)(6)(b)(7)(C) was booked and placed in unit 8-1 pending medical evaluation. A disciplinary report has been filled based on the report received by ICE.

Respectfully Submitted

(b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2	BOS	Suffolk County HOC

1. **Type of Notification:**

☐14-Day*
☒30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** ____1/27/2019_____

3. **Date of Disciplinary Proceeding (If Applicable):**
_____ __1/30/2019_____

4. **Length of Disciplinary Sanction (If Applicable):**
_15 + 17=_____ ____32_____

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☐ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☒ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    The subject fought another detainee and was disruptive.
    Subject also wrote an obscene letter to a Suffolk case officer and forged his name.

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Off** **15. Date: 2/26/2019**

14. A.FOD (b)(6)(b)(7)(C)

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for

(b)(6)(b)(7)(C)

Booked: 06/15/2018

Incident ID: (b)(7)(E)
Name: (b)(6)(b)(7)(C)
Report Date: 01/28/2019 **Incident Date:** 01/27/2019
Location: HOC- 8 00 4
Report Subject: FORMAL
Persons Involved: (b)(6)(b)(7)(C)

Booking Number: (b)(6)(b)(7)(C)
Incident Time: 11:20
Event Type: ASSAULT
Reporting Officer: (b)(6)(b)(7)(C)

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
1B/ ASSAULT INMATE	Formal		
1H/ Fight Inmate	Formal		
3C/ Disruptive behavior	Formal		
15/ Violation of rules	Formal		

Initial Report:

On Sunday January 27th, while assigned to the 8-4 unit, on the 11-7 shift, I Officer (b)(6)(b)(7)(C) have the following to report: At approximately 11:20pm I did hear a loud commotion coming from the bathroom area. At this time I did observe Detainees (b)(6)(b)(7)(C) exchanging closed fist punches to the head and torso area via the bathroom cameras located at the officers panel. I immediately notified operations of a fight in progress. I officer (b)(6)(b)(7)(C) then entered the bathroom area where both combatants had already been separated by other detainees using the bathroom. At this time, SERT personnel entered the 8-4 unit and placed D/T (b)(6)(b)(7)(C) in restraints. Detainee (b)(6)(b)(7)(C) was found in his cell # 8 and removed by SERT personnel. Both combatants were moved to 142 and 131 without further incident.

Respectfully Submitted,
Deputy (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Reporting Staff: _____ _____
SIGNATURE

Reporting Staff: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) **Position:** CO 1
PRINT (FIRST) PRINT (LAST)

☐ *INMATE REFUSED INFORMAL SANCTION*

☐ Oral warning
☐ Restricted movement 24 48 72 (*circle one*)
☐ Susp. From detail 24 48 72 (*circle one*)
☐ Loss of phone for 72 hrs
☐ Written reprimand
☐ Loss of visits for 72 hrs
☐ Loss of canteen for 72 hrs
☐ Referred to Classification

BEGIN: _____ AM PM ON _____
END: _____ AM PM ON _____

_____ _____
INMATE SIGNATURE DATE

☑ *FORMAL HEARING REQUESTED* ☐ *REFER TO S.I.D.*

Inmate offered informal sanction Yes No (circle one)

(b)(6)(b)(7)(C) ____ 1/28/19 Date

____ 1/28/19 Date

____ 1/28/19 Date

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for

(b)(6)(b)(7)(C)

Booked: 06/15/2018

Incident ID: (b)(7)(E)
Name: (b)(6)(b)(7)(C)
Booking Number: (b)(6)(b)(7)(C)
Report Date: 01/30/2019 **Incident Date:** 01/28/2019
Incident Time: 10:00
Location: HOC- 8 00 4
Event Type: DISCIPLINARY
Report Subject: FORMAL
Reporting Officer: (b)(6)(b)(7)(C)
Persons Involved: (b)(6)(b)(7)(C)
Disposition: Remain in Unit Pending Discipline Hearing

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
3C/ Disruptive behavior	Formal		
9B/ Forgery	Formal		
11B/ obscene language, action, gest	Formal		
15/ Violation of rules	Formal		

Initial Report:

On 1/28/2019 at approximately 10am, Caseworker (b)(6)(b)(7)(C) checked the 8-4 Unit caseworker box and found a slip written i Spanish stating, "I've liked youvery much for some time because I feel that I love you and I want to make love to you a night of passion." The name on the slip was (b)(6)(b)(7)(C). When asked by Lt. (b)(6)(b)(7)(C) if he wrote the note, he denied that he wrote the note. After comparing his writing it was clear that he did not write the note. When CW (b)(6)(b)(7)(C) compared inmate request slips from December and January, the writing on all of (b)(6)(b)(7)(C) request slips was identical to the writing on the inmate request slips.

Reporting Staff: (b)(6)(b)(7)(C)

Reporting Staff: _____ **Position:** ADS SID

PRINT (FIRST) PRINT (LAST)

☐ *INMATE REFUSED INFORMAL SANCTION*

☐ Oral warning
☐ Written reprimand
☐ Restricted movement 24 48 72 (*circle one*)
☐ Loss of visits for 72 hrs
☐ Susp. From detail 24 48 72 (*circle one*)
☐ Loss of canteen for 72 hrs
☐ Loss of phone for 72 hrs
☐ Referred to Classification

BEGIN: _____ AM PM ON _____
END: _____ AM PM ON _____

INMATE SIGNATURE DATE

☐ *FORMAL HEARING REQUESTED* ☐ *REFER TO S.I.D.*

(b)(6)(b)(7)(C) *No (circle one)*

1/30/19 Date

1/30/19 Date

1/31/19 Date

Suffolk County Sheriff's Department
Incident Report

To: Lt. (b)(6)(b)(7)(C)
From: (b) (6), (b) (7)(C)
Date: 01/2/2019
Re: (b)(6)(b)(7)(C)

On 01/28/2019 at approximately 10am, I checked the 8-4 unit caseworker box and found a slip written in Spanish stating, "I've liked you very much for some time because I feel that I love you and I want to make love to you a night of passion." The name on the slip was of detainee (b)(6)(b)(7)(C) (Booking (b)(6)(b)(7)(C) and I asked the detainee if he had written the slip and he denied having and knowledge of it. We asked if he knew who wrote it, and he claimed to have no idea. After comparing his writing, it was clear that he did not write the inmate request slip. After reviewing inmate request slips from December and January, I found that the writing on all of (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) request slips was identical to the writing on the inmate request slip. Copies of the December and January inmate request slips for (b)(6)(b)(7)(C) are attached.

Respectfully submitted,
(b)(6)(b)(7)(C)

SUFFOLK COUNTY SHERIFF'S DEPARTMENT

INCIDENT REPORT

To: Captain(b)(6)(b)(7)(C)

From: Lieutenant (b)(6)(b)(7)(C)

Date: January 28, 2019

Re: Inappropriate writings

Sir,

On Monday, January 28, 2019 at approximately 10:35am I was notified by Officer (b)(6)(b)(7)(C) that caseworker (b)(6)(b)(7)(C) received an inmate request that had inappropriate comments written in spanish.

Upon arrival in unit 8-4, I spoke with caseworker (b)(6)(b)(7)(C) about the request slip in question and the detainee who allegedly wrote it. Caseworker (b)(6)(b)(7)(C) interpreted the note allegedly addressed by detainee (b)(6)(b)(7)(C). She explained that the writer spelled his name incorrectly, made comments about how much he liked her and that he wanted to make love to her. Detainee (b)(6)(b)(7)(C)ar was questioned on whether he wrote the inappropriate comments and he adamantly denied writing the comments.

Caseworker (b)(6)(b)(7)(C) did observe parts of the note that had familiar penmanship to another detainee with the 8-4 unit. She also showed me past slips from inmate (b)(6)(b)(7)(C) that appeared to have similar patterns in writing certain letters. Multiple copies of past request slips submitted by detainee (b)(6)(b)(7)(C) & the inappropriate writings are submitted with this report in a evidence bag. Caseworker (b)(6)(b)(7)(C) also noted that the slip was not hand delivered by any detainee. She obtained the slip from the unit mailbox that all detainees have access to everyday.

Inmate (b)(6)(b)(7)(C) is still in unit 8-4 cell #10 and detainee (b)(6)(b)(7)(C) is in unit 142 due to an unrelated disciplinary infraction on the prior shift.

Respectfully Submitted,

(b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2	BOS	Suffolk County HOC

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** ____1/27/2019_____

3. **Date of Disciplinary Proceeding (If Applicable):**
_____ __1/30/2019_____

4. **Length of Disciplinary Sanction (If Applicable):**
_15 + 17=_____ ____32_____

*This form is necessary for a detainee in segregation for more than 14 days only if:
- ☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- ☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- ☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

- ☐ Disciplinary
- ☐ Pending Investigation of Disciplinary Violation
- ☒ Facility Security: Violent or Disruptive Behavior
- ☐ Facility Security: Due to Seriousness of Criminal Conviction
- ☐ Facility Security: Gang Member Status (Not Protective Custody)
- ☐ Facility Security Threat: Other
- ☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
- ☐ Protective Custody: Gang Status
- ☐ Protective Custody: Victim of Sexual Assault
- ☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
- ☐ Protective Custody: Other Special Vulnerability
- ☐ Protective Custody: Other
- ☐ Mental Illness
- ☐ Medical: TB or Other Infectious Diseases
- ☐ Medical: Disabled or Infirm
- ☐ Medical: Detox/Withdrawal Observation
- ☐ Medical: Other
- ☐ Hunger Strike
- ☐ Suicide Risk Placement
- ☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    The subject fought another detainee and was disruptive.
    Subject also wrote an obscene letter to a Suffolk case officer and forged his name.

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Officer** **15. Date: 2/12/2019**

14. Acting A.FOD (b)(6)(b)(7)(C)

Acting Superintendent
(b) (6), (b) (7)(C)
Administrative Captain
(b) (6), (b) (7)(C)
Security Captain
(b) (6), (b) (7)(C)
Programs and Education
(b) (6), (b) (7)(C)

STRAFFORD COUNTY DEPARTMENT
OF CORRECTIONS
266 County Farm Road
Dover, New Hampshire 03820
Telephone: (603) 742-3310
Fax: (603) 742-2192
e-mail: (b)(6)(b)(7)(C)co.strafford.nh.us

Special Housing Status Review

On 02/25/2019, I, Classifications Officer (b)(6)(b)(7)(C), conducted a formal review of the Special housing status of Inmate/Detainee (b)(6)(b)(7)(C) Permanent # (b)(6)(b)(7)(C) who is presently in:
Protective Custody Status [ ] Other Administrative Segregation [ ] Disciplinary Segregation [X]

Date Inmate/Detainee was placed in this status: 02/09/2019

Inmate/Detainee has been in this Segregation status for 16 days **(24 Hrs/72 Hrs/7 Days/Weekly/30 Days/60 Days/More)**

The following factors were reviewed with the results as indicated:	**YES**	**NO**
1. Does the reason for initial placement remain valid?	[X]	[ ]
2. Does the detainee pose a threat to himself?	[ ]	[X]
3. Does the detainee pose a threat to others?	[ ]	[X]
4. Does the detainee pose a threat to property?	[ ]	[X]
5. Does the detainee pose a threat to security?	[ ]	[X]
6. Is the detainee defiant towards authority?	[ ]	[X]
7. Is the detainee unwilling or unable to live in the general population?	[ ]	[X]
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	[ ]	[X]

If any of the above factors are marked "YES", the Inmate/Detainee must continue his/her existing status, unless the reporter determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	[X]	[ ]
2. Is the detainee exercising at least one hour daily, 5 days a week?	[X]	[ ]
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	[X]	[ ]
4. Is the detainee receiving daily visits from medical staff?	[X]	[ ]
5. Are the special housing officers signing and properly filling out the special housing unit record?	[X]	[ ]

Translation into the Spanish or other language provided by N/A.

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. [ ] Signature_____

I state that the initial reason for my placement in Protective Custody (PC) remains valid. I am requesting to remain on PC status. [ ] Signature_____

Comments:_____

For the reasons above, I recommend / I do not recommend removal from segregation status.

Classifications Officer signature (b)(6)(b)(7)(C) Date/Time: 2/25/19 @0905

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	High	BOS	Strafford County HOC

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** ____02/09/2019_____

3. **Date of Disciplinary Proceeding (If Applicable):**
_____2/14/2019_____

4. **Length of Disciplinary Sanction (If Applicable):**
_____15 Days_____

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☒ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: Subject was caught making a shank from a sharpened plastic spoon.

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue: Per Dr. (b)(6)(b)(7)(C) Florence Detention Center ICE Health Service Corps (IHSC) psychologist;(b)(6)(b)(7)(C) has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment:** Detainee has since been moved out of segregation on 2/25/2019 to a general population unit.

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    The subject was caught making what appeared to be a shank from a sharpened spoon. Detainee claimed that it was for gauging out an ingrown toenail.

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Officer:** _____ **14. Date:** 2/28/19

D-REPORT NO. D-BOARD USE ONLY	**BCSO FORMAL DISCIPLINARY REPORT** (FOR USE WITH MAJOR OFFENSES ONLY)	1. REPORT DATE 3-10-19 (MM/DD/YY)

2. INMATE NAME: (b)(6)(b)(7)(C)	3. ID NUMBER: (b)(6)(b)(7)(C)	4. INMATE HOUSING UNIT: 2EAST
5. DIVISION/FACILITY: DNOC-MODS	6. LOCATION OF INCIDENT: 2E-246	7. DATE OF INCIDENT: 3-10-19
		8. TIME OF INCIDENT: 1955

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

ON THE ABOVE DATE & TIME ABOVE DT IS BEING WRITTEN UP FOR THREATENING TO ASSAULT STAFF & DISTURBING THE UNIT. BY CHALLENGING THIS LT. TO FIGHT AND MAKING THREATS TO KILL ME & ASSAULT ME. D/T WAS MOVED TO EC UNIT

10. Was property damage caused? Yes ☐ No ☑

Describe:

11. Was medical attention needed? Yes ☐ No ☐

Describe: SMU TRANSFER

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☐ No ☐

Describe:

13. Reporting Employee Signature: LT. (b)(6)(b)(7)(C) Print Name: (b)(6)(b)(7)(C) Date: 3-10-19

14. SUPERVISOR REVIEW: I have reviewed this form and incident reported and I am forwarding this report to the Watch Commander for further review and action. (b)(6)(b)(7)(C) onal officers shall be reviewed by Zone Supervi

Supervisor/designee Signature (b)(6)(b)(7)(C) Print Name LT. Date 3-10-19

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.

(b)(6)(b)(7)(C) Action Status? Yes ☑ Form attached ☑ No ☐ Already on Status ☐

Watch Commander/designee Signature (b)(6)(b)(7)(C) Date 3-10-19

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

a. b. c. d. e.

Disciplinary Officer Signature Print Name Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

Inmate Signature Print Name Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

a. ☐ Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.

Disciplinary Officer/Staff Signature Print Name Date

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.

Reviewing Authority/Designee Signature Print Name Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

U.S. Department of Justice
Immigration and Naturalization Service

Administrative Segregation Order

To: MAJOR (b)(6)(b)(7)(C)

From: LT. (b)(6)(b)(7)(C) Title: LT.

Detainee: (b)(6)(b)(7)(C) Alt: (b)(6)(b)(7)(C)

The Above Named Detainee is to Be Admitted to Administrative Segregation For The Following Reason(s):

✓ (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.

____ (B) Is under medical observation (medical staff or environment and sign this Order).

____ (C) Is pending a transfer or release within 24 hours.

____ (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation for the Disciplinary Period.

____ (E) Is a security risk to himself or the security of the facility.

____ (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do [ ] do not [ ] request a hearing concerning my segregation.

Detainee: (b)(6)(b)(7)(C) Witness: (b)(6)(b)(7)(C) Date: 3-10-14

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

INTERFERING WITH CELL SEARCH AND THREATS TO ASSAULT STAFF

Medical Officer: RN (b)(6)(b)(7)(C)

Admitted by: ____ Title: ____
Admitted: (Date): ____ Time: ____

Released by: ____ Title: ____
Released: (Date) ____ Time: ____

BRISTOL COUNTY SHERIFF'S OFFICE

400 Faunce Corner Road North Dartmouth, MA 02747

Notice of Placement into
Awaiting Action or Administrative Segregation Order Status

Inmate: (b)(6)(b)(7)(C) ID#: (b)(6)(b)(7)(C)

From: W/C Date: 3/10/19

++

☐ Please be advised that effective this date you have been placed on ***Awaiting Action Status*** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

Code Number:	Offense:
1-1	Disobeying an order...
1-2	Failing to maintain acceptable cleanliness ...
1-3	Being out of place.
1-4	Refusal to accept a work assignment, housing assignment or program.
1-5	Conduct which disrupts,...
1-6	Gambling ...
1-7	Misuse of issued supplies, goods, services, or property.
1-08	Horseplay ...
1-9	Lost Inmate ID cards.
1-10	Use of obscene, or threatening gestures
1-11	Possession of any material that depicts sexually explicit acts
1-12	Throwing objects, spitting... at another.
1-13	Possession of items not authorized for retention
1-14	Being tattooed while incarcerated, tattooing another
1-15	Violating library procedures
1-16	Violating any department rule or regulation
1-17	Violation any law of the Commonwealth of Massachusetts or the United States.
1-18	Conspiring with another person to commit any of the above offenses
1-19	Killing.
1-20	Assaulting or threatening to assault
1-21	Fighting with or threatening another person
1-22	Sexual assault on a staff member, another inmate or visitor.
1-23	Engaging in sexual acts
1-24	Escape, attempted escape or possession of escape tools.
1-25	Use of any narcotic, controlled substance, illegal drug, ...
1-26	Use of intoxicants and alcohol
1-27	Participation in or encouraging a riot, work stoppage ...
1-28	Taking or holding any person hostage.
1-29	Making a bomb threat
1-30	Possession of a weapon, ammunition, sharpened instrument, ...
1-31	Possession of any tobacco, ...
1-32	Interfering with staff members in the performance of their duties.
1-33	Causing injury to another person
1-34	Setting fire or making a false fire alarm.
1-35	Vandalizing county property ...
1-36	Threatening to vandalize county property...
1-37	Unauthorized possession of property
1-38	Theft of property or possession of stolen property ...
1-39	Tampering with any locking or security device
1-40	Unauthorized accumulation of prescribed medication....
1-41	Refusing to submit to a urinalysis, breathalyzer, ...
1-42	Refusing or failing to submit to testing such as DNA...
1-43	Failing to comply with count procedures
1-44	Possession ...of unauthorized keys.
1-45	Counterfeiting of any document, ...
1-46	Giving, selling, borrowing, lending or trading to another inmate
1-47	Giving, receiving or offering any staff member a bribe
1-48	Receiving, accepting or obtaining goods by fraud
1-49	Demanding or receiving money or anything of value ...
1-50	Wearing or displaying colors / STG
1-51	Abusing telephone privileges
1-52	Using another inmate's PIN
1-53	Defacing an inmate ID number affixed to inmate property
1-54	Violating law library procedures

++

☐ Please be advised that effective this date you have been placed on an ***Administrative Segregation Order*** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

_____

_____

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours by central Cl(b)(6)(b)(7)(C)

++++++++++ ++

Authorized: (b)(6)(b)(7)(C) **Title:** Captain

A copy of this n(b)(6)(b)(7)(C) on the above named inmate.

Staff signature: _____ **date:** 3/10/19 **time:** _____

DISTRIBUTION: AA Original –Discipline Office Yellow Copy – ADS/ Security Pink Copy – Inmate
ASO Original –ADS Classification Yellow Copy – SIU Pink Copy – Inmate

11/17/16

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Lieutenant (b)(6)(b)(7)(C)

Reporting Date: 3/10/2019

Date and Time of Incident: 3/10/2019 1955 hours

Location of Incident: 2 East Unit

Description:

On the above date and time I Lieutenant (b)(6)(b)(7)(C) was on post in Zones 1&2 at the Dartmouth House of Correction. It was at this time I was conducting a round in 2 East Unit, during that round Detainee (b)(6)(b)(7)(C) had become verbally aggressive with the Unit Officer (b)(6)(b)(7)(C)

Detainee (b)(6)(b)(7)(C) was refusing to allow Officer (b)(6)(b)(7)(C) to enter the cell for a cell inspection. I then came upon the situation from the back of the hall and stepped in the situation and addressed Detainee (b)(6)(b)(7)(C) At this time Detainee (b)(6)(b)(7)(C) continued to make threats toward me stating "fucking fight me I won't tell", he also said "I don't give a fuck if you have a badge you can still get killed". He then attempted to block my exit from the cell I ordered him to move out of the way. At this time he stated "that's right bitch show me my respect". I then immediately opened the door and ordered him to turn around and submit to hand restraints.

Restraints were applied firm to the skin double locked as not to impede circulation and was then escorted out of the unit to HSU. During the escort Detainee (b)(6)(b)(7)(C) attempted to stop walking I utilized compliance techniques taught in yearly in-service to get Detainee (b)(6)(b)(7)(C) to comply which he did, although still threatening me.

It was then we arrived at HSU where an SMU evaluation was completed by RN (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) It was at this time the escort was taken over by Sector C Officer (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor Received Report and Initi _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 3/10/2019

Date and Time of Incident: 3/10/2019 @ 2000 Hours

Location of Incident: DHOC/Medical→ EC Unit

Description: - Escort of Inmate (b)(6)(b)(7)(C)

On the above date and time, I, Officer (b)(6)(b)(7)(C), was assigned as Sector C Officer at the Dartmouth House of Correction from 1500 – 2300 hours.

At approximately 2000 hours, this Officer was notified by Zone 2 supervisor Lieutenant (b)(6)(b)(7)(C) to escort Inmate (b)(6)(b)(7)(C) from medical to EC unit. At approximately 2000 hours, Inmate (b)(6)(b)(7)(C) was evaluated by RN (b)(6)(b)(7)(C) Once the nurse was complete with the evaluation, she confirmed Inmate (b)(6)(b)(7)(C) can be housed in EC Unit.

This Officer then hands on escorted Inmate (b)(6)(b)(7)(C) to the SMU strip cage located in EC Unit. All restraints were removed from Inmate (b)(6)(b)(7)(C) and a systematic and thorough strip search was conducted.

Once the search was complete this Officer then placed Inmate (b)(6)(b)(7)(C) into hand restraints, from the rear, firm to the skin but not to impede circulation as well as double-locked.

After being placed into restraints, this Officer hands on escorted Inmate (b)(6)(b)(7)(C) out of the strip cage and to Cell G8, EC. Once Inmate (b)(6)(b)(7)(C) was inside Cell G8, this Officer removed the hand restraints through the feed slot tray and made sure the cell was secured shut. Nothing further to report at this time. Zone Supervisor notified. –E.O.R.-

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 03/10/19

Date and Time of Incident: 03/10/19 At 1955

Location of Incident: 2 East

Description:

On the above date and time, I, Officer (b)(6)(b)(7)(C) **was conducting a security round in 2 East Unit. At this time, this Officer was also going to conduct a cell search of Cell 246. Upon entering Cell 246 Detainee** (b)(6)(b)(7)(C) **became verbally combative while also interfering with the search through threatening language. Lieutenant** (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) **who was also conducting a security round over heard the matter and entered the cell when Detainee** (b)(6)(b)(7)(C) **became combative with Lieutenant** (b)(6)(b)(7)(C) **as well. Lieutenant** (b)(6)(b)(7)(C) **then removed Detainee** (b)(6)(b)(7)(C) **from the unit and Detainee** (b)(6)(b)(7)(C) **was moved to EC Unit. EOR.**

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Date and Time of Incident: 03/10/19 @2000

Location of Incident: HSU

Description: seg eval

On above date and time, detainee (b)(6)(b)(7)(C) was assessed prior to being moved to a segregation unit. The detainee voices no medical concerns or injuries, no physical injuries are visibly noted. The detainee declines VS. The detainee denies SI/HI, denies hearing voices. Detainee (b)(6)(b)(7)(C) was made aware of how to access medical, dental and MH services. The detainee has been cleared by medical to be placed in a segregation unit. EOR.

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initial: (b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 3/10/19

Date and Time of Incident: 3/10/19 At 2022

Location of Incident: 2East

Description:

At the above date and time I Officer (b)(6)(b)(7)(C) assigned to 2 east unit conducted a property inventory of DT (b)(6)(b)(7)(C) property bag all property was accounted for and sent to EC unit .EOR

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

D-REPORT NO. 03-106-19
D-BOARD USE ONLY

BCSO FORMAL DISCIPLINARY REPORT
(FOR USE WITH MAJOR OFFENSES ONLY)

1. REPORT DATE: 3-10-19 (MM/DD/YY)

2. INMATE NAME: (b)(6)(b)(7)(C)

3. ID NUMBER: (b)(6)(b)(7)(C)

4. INMATE HOUSING UNIT: 2EAST

5. DIVISION/FACILITY: DNOC-MODS

6. LOCATION OF INCIDENT: 2E-246

7. DATE OF INCIDENT: 3-10-19

8. TIME OF INCIDENT: 1955

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)
ON THE ABOVE DATE & TIME ABOVE DIT IS BEING WRITTEN UP FOR THREATENING TO ASSAULT STAFF & DISTURBING THE UNIT. BY CHALLENGING THIS LI TO FIGHT AND MAKING THREATS TO KILL ME & ASSAULT ME. DIT WAS MOVED TO EC UNIT

10. Was property damage caused? Yes ☐ No ☑
Describe:

11. Was medical attention needed? Yes ☐ No ☐
Describe: SMU TRANSFER

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☐ No ☐
Describe:

13. Reporting Employee Signature: (b)(6)(b)(7)(C) Print Name: (b)(6)(b)(7)(C) Date: 3-10-19

14. SUPERVISOR REVIEW: I have reviewed this form and incident reported and I am forwarding this report for further review and action.
(b)(6)(b)(7)(C) ctional officers shall be reviewed by Zo (b)(6)(b)(7)(C)
Supervisor/designee Signature Print Name Date 3-10-19

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.
(b)(6)(b)(7)(C) Action Status? Yes ☑ Form attached ☑ No ☐ Already on Status ☐
(b)(6)(b)(7)(C) 3-10-19
Watch Commander/designee Signature Print Name Date

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:
(b)(6)(b)(7)(C) a. 1.05 b. 1.10 c. 1.20 d. e.
(b)(6)(b)(7)(C) 03-14-19
Officer Signature Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the [illegible] an Inmate Request F
(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 03-14-19
Print Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy
(b)(6)(b)(7)(C) pt of Formal Discip [illegible] d with a copy of this form.
(b)(6)(b)(7)(C) 03-14-19
Date
y matter and reso
3-26-19
Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

BRISTOL COUNTY SHERIFF'S OFFICE

400 Faunce Corner Road North Dartmouth, MA 02747

Notice of Placement into
Awaiting Action or Administrative Segregation Order Status

Inmate: (b)(6)(b)(7)(C) ID#: (b)(6)(b)(7)(C)

From: W/C Date: 3/10/19

++

☐ Please be advised that effective this date you have been placed on ***Awaiting Action Status*** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

Code Number: Offense:

1-1 Disobeying an order...
1-2 Failing to maintain acceptable cleanliness ...
1-3 Being out of place.
1-4 Refusal to accept a work assignment, housing assignment or program.
1-5 Conduct which disrupts,...
1-6 Gambling ...
1-7 Misuse of issued supplies, goods, services, or property.
1-08 Horseplay ...
1-9 Lost Inmate ID cards.
1-10 Use of obscene, or threatening gestures
1-11 Possession of any material that depicts sexually explicit acts
1-12 Throwing objects, spitting... at another.
1-13 Possession of items not authorized for retention
1-14 Being tattooed while incarcerated, tattooing another
1-15 Violating library procedures
1-16 Violating any department rule or regulation
1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
1-18 Conspiring with another person to commit any of the above offenses
1-19 Killing.
1-20 Assaulting or threatening to assault
1-21 Fighting with or threatening another person
1-22 Sexual assault on a staff member, another inmate or visitor.
1-23 Engaging in sexual acts
1-24 Escape, attempted escape or possession of escape tools.
1-25 Use of any narcotic, controlled substance, illegal drug. ...
1-26 Use of intoxicants and alcohol

Code Number: Offense:

1-27 Participation in or encouraging a riot, work stoppage ...
1-28 Taking or holding any person hostage.
1-29 Making a bomb threat
1-30 Possession of a weapon, ammunition, sharpened instrument, ...
1-31 Possession of any tobacco, ...
1-32 Interfering with staff members in the performance of their duties.
1-33 Causing injury to another person
1-34 Setting fire or making a false fire alarm.
1-35 Vandalizing county property ...
1-36 Threatening to vandalize county property...
1-37 Unauthorized possession of property
1-38 Theft of property or possession of stolen property ...
1-39 Tampering with any locking or security device
1-40 Unauthorized accumulation of prescribed medication....
1-41 Refusing to submit to a urinalysis, breathalyzer, ...
1-42 Refusing or failing to submit to testing such as DNA...
1-43 Failing to comply with count procedures
1-44 Possession ...of unauthorized keys.
1-45 Counterfeiting of any document, ...
1-46 Giving, selling, borrowing, lending or trading to another inmate
1-47 Giving, receiving or offering any staff member a bribe
1-48 Receiving, accepting or obtaining goods by fraud
1-49 Demanding or receiving money or anything of value ...
1-50 Wearing or displaying colors / STG
1-51 Abusing telephone privileges
1-52 Using another inmate's PIN
1-53 Defacing an inmate ID number affixed to inmate property
1-54 Violating law library procedures

++

☐ Please be advised that effective this date you have been placed on an ***Administrative Segregation Order*** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

_____

_____

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours by central C(b)(6)(b)(7)(C)

+++++++++ ++

Authorized _____ **Title:** Captain

A copy of this no(b)(6)(b)(7)(C)ed on the above named inmate.

Staff signature: _____ **date:** 3/10/19 **time:** _____

DISTRIBUTION: AA Original –Discipline Office Yellow Copy – ADS/ Security Pink Copy – Inmate
ASO Original –ADS Classification Yellow Copy – SIU Pink Copy – Inmate

11/17/16

D-REPORT NO. D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)	1. REPORT DATE 03/11/19 (MM/DD/YY)

2. INMATE NAME: Detainee (b)(6)(b)(7)(C)	3. ID NUMBER: (b)(6)(b)(7)(C)	4. INMATE HOUSING UNIT: ICE B 5%

5. DIVISION/FACILITY: ICE Building	6. LOCATION OF INCIDENT: ICE B	7. DATE OF INCIDENT: 03/11/19	8. TIME OF INCIDENT: 0011

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

Detainee Sheryln Oplan was fighting with Detainee (b)(6)(b)(7)(C)
Code Blue activated

10. Was property damage caused? Yes ☐ No ☑
Describe:

11. Was medical attention needed? Yes ☐ No ☑
Describe:

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☑ No ☐
Describe: Security Staff

13. Reporting Employee Signature: (b)(6)(b)(7)(C) Print Name (b)(6)(b)(7)(C) Date 03/11/19

14. (b)(6)(b)(7)(C) ...ident reported and I am forwarding this report to the Watch Commander for further review and action.
...eviewed by Zon... (b)(6)(b)(7)(C) 03/11/19
Su... Print N... Date

15. WATCH COMMANDER REVIEW: After review of this incident, I am referri... ...pline Board for further action.
(b)(6)(b)(7)(C) ...s ☑ Form attached ☐ No ☐ Already on Status ☐
Watch Commander/designee Signature Prin (b)(6)(b)(7)(C) Date 03/11/19

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

a. b. c. d. e.

Disciplinary Officer Signature Print Name Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

Inmate Signature Print Name Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

a. ☐ Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.

Disciplinary Officer/Staff Signature Print Name Date

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.

Reviewing Authority/Designee Signature Print Name Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Sergeant (b)(6)(b)(7)(C)

Reporting Date: 3/11/2019

Date and Time of Incident: 03/11/19 at approximately 0011

Location of Incident: ICE B

Description: Code Blue, two Detainees Fighting

On Sunday March 11, 2019 I Sergeant (b)(6)(b)(7)(C) was assigned as zones 5 and 6 supervisor at the Dartmouth Women's Center on the 1500 to 2300 hour shift.

At approximately 0011 hours a code blue two inmates fighting was activated by Officer (b)(6)(b)(7)(C) in ICE B. Upon my arrival Officer (b)(6)(b)(7)(C) had Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) separated in the bathroom and Officer (b)(6)(b)(7)(C) had Detainee (b)(6)(b)(7)(C) separated near the bunks. I immediately placed hand restraints on Detainee (b)(6)(b)(7)(C) firm to the skin but not to impede circulation and double locked for safety and escorted Detainee (b)(6)(b)(7)(C) out to the sally port. While in the sally port in questioned Detainee (b)(6)(b)(7)(C) and asked him what happened and he stated "it was just an argument". I asked him if it was a physical fight and he stated again "it was just an argument". Detainee (b)(6)(b)(7)(C) was asked who started it and once again stated "it was just an argument". Officer (b)(6)(b)(7)(C) was advised to transport Detainee to segregation as he exited the unit with Detainee (b)(6)(b)(7)(C) into the sally port. Detainee (b)(6)(b)(7)(C) was then asked what had occurred and he stated "we were having a conversation about voting and the conversation got a bit heated and out of nowhere he began to punch me". Visual observation of Detainee (b)(6)(b)(7)(C) showed multiple red bumps to the face and scratches on his neck. Detainee (b)(6)(b)(7)(C) then exited with Officer (b)(6)(b)(7)(C) to EC unit.

I then entered ICE B and I was approached by several Detainees who stated that Detainee (b)(6)(b)(7)(C) was the aggressor. Detainee (b)(6)(b)(7)(C) who sleeps on the bunk below Detainee (b)(6)(b)(7)(C) stated that everyone was having this conversation and then the conversation became heated between Detainees (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) and out of nowhere Detainee (b)(6)(b)(7)(C) had struck Detainee (b)(6)(b)(7)(C) Furthermore Detainee (b)(6)(b)(7)(C) had ripped the headphones and radio off of Detainee (b)(6)(b)(7)(C) breaking it. The pieces that could be found scattered across the floor were collected.

Both Detainees were seen and cleared by Nurse (b)(6)(b)(7)(C) LPN without issues. Detainee (b)(6)(b)(7)(C) was subsequently placed in EE unit Cell G1 and Detainee (b)(6)(b)(7)(C) was subsequently placed in EC unit Cell G3 no issues. E.O.R.

(b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor Received Report and Initials (b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 03-11-19 **Date and Time of Incident:** 03-11-19 0011

Location of Incident: ICE B

Description:

On the above date and time I was assigned to ICE A unit. At 0011 c/o (b)(6)(b)(7)(C) assigned to ICE B called a code blue, two detainees Fighting.

When I entered ICE B, Detainees (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) had already been separated. I detained Detainee (b)(6)(b)(7)(C) in the bathroom to keep them separate. (b)(6)(b)(7)(C) then entered and handcuffed (b)(6)(b)(7)(C) and he was escorted out of the unit.

I remained in the unit to maintain control and ensure Detainees remained on their bunks.

I then returned to ICE A.

End of report.

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 03-14-14 **Date and Time of Incident:** 03-14-1400 0011

Location of Incident: ICE B

Description: CODE BLUE ~~ICE~~ B

On the above mention date I officer (b)(6)(b)(7)(C) was assigned to ICE B at around 00:11 detainee (b)(6)(b)(7)(C) and detainee (b)(6)(b)(7)(C) engaged in a fight code blue was activated and responders arrived at the scene. The two detainees were separated and moved to segregation.

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 3/11/2019

Date and Time of Incident: 03/11/2019 at 0011 Hours

Location of Incident: ICE-B

Description: Code Blue – D/T (b)(6)(b)(7)(C)

On the above date and time, I, Officer (b)(6)(b)(7)(C) **was assigned to the post of Courtyard at the Dartmouth House of Corrections. On the above said date and time, a code blue was activated in ICE-B by Officer** (b)(6)(b)(7)(C) **2 Detainees fighting. Upon arriving in ICE-B, both Detainees were already separated. At this time, Sector-C Officer** (b)(6)(b)(7)(C) **applied hand restraints to D/T** (b)(6)(b)(7)(C) **wrists from the back, and then proceeded to escort D/T** (b)(6)(b)(7)(C) **out of the unit. This Officer along with Officer** (b)(6)(b)(7)(C) **then escorted D/T** (b)(6)(b)(7)(C) **to the rear seat of cruiser #803 and then drove to Dispatch.**

Upon arriving in Dispatch, this Officer did a hands on escort with D/T (b)(6)(b)(7)(C) **to medical where he was evaluated by LPN** (b)(6)(b)(7)(C) **Once cleared by medical, D/T** (b)(6)(b)(7)(C) **was then escorted to EE unit, where he was placed in the units strip cage. At this time, a thorough strip search was conducted to ensure D/T** (b)(6)(b)(7)(C) **did not have any contraband on his person. Once complete, D/T** (b)(6)(b)(7)(C) **got dressed, and was then escorted to cell G-01 in EE unit. Once the cell door was secured shut, hand restraints were removed through the food slot without incident.**

D/T (b)(6)(b)(7)(C) **was advised that his property would be delivered to him shortly. No complaints or injuries were reported throughout. No other issues to report at this time.**

E.O.R.

Employee's Signature: (b)(6)(b)(7)(C) _____

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C) _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 3/11/2019

Date and Time of Incident: 03/11/2019 @0011 hrs

Location of Incident: ICE-B Unit

Description: Code Blue Two Detainees fighting- Detainees (b)(6)(b)(7)(C) #(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) #(b)(6)(b)(7)(C)

On the above date and time I, Officer (b)(6)(b)(7)(C), was assigned to work the post of GA/GB Rover. At 0011 Hours a Code Blue was called in ICE-B Unit.

Upon arriving At the ICE Building I noticed both Detainees (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) were already placed in hand cuffs so I began to do rounds in ICE-B unit, making sure all Detainees remained on their bunks.

Once the unit was calm and both Detainees were removed I was ask by Sgt. (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) to do a round in ICE-A before returning back to Dartmouth. EOR

(b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C) _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C), LPN

Reporting Date: 03/11/2019

Date and Time of Incident: 03/11/2019 @ 0026

Location: HSU

Description:

On the above date and time detainee #(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was assessed prior to being moved to EE unit s/p altercation. Detainee voices no injuries or medical complaints at this time. No injuries were noted while clothed. Vital signs were assessed and stable. Detainee denies SI/HI at this time and was made aware of how to contact medical, mental health, and dental services if needed. Detainee is cleared to be moved to EE unit. EOR.

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor ~~Received~~ Report and Initials: (b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: C/O (b)(6)(b)(7)(C)

Reporting Date: 3/11/2019

Date and Time of Incident: 3/11/19 @ 0100 HOURS

Location of Incident: Ice Building

Description: Property Inventory

On the above date and time this Officer inventoried Detainee (b)(6)(b)(7)(C) **#**(b)(6)(b)(7)(C) **property. All Property meant for retention was returned to Detainee** (b)(6)(b)(7)(C) **in EE unit. All property not meant for retention was placed in Ice building storage. E.O.R**

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

BRISTOL COUNTY SHERIFF'S OFFICE
ICE DETAINEE STRIP SEARCH REPORT

DATE: 03-11-19 **FACILITY:** Dartmouth House Of Corrections

NAME OF DETAINEE (b)(6)(b)(7)(C) [redacted]

ICE detainee strip searches shall only be conducted when one or more of the following factors have been satisfactorily met: (*Check one or more.*)

____ Observation of unusual, surreptitious or suspicious appearance or behavior;

____ Evasive or inconsistent responses to questions by law enforcement officer or BCSO staff;

____ Discovery of a weapon or other contraband during a pat search, metal detector scan or Or other non-intrusive search;

____ The detainee's criminal history, particularly prior to felony or misdemeanor for Convictions of crimes involving violence, weapons, contraband or illegal substances Ordinarily, convictions for minor or non-violent offenses should not be the only basis For reasonable suspicion;

____ Whether the detainee was detained concurrently with an arrest for a crime of violence; Or whether the detainee was arrested in possession of a weapon, or in possession of Contraband such as illegal drugs;

____ Information from a law enforcement database or from other reliable sources suggesting That the detainee has affiliation with terrorist organization, criminal gangs, or organized Crime;

✓ The detainee's history during confinement, particularly of violence, or of possession of Contraband; Or

____ The lack of identity documents, or the possession of multiple or fraudulent identify documents, making it difficult to verify the detainee's criminal or institutional confinement history.

Clearly elaborate the factor(s) identified that necessitated the strip search: (This is required)

CODE BLUE BETWEEN DETAINEES

Name and title of staff members conducting search: (b)(6)(b)(7)(C) [redacted]

Name and title of authorizing staff member: Watch Comm [redacted]

D-REPORT NO. D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 03/11/19 (MM/DD/YY)
2. INMATE NAME: Detainee (b)(6)(b)(7)(C)		3. ID NUMBER: [redacted]	4. INMATE HOUSING UNIT: ICE B 5% -
5. DIVISION/FACILITY: ICE Building	6. LOCATION OF INCIDENT: ICE B	7. DATE OF INCIDENT: 03/11/19	8. TIME OF INCIDENT: 0011

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

Detainee Sherryln Oplan was fighting with Detainee (b)(6)(b)(7)(C)
Code Blue activated

10. Was property damage caused? Yes ☐ No ☑

Describe:

11. Was medical attention needed? Yes ☐ No ☑

Describe:

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☑ No ☐

Describe: Security Staff

13. Reporting Employee Signature (b)(6)(b)(7)(C) Print Name (b)(6)(b)(7)(C) Date 03/11/19

14. SUPERVISOR REVIEW: I have [illegible] reported and I am forwarding this report to the Watch Commander for further review and action. [illegible] reviewed by Zone Supervisor(s).

(b)(6)(b)(7)(C) Print Name (b)(6)(b)(7)(C) Date 03/11/19

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.

(b)(6)(b)(7)(C) ☑ Form attached ☐ No ☐ Already on Status ☐

W[illegible] Pr (b)(6)(b)(7)(C) Date 03/11/19

16. D-BOARD: TO INMATE: You have been charged with the [illegible]

a. b. c. d. e.

Disciplinary Officer Signature Print Name Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

Inmate Signature Print Name Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

a. ☐ Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.

Disciplinary Officer/Staff Signature Print Name Date

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.

Reviewing Authority/Designee Signature Print Name Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

BRISTOL COUNTY SHERIFF'S OFFICE

400 Faunce Corner Road North Dartmouth, MA 02747

Notice of Placement into Awaiting Action or Administrative Segregation Order Status

Inmate: Delgado (b)(6)(b)(7)(C) ID#: (b)(6)(b)(7)(C)

From: ICE (b)(6)(b)(7)(C) Date: 03/11/19

++

☒ Please be advised that effective this date you have been placed on ***Awaiting Action Status*** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

Code Number: Offense:

1-01 Disobeying an order...
1-02 Failing to maintain acceptable cleanliness ...
1-03 Being out of place.
1-04 Refusal to accept a work assignment, housing assignment or program.
1-05 Conduct which disrupts,...
1-06 Gambling ...
1-07 Misuse of issued supplies, goods, services, or property.
1-08 Horseplay ...
1-09 Lost inmate ID cards.
1-10 Use of obscene, or threatening gestures
1-11 Possession of any material that depicts sexually explicit acts
1-12 Throwing objects, spitting... at another.
1-13 Possession of items not authorized for retention
1-14 Being tattooed while incarcerated, tattooing another
1-15 Violating library procedures
1-16 Violating any department rule or regulation
1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
1-18 Conspiring with another person to commit any of the above offenses
1-19 Killing.
1-20 Assaulting or threatening to assault
1-21 Fighting with or threatening another person
1-22 Sexual assault on a staff member, another inmate or visitor.
1-23 Engaging in sexual acts
1-24 Escape, attempted escape or possession of escape tools.
1-25 Use of any narcotic, controlled substance, illegal drug, ...
1-26 Use of intoxicants and alcohol
1-27 Participation in or encouraging a riot, work stoppage, ...
1-28 Taking or holding any person hostage.
1-29 Making a bomb threat
1-30 Possession of a weapon, ammunition, sharpened instrument, ...
1-31 Possession of any tobacco, ...
1-32 Interfering with staff members in the performance of their duties.
1-33 Causing injury to another person
1-34 Setting fire or making a false fire alarm.
1-35 Vandalizing county property ...
1-36 Threatening to vandalize county property...
1-37 Unauthorized possession of property
1-38 Theft of property or possession of stolen property ...
1-39 Tampering with any locking or security device
1-40 Unauthorized accumulation of prescribed medication....
1-41 Refusing to submit to a urinalysis, breathalyzer, ...
1-42 Refusing or failing to submit to testing such as DNA...
1-43 Failing to comply with count procedures
1-44 Possession, ...of unauthorized keys.
1-45 Counterfeiting of any document, ...
1-46 Giving, selling, borrowing, lending or trading to another inmate
1-47 Giving, receiving or offering any staff member a bribe
1-48 Receiving, accepting or obtaining goods by fraud
1-49 Demanding or receiving money or anything of value ...
1-50 Wearing or displaying colors / STG
1-51 Abusing telephone privileges
1-52 Using another inmate'sPIN
1-53 Defacing an inmate ID number affixed to inmate propert
1-54 Violating law library procedures

++

☐ Please be advised that effective this date you have been placed on an ***Administrative Segregation Order*** for the safety of yourself, other inmates, or the security and orderly running of the institution and / or for other reasons as described below:

Your placement on ASO status will be reviewed within the next 30 days.

++

Signed: (b)(6)(b)(7)(C) Title: J

A copy of this notice has been served on the above named inmate.

Staff signature (b)(6)(b)(7)(C) date: 03/11/19 time:

DISTRIBUTION: AA C ...urity Pink Copy – Inmate 2/10
ASO Original –ADS Classification Yellow Copy – SIU Pink Copy – Inmate

(b)(6)(b)(7)(C)

D-REPORT NO. (b)(7)(E) D-BOARD USE ONLY	**BCSO FORMAL DISCIPLINARY REPORT** (FOR USE WITH MAJOR OFFENSES ONLY)	1. REPORT DATE 03/11/19 (MM/DD/YY)

2. INMATE NAME: Detainee (b)(6)(b)(7)(C)	3. ID NUMBER: (b)(6)(b)(7)(C)	4. INMATE HOUSING UNIT: ICE B 3B1 -
5. DIVISION/FACILITY: ICE Building	6. LOCATION OF INCIDENT: ICE B	7. DATE OF INCIDENT: 03/11/19
		8. TIME OF INCIDENT: 0011

9. **Description of Offense:** (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

Detainee (b)(6)(b)(7)(C) was fighting with Detainee (b)(6)(b)(7)(C)
Code Silver activated

10. **Was property damage caused?** Yes ☐ No ☑
Describe:

11. **Was medical attention needed?** Yes ☐ No ☑
Describe:

12. **Was additional/emergency assistance required? (i.e. Security, SRT, etc.)** Yes ☑ No ☐
Describe: Security Staff

13. **Reporting Employee Signature** (b)(6)(b)(7)(C) **Print Name:** (b)(6)(b)(7)(C) **Date** 03/11/19

14. **SUPERVISOR REVIEW:** (b)(6)(b)(7)(C) ported and I am forwarding this repo for further review and action.
(b)(6)(b)(7)(C) reviewed by Zon (b)(6)(b)(7)(C)
Super Print N Date 03/11/19

15. W (b)(6)(b)(7)(C) ncident, I am referring this report to the Inmate Discipline Board for further action.
a. s ☑ Form attached ☐ No ☐ Already on Status ☐
Watch Commander/designee Signature Print Name (b)(6)(b)(7)(C) Date 03/11/19

16. **D-BOARD:** **TO INMATE:** **You have been charged with the following Offense(s) Codes Violations:**
a. 1-2 b. 1-21 (b)(6)(b)(7)(C) e.
(b)(6)(b)(7)(C)
Disciplinary Officer Signature Date 03-11-19

17. **INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:**

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

Inmate Signature Print Name Date 03-11-19

(b)(6)(b)(7)(C) ate has been provided with a copy of this Formal Disciplinary Report.
Receipt of For (b)(6)(b)(7)(C) h a copy of this form.
Date 03-11-19
iplinary matter
Date 3-18-19

Original – Inmate Institutional File
Canary - Inmate

05/01/16

D-REPORT NO. D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 03-13-2019 (MM/DD/YY)
[redacted]		[redacted]	4. INMATE HOUSING UNIT: 2B - 251
5. DIVISION/FACILITY: DHOC/MODS	6. LOCATION OF INCIDENT: 2Dost	7. DATE OF INCIDENT: 03-13-2019	8. TIME OF INCIDENT: 0013

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

While conducting ~~count~~ a security round I/m [redacted] was missing from his cell. I/m [redacted] had been previously given a verbal warning not to be out of his cell and reminded that he was on DD STATUS. I/m [redacted] was found hinding in cell 249. He is issued a formal D-Report for being out of place while on STATUS. ZOR

10. Was property damage caused? Yes ☐ No ☒

Describe:

11. Was medical attention needed? Yes ☐ No ☒

Describe:

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☐ No ☒

[redacted] te: 3-13-2019

rther review and action.

3.13.19

Date

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.

a. Inmate Placed on Awaiting Action Status? Yes ☐ Form attached ☐ No ☐ Already on Status ☒

[redacted] [redacted] 3-13-19

Watch Commander/Designee Signature Date

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

a. b. c. d. e.

Disciplinary Officer Signature Print Name Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

Inmate Signature Print Name Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

a. ☐ Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.

Disciplinary Officer/Staff Signature Print Name Date

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.

Reviewing Authority/Designee Signature Print Name Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

D-REPORT NO. D-BOARD USE ONLY	**BCSO FORMAL DISCIPLINARY REPORT** (FOR USE WITH MAJOR OFFENSES ONLY)	1. REPORT DATE (MM/DD/YY)

2. INMATE NAME:	3. ID NUMBER:	4. INMATE HOUSING UNIT:
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	2East 254

5. DIVISION/FACILITY:	6. LOCATION OF INCIDENT:	7. DATE OF INCIDENT:	8. TIME OF INCIDENT:
DHOC	2East	3/1/19	1930

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

On the above date and time, I Officer (b)(6)(b)(7)(C) conducted a Security round in 2 East unit and found DIT (b)(6)(b)(7)(C) out of place in cell 241 at 1930. DIT (b)(6)(b)(7)(C) was given multible warnings about being out of place. (b)(6)(b)(7)(C)

10. Was property damage caused? Yes ☐ No ☐

Describe:

11. Was medical attention needed? Yes ☐ No ☐

Describe:

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☐ No ☐

Describe:

13. Reporting Employee Signature (b)(6)(b)(7)(C) Print Name: (b)(6)(b)(7)(C) Date: 3/1/19

14. SUPERVISOR REVIEW: I have [illegible] incident reported and I am forwarding this report to the Watch Commander for further review and action. reviewed by Zone Supervisor)

Sup (b)(6)(b)(7)(C) Print Name (b)(6)(b)(7)(C) Date 3/1/19

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.

[illegible] Status? Yes ☐ Form attached ☐ No ☒ Already on Status ☐

(b)(6)(b)(7)(C) Watch Commander/designee Signature (b)(6)(b)(7)(C) Print Name Date 3/1/19

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

a. b. c. d. e.

Disciplinary Officer Signature Print Name Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

Inmate Signature Print Name Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

a. ☐ Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.

Disciplinary Officer/Staff Signature Print Name Date

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.

Reviewing Authority/Designee Signature Print Name Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

D-REPORT NO. / D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)	1. REPORT DATE (MM/DD/YY)
		03/12/19

(b)(6)(b)(7)(C)	3. ID NUMBER: (b)(6)(b)(7)(C)	4. INHOUSING UNIT: 2 EAST
5. DIVISION/FACILITY: DHOC	6. LOCATION OF INCIDENT: 2 East	7. DATE OF INCIDENT: 03/12/19
		8. TIME OF INCIDENT: 1603

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

On the above date and time I, Officer (b)(6)(b)(7)(C) assigned to 2 East. While conducting a security round I (b)(6)(b)(7)(C) saw detainee (b)(6)(b)(7)(C) in cell 243. D/T (b)(6)(b)(7)(C) was out at place while on DO status. D/T (b)(6)(b)(7)(C) began to disregard this officers order and was ordered to return to his cell. D/T (b)(6)(b)(7)(C) was informed he was getting a D-report. D/T (b)(6)(b)(7)(C) returned to his cell with no issues. End of report.

10. Was property damage caused? Yes ☐ No ☒
Describe:

11. Was medical attention needed? Yes ☐ No ☒
Describe:

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☐ No ☒
Describe:

13. Reporting Employee Signature: (b)(6)(b)(7)(C) Print Name (b)(6)(b)(7)(C) Date: 03/12/19

14. SUPERVISOR REVIEW: I have reviewed this form and incident reported and I am forwarding this report to the Watch Commander for further review and action. [illegible] officers shall be reviewed by Z[illegible]

(b)(6)(b)(7)(C) Supervisor/designee Signature — Print Name (b)(6)(b)(7)(C) — Date

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.
a. (b)(6)(b)(7)(C) ting Action Status? Yes ☐ Form attache (b)(6)(b)(7)(C) No ☐ Already on Status ☑

Watch Commander/designee Signature — Print N[illegible] — Date 3-12-19

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:
a. b. c. d. e.

Disciplinary Officer Signature — Print Name — Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

Inmate Signature — Print Name — Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.
a. ☐ Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.

Disciplinary Officer/Staff Signature — Print Name — Date

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.

Reviewing Authority/Designee Signature — Print Name — Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

D-REPORT NO. D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 4/16/19 (MM/DD/YY)
2. INMATE NAME: [redacted]		3. ID NUMBER: [redacted]	4. INMATE HOUSING UNIT: 2EAST
5. DIVISION/FACILITY: DAOC/MOAS	6. LOCATION OF INCIDENT: 2EAST	7. DATE OF INCIDENT: 4/16/19	8. TIME OF INCIDENT: 1310

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

On the above date and time D/T [redacted] was found out of place in shower during lockdown after being warned about being out of place.
D/T [redacted] (classmove) was being escorted out of the unit he called this officer a faggot repeatedly and stated threatening when I come back I'm going to get you and I don't care because I'm going to get deported anyways. Lt. [redacted] and Maj. [redacted] notified. C.O.R.

10. Was property damage caused? Yes ☐ No ☑
Describe:

11. Was medical attention needed? Yes ☑ No ☐
Describe: SMU Evaluation

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☑ No ☐
Describe: C/O [redacted] C/O [redacted]

13. Reporting Employee Signature: [redacted] Print Name: [redacted] Date: 4/16/19

14. [redacted] incident report [redacted] Commander for further review and action.
[redacted] reviewed by [redacted] 4-16-19
Supervisor/designee Signature Print Name Date

15. [redacted] of this incident, I [redacted] Board for further action.
[redacted] s? Yes ☐ Fo[redacted] Already on Status ☒
Wat[redacted] Print Name Date 4-16-19

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:
a. b. c. d. e.
Disciplinary Officer Signature Print Name Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).
Inmate Signature Print Name Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.
a. ☐ Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.
Disciplinary Officer/Staff Signature Print Name Date

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.
Reviewing Authority/Designee Signature Print Name Date

Original – Inmate Institutional File
Canary – Inmate
05/01/16

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Lt. (b)(6)(b)(7)(C)

Reporting Date: 4/16/2019

Date and Time of Incident:4-16-19 1318hrs.

On above date and time Detainee (b)(6)(b)(7)(C) was placed on a class move per Major (b)(6)(b)(7)(C) to classification Lt. (b)(6)(b)(7)(C) to be placed in EC Unit. Detainee (b)(6)(b)(7)(C) was escorted out of 2 East Unit by myself and C.O. Roque enroute to HSU for a segregation evaluation. He was medically and mentally cleared by Nurse (b)(6)(b)(7)(C) He was then escorted to the SMU stripcage where he complied with all orders. He then was placed in EC Unit cell M-2 without incident nor injury.Captain (b)(6)(b)(7)(C) notified.

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

BRISTOL COUNTY SHERIFF'S OFFICE

INCIDENT REPORT FORM

Reporting Employee: [redacted] **Date:** 4/16/19

Date and Time of Incident: 4/16/19 1310

Location of Incident: 2 East

Description of Incident:

On the above date and time D/O [redacted] was found out of place on the shower during lockdown after being warned about being out of place.

D/O [redacted] (classmove) was being escorted out of the stated when he gets back threatening to get me because he didn't care because he was getting deported anyway. Lt [redacted] Maj [redacted] notified. Formal Discipline Report Issued. E.O.R.

Employee Signature: [redacted]

Watch Commander Signature and Date/Time: [redacted]

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 4/16/2019

Date and Time of Incident: 4/16/2019 @ 1318

Location of Incident: 2 East Unit

Description: Detainee [redacted] (b)(6)(b)(7)(C) #(b)(6)(b)(7)(C)

On the above date and time I Officer (b)(6)(b)(7)(C) was assigned to Sector C within the Dartmouth House of Corrections. I was contacted by Lieutenant (b)(6)(b)(7)(C) and informed that Detainee (b)(6)(b)(7)(C) [redacted] was going to be moved from 2 East unit to EC unit due disciplinary reasons.

At this time I then proceeded to 2 East unit. Upon entering the unit Detainee (b)(6)(b)(7)(C) was standing in the dayroom. I then approached him and gave him verbal commands to turn around and submit to hand restraints. Detainee (b)(6)(b)(7)(C) complied and I then secured him into hand restraints behind the back firm to the skin double locked to not impede circulation. Once he was secured into hand restraints I hands on escorted him out of the unit to Medical for a segregation evaluation.

Upon entering Medical, LPN (b)(6)(b)(7)(C) evaluated Detainee (b)(6)(b)(7)(C) LPN (b)(6)(b)(7)(C) then deemed him clear for EC unit. I then hands on escorted him out of Medical to the EE unit strip cage for a strip search. Detainee (b)(6)(b)(7)(C) was free of all contraband. Once the strip search was complete I removed him from the strip cage and hands on escorted him to EC unit cell M2 where I placed him inside the cell. Cell M2 was then secured and I then removed him from hand restraints via the food slot without any issue. No further issues to report at this time. E.O.R

Employee's Signature: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initial _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C) **LPN**

Reporting Date: 04/16/2019

Date and Time of Incident: 04/16/2019-1345

Location of Incident: HSU

Description: On the above date and time, I/M (b)(6)(b)(7)(C) **was assessed prior to being moved to a segregation unit. I/M voices no injuries or medical complaints at this time. No injuries noted while clothed. I/M denies SI/HI at this time. I/M was made aware of how to contact medical, mental health, and dental services. I/M is cleared per Medical/Mental health protocol to be moved to a segregation unit. EOR.**

Employee'sSignature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

D-REPORT NO. D-BOARD USE ONLY	**BCSO FORMAL DISCIPLINARY REPORT** (FOR USE WITH MAJOR OFFENSES ONLY)	1. REPORT DATE 04/16/19 (MM/DD/YY)

2. INMATE N (b)(6)(b)(7)(C)	3. (b)(6)(b)(7)(C)	4. INMATE HOUSING UNIT: 2 East
5. DIVISION/FACILITY: DHOC	6. LOCATION OF INCIDENT: 2East	7. DATE OF INCIDENT: 04-16-19
		8. TIME OF INCIDENT: 2050

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

On the above date and time I officer (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) Was Inventorying DR (b)(6)(b)(7)(C) Property. When I came across DR (b)(6)(b)(7)(C) ID booklet broken. No further issues. End of report.

10. Was property damage caused? Yes ☒ No ☐
Describe: Broken ID

11. Was medical attention needed? Yes ☐ No ☒
Describe:

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☐ No ☒
Describe:

13. Reporting Employee Signature: (b)(6)(b)(7)(C) Print Name: (b)(6)(b)(7)(C) Date: 04-16-19

14. SU incident reported and I am forwarding this report to the Watch Commander for further review and action.
(Fo (b)(6)(b)(7)(C) be reviewed by Z (b)(6)(b)(7)(C) 4-16-19
Supervisor/designee Signature Print Name Date

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.
(b)(6)(b)(7)(C) aiting Action Status? Yes ☐ Form attache (b)(6)(b)(7)(C) No ☐ Already on Status ☐
4-16-19
Watch Commander/designee Signature Print Name Date

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:
a. b. c. d. e.
Disciplinary Officer Signature Print Name Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).
Inmate Signature Print Name Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.
a. ☐ Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.
Disciplinary Officer/Staff Signature Print Name Date

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.
Reviewing Authority/Designee Signature Print Name Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

(b)(6)(b)(7)(C)

D-REPORT NO. (b)(7)(E) D-BOARD USE ONLY

BCSO FORMAL DISCIPLINARY REPORT
(FOR USE WITH MAJOR OFFENSES ONLY)

1. REPORT DATE: 04-04-19 (MM/DD/YY)

2. INMATE NAME: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

3. ID NUMBER: [redacted]

4. INMATE HOUSING UNIT: EC G5

5. DIVISION/FACILITY: DHDC

6. LOCATION OF INCIDENT: EC G5

7. DATE OF INCIDENT: 04.04.19

8. TIME OF INCIDENT: 1650

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

On the above date and time I, officer (b)(6)(b)(7)(C) was passing out chow in the EC unit when inmate (b)(6)(b)(7)(C) attempted to throw juice at me through the side of the cell door.

10. Was property damage caused? Yes ☐ No ☑

Describe:

11. Was medical attention needed? Yes ☐ No ☑

Describe:

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☐ No ☑

Describe:

13. Reporting Employee Signature: (b)(6)(b)(7)(C) Print Name: (b)(6)(b)(7)(C) Date: 04-04-19

14. SUPERVISOR REVIEW: I have reviewed this form and incident reported and I am forwarding this report to the Watch Commander for further review and action. (shall be reviewed by Zone Supervisors)

(b)(6)(b)(7)(C) Print Name: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) Date: 04-04-19

(b)(6)(b)(7)(C) After review of this incident, I am referring this report to the Inmate Discipline Board for further action.

ction Status? Yes ☐ Form attach(b)(6)(b)(7)(C)o ☐ Already on Status ☒

Watch Commander/designee Signature Print N(b)(6)(b)(7)(C) Date: 4-4-19

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

(b)(6)(b)(7)(C) b. 1.20 (b)(6)(b)(7)(C) e.

ture Print Name Date: 04-05-19

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form)

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) Inmate Signature Print Name Date: 04-05-19

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

(b)(6)(b)(7)(C) refused to sign Inmate Receipt of Formal Disci(b)(6)(b)(7)(C) was served with a copy of this form.

Date: 04-05-19

19. REVIEWI(b)(6)(b)(7)(C) atter and resolution h(b)(6)(b)(7)(C)

Reviewing A Pri Date: 4-16-19

Original – Inmate Institutional File
Canary - Inmate

05/01/16

U.S. Department of Justice
Immigration and Naturalization Service

Administrative Segregation Order

To: (b)(6)(b)(7)(C)

From: (b)(6)(b)(7)(C) Title: Lieutenant

Detainee: (b)(6)(b)(7)(C) A#: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

_X_ (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.

_____ (B) Is under medical observation (medical staff must comment and sign this Order).

_____ (C) Is pending a transfer or release within 24 hours.

_____ (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.

_____ (E) Is a security risk to him/herself or the security of the facility.

_____ (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. **I do[ ] do not [ ]** request a hearing concerning my segregation.

Detainee:_____ A-number:_____ Date:_____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

Several I-Reports for being out of place

Medical Officer:_____

Admitted by: _____ Title: _____
Admitted: (Date):_____ Time: _____

Released by: _____ Title: _____
Released: (Date)_____ Time: _____

Form No. I-886 (02/08/99)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 3/13/19

Date and Time of Incident: 3/13/19 Approx.. 0855

Location of Incident: 2 East unit

Description: Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) transfer to EC unit

On the above date and time while assigned as the Supervisor of Immigration Services I was contacted by Captain (b)(6)(b)(7)(C) informing me that detainee (b)(6)(b)(7)(C) had received yet another d-report for being out of place. Because of his many d-reports for being out of place and his flagrant disrespect for institutional rules it was determined that he would be moved to EC unit on status.

I at this time contacted 2 East unit and informed Officer (b)(6)(b)(7)(C) of this decision. I arrived in 2 East unit and escorted detainee (b)(6)(b)(7)(C) to medical for a segregation medical / mental health assessment. While in medical Nurse (b)(6)(b)(7)(C) performed the segregation assessment and cleared detainee (b)(6)(b)(7)(C) for placement in EC unit.

At this time I reapplied the hand restraints firm to the skin as to not impede circulation and escorted detainee (b)(6)(b)(7)(C) to EE unit to perform a strip search per the Superintendents policy regarding no contraband entering the ASU area. This search was conducted by me searching all his clothing and footwear no contraband was found at this time.

All clothing was returned to detainee (b)(6)(b)(7)(C) for him to get dressed. Once detainee was dressed he was escorted to EC unit and placed in cell G-5 without incident.

-END OF REPORT-

(b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor Received Report and Initials (b)(6)(b)(7)(C)

D-REPORT NO. D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 03-13-2019 (MM/DD/YY)
2. INMATE NAME: [redacted]		3. ID NUMBER: [redacted]	4. INMATE HOUSING UNIT: 2E - 251
5. DIVISION/FACILITY: DHOC/MODS	6. LOCATION OF INCIDENT: 2East	7. DATE OF INCIDENT: 03-13-2019	8. TIME OF INCIDENT: 0013

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

While conducting ~~[illegible]~~ a Security Round I/M [redacted] was missing from his cell. I/M [redacted] had been previously given a verbal warning not to be out of his cell and reminded that he was on DD STATUS. I/M [redacted] was found hinding in cell 249. He is issued a formal D-Report for being out of place while on STATUS. [redacted]

10. Was property damage caused? Yes ☐ No ☒

Describe:

11. Was medical attention needed? Yes ☐ No ☒

Describe:

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☐ No ☒

Describe:

13. Reporting Employee Signature: [redacted] Print Name: [redacted] Date: 3-13-2019

[redacted] and incident report [illegible] Watch Commander for further review and action. [redacted] shall be reviewed b[redacted]

[redacted] Print Name [redacted] Date 3.13.19

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.

a. Inmate Placed on Awaiting Action Status? Yes ☐ Form attached ☐ No ☐ Already on Status ☒

[redacted] Print Name [redacted] Date 3-13-19

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

a. b. c. d. e.

Disciplinary Officer Signature Print Name Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

Inmate Signature Print Name Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

a. ☐ Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.

Disciplinary Officer/Staff Signature Print Name Date

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.

Reviewing Authority/Designee Signature Print Name Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

D-REPORT NO. D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 3/13/19 (MM/DD/YY)
2. INMATE NAME: [redacted]		3. ID NUMBER: [redacted]	4. INMATE HOUSING UNIT: 2 EAST
5. DIVISION/FACILITY: DHOC/MODS	6. LOCATION OF INCIDENT: 2 EAST	7. DATE OF INCIDENT: 3-13-19	8. TIME OF INCIDENT: ~~[illegible]~~ 0920

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

On the above date and time D/T [redacted] property was searched due to being removed from the unit. While his property was being search a large piece of screw was found. Lt. Mark Amarach notified

10. Was property damage caused? Yes ☐ No ☑

Describe:

11. Was medical attention needed? Yes ☑ No ☐

Describe: SMU evaluation

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☑ No ☐

Describe: [redacted]

13. Reporting Employee Signature: [redacted] Print Name: [redacted] Date: 3/13/19

[redacted] nd incident re[redacted] Commander for further review and action. [redacted] ll be reviewe[redacted]

Print Name Date 3-13-19

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.

a. Inm[redacted] Status? Yes ☐ Form attached ☐ No ☐ Already on Status ☑

Watch Co[redacted] Pri[redacted] Date 3/13/19

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

a. b. c. d. e.

Disciplinary Officer Signature Print Name Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

Inmate Signature Print Name Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

a. ☐ Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.

Disciplinary Officer/Staff Signature Print Name Date

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.

Reviewing Authority/Designee Signature Print Name Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

BRISTOL COUNTY SHERIFF'S OFFICE

INCIDENT REPORT FORM

Reporting Employee: [redacted] Date: 3/13/19

Date and Time of Incident: 3/13/19 0920

Location of Incident: 2EAST

Description of Incident:

On the above date and time D/T [redacted] property was inventoried and sealed. While his property was [illegible] a large Metal Screw was found (Formal discipline report issued). All items that he can have was separated so he can retain in the SMU Area. [redacted]

Employee Signature: [redacted]

Date/Time: [redacted]

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C) RN

Reporting Date: 3/13/2019

Date and Time of Incident: 3/13/2019 0910

Location of Incident: HSU

Description: On the above date this nurse assessed INS Detainee (b)(6)(b)(7)(C) #(b)(6)(b)(7)(C) for an initial segregation assessment. He reported pain of right hand from punching a wall last night. He denied any other concerns. He presented alert, calm and cooperative with care. Skin appeared warm, dry, and intact with swelling noted to right hand. Review of EHR reveals no concerns per initial segregation protocol. Cookhouse notified of Detainee movement for reported Muslim diet. Onsite provider contacted, order obtained for an x-ray of right hand to rule out fracture. Motrin and education provided. EOR

Employee's Signature: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: ✓

D-REPORT NO. (b)(7)(E)

D-BOARD USE ONLY

BCSO FORMAL DISCIPLINARY REPORT

(FOR USE WITH MAJOR OFFENSES ONLY)

1. REPORT DATE: 2-25-19 (MM/DD/YY)

2. INMATE NAME: (b)(6)(b)(7)(C)

3. ID NUMBER:

4. INMATE HOUSING UNIT: EC

5. DIVISION/AGENCY: DHDC

6. LOCATION OF INCIDENT: EC-G3

7. DATE OF INCIDENT: 2-25-19

8. TIME OF INCIDENT: 2008

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

On the above date and time DIT (b)(6)(b)(7)(C) handed the nursing staff a false medical slip stating the hears voices to manipulate staff to come back to his cell. when the nurse confronted him on his statement and asked if he needed to see mental health, DIT (b)(6)(b)(7)(C) laughed and said no and the voices told him to write that so he could talk to the "pretty" nurse. DIT Kyewalyanga also told the nurse he will only go on a 15min watch only if he gets off his ticket in EC and claimed that if he doesn't get off his ticket then he was just joking about hearing voices.

10. Was property damage caused? Yes ☐ No ☑

Describe:

11. Was medical attention needed? Yes ☐ No ☑

Describe:

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☐ No ☑

Describe:

13. Reporting Employee Signature: (b)(6)(b)(7)(C) Print Name: (b)(6)(b)(7)(C) Date: 2-25-19

14. SUPERVISOR REVIEW: I have reviewed this form and incident reported and I am forwarding this report to Watch Commander for further review and action. (Form (b)(6)(b)(7)(C) rectional officers shall be reviewed by Zone Supervisor)

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 2-25-19

Supervisor/designee Signature | Print Name | Date

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.

a. (b)(6)(b)(7)(C) ction Status? Yes ☐ Form attached ☐ No ☐ Already on Status ☑

(b)(6)(b)(7)(C) 2-25-19

Watch Commander/designee Signature | Print Name | Date

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

a. 1-32 b. e.

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 02-26-19

D | Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

02-26-19

Inmate Signature | Print Name | Date

(b)(6)(b)(7)(C) nate has been provided with a copy of this Formal Disciplinary Report.

Receipt of Formal (b)(6)(b)(7)(C) ith a copy of this form.

02-26-19

Print Name | Date

ciplinary matter and resolution (b)(6)(b)(7)(C)

3-8-19

Print Name | Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

(b)(6)(b)(7)(C) [redacted]

D-REPORT NO. 03-085-19 D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 03/12/19 (MM/DD/YY)
(b)(6)(b)(7)(C) [redacted]		3. ID NUMBER: (b)(6)(b)(7)(C) [redacted]	4. INMATE HOUSING UNIT: 2 EAST
5. DIVISION/FACILITY: DHOC	6. LOCATION OF INCIDENT: 2 East	7. DATE OF INCIDENT: 03/12/19	8. TIME OF INCIDENT: 1603

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

On the above date and time I, Officer (b)(6)(b)(7)(C) assigned to 2 East. While conducting a security round I came across Detainee (b)(6)(b)(7)(C) in cell 243. D/T (b)(6)(b)(7)(C) was out of place while on DD status. D/T (b)(6)(b)(7)(C) began to dismiss this officers orders and was ordered to return to his cell. D/T (b)(6)(b)(7)(C) was informed he was getting a D-report. D/T (b)(6)(b)(7)(C) returned to his cell with no issues. End of report.

10. Was property damage caused? Yes ☐ No ☒

Describe:

11. Was medical attention needed? Yes ☐ No ☒

Describe:

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☐ No ☒

Describe:

13. Reporting Employee Signature (b)(6)(b)(7)(C) [redacted] Print Name: (b)(6)(b)(7)(C) [redacted] Date: 03/12/19

14. SUPERVISOR REVIEW: I have reviewed this form and incident reported and I am forwarding this report to the Watch Commander for further review and action. (b)(6)(b)(7)(C) [redacted] officers shall be reviewed b (b)(6)(b)(7)(C) [redacted]

Supervisor/designee Signature | Print Name | Date

15. WA (b)(6)(b)(7)(C) [redacted] VIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.

a. [redacted] ting Action Status? Yes ☐ Form attach (b)(6)(b)(7)(C) [redacted] No ☐ Already on Status ☑

Watch Commander/designee Signature | Print Name | Date 3-12-19

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

1-03

(b)(6)(b)(7)(C) [redacted] (b)(6)(b)(7)(C) [redacted] e.

Print Name | Date 03-13-19

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer)

(b)(6)(b)(7)(C) [redacted] (b)(6)(b)(7)(C) [redacted] 03-13-19

Inmate Signature | Print Name | Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

(b)(6)(b)(7)(C) [redacted] ate Receipt of Formal Di (b)(6)(b)(7)(C) [redacted] with a copy of this form.

Disciplinary Officer/Staff Signature | Pr | Date 03-13-19

19. RE (b)(6)(b)(7)(C) [redacted] linary matter and resolution (b)(6)(b)(7)(C) [redacted]

Review | Pr | Date 3-18-19

Original – Inmate Institutional File
Canary - Inmate

05/01/16

(b)(6)(b)(7)(C)

(b)(7)(E)

D-BOARD USE ONLY

BCSO FORMAL DISCIPLINARY REPORT
(FOR USE WITH MAJOR OFFENSES ONLY)

1. REPORT DATE (MM/DD/YY)	2. INMATE NAME:	3. ID NUMBER:	4. INMATE HOUSING UNIT:
03-13-2019	(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	28 - 251

5. DIVISION/FACILITY:	6. LOCATION OF INCIDENT:	7. DATE OF INCIDENT:	8. TIME OF INCIDENT:
DHOC / MODS	2 West	03-13-2019	0013

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

While conducting ~~CHART~~ a Security Round I/m (b)(6)(b)(7)(C) was missing from his cell. I/m (b)(6)(b)(7)(C) had been previously given a verbal warning not to be out of his cell and reminded that he was on DD STATUS. I/m (b)(6)(b)(7)(C) was found hiding in cell 249. He is issued a formal D-Report for being out of Place while on STATUS. ZOR

10. Was property damage caused? Yes ☐ No ☒
Describe:

11. Was medical attention needed? Yes ☐ No ☒
Describe:

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☐ No ☒
Describe:

13. Reporting Employee Signature: (b)(6)(b)(7)(C) Print Name (b)(6)(b)(7)(C) Date: 3-13-2019

(b)(6)(b)(7)(C) rm and incident reported and I am forwarding this re further review and action.
s shall be reviewed t (b)(6)(b)(7)(C) 3.13.19
Print Name Date

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.
a. Inmate Placed on Awaiting Action Status? Yes ☐ Form attached ☐ No ☐ Already on Status ☑
(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 3-13-19
Watch Commander/designee Signature Print Date

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:
a. 1-03 b. e.
(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 03-13-19
Print Name Date

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).
(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 03-13-19
Inmate Signature Print Name Date

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.
(b)(6)(b)(7)(C) Inmate Receipt of Formal Disc (b)(6)(b)(7)(C) n a copy of this form.
e Date 03-13-19

19. R (b)(6)(b)(7)(C) sciplinary matter and res 3-18-19
Revi e Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

[redacted]

D-REPORT NO. [redacted] D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 3/13/19 (MM/DD/YY)
2. INMATE NA[redacted]		3. ID NUMBER: [redacted]	4. INMATE HOUSING UNIT: 2 EAST
5. DIVISION/FACILITY: DHOC/MODS	6. LOCATION OF INCIDENT: 2 EAST	7. DATE OF INCIDENT: 3-13-19	8. TIME OF INCIDENT: ~~[illegible]~~ 0920

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

On the above date and time D/T [redacted] property was searched due to being removed from the unit. While his property was being search a large piece of screw was found. Lt. Mark Amarah notified

10. Was property damage caused? Yes ☐ No ☑

Describe:

11. Was medical attention needed? Yes ☑ No ☐

Describe: SMU evaluation

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes ☑ No ☐

Describe: Lt. [redacted]

13. Reporting Employee Signature: [redacted] Print Name: [redacted] Date: 3/13/19

[redacted] Commander for further review and action.

Supervisor/designee Signature [redacted] Print Name [redacted] Date 3-13-19

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.

a. In[redacted]us? Yes ☐ Form attached ☐ No ☐ Already on Status ☑

Watch C[redacted] P[redacted] Date 3/13/19

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

[redacted] .13 b. 1.35 c. [redacted] e.

[redacted]cer Signature [redacted] Print Name [redacted] Date 03-14-19

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the [redacted]st an Inmate Request Form from Disciplinary Officer).

[redacted] Inmate Signature [redacted] Print Name [redacted] Date 03-14-19

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

[redacted] Receipt of Formal Disc[redacted] a copy of this form.

[redacted] Date 03-14-19

[redacted]plinary matter and res[redacted] Date 3-26-19

Original – Inmate Institutional File
Canary - Inmate

05/01/16

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	SUFFOLK

1. Type of Notification:

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. Initial Date of Placement: 3/19/2019

3. Date of Disciplinary Proceeding (If Applicable):
3/22/2019

4. Length of Disciplinary Sanction (If Applicable):
10+admin

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☒ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    Subject was found with a weapon/contraband in his cell.

(b)(6)(b)(7)(C)

13. **Reviewing Supe**

14. **Date:** __4/01/2019_____

A. AFOD(b)(6)(b)(7)(C)

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for

(b)(6)(b)(7)(C)

Booked: 10/03/2018

Incident ID: (b)(7)(E)
Name: (b)(6)(b)(7)(C)
Report Date: 03/20/2019 **Incident Date:** 03/20/2019
Location: HOC- 8 00 2
Report Subject: FORMAL
Persons Involved: (b)(6)(b)(7)(C)

Booking Number: 1807283
Incident Time: 21:25
Event Type: DISCIPLINARY
Reporting Officer: (b)(6)(b)(7)(C)
Disposition: Moved to Segregation on Awaiting Action Status

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
8C/ Contraband	Formal		
3E/ Possession of Weapon	Formal		

Initial Report:

While assigned to the 8-2 unit on Wednesday, March 20, 2019 at approximately 9;20PM, Lieutenant (b)(6)(b)(7)(C) asked me to double check the cells for any extra or damaged mattress' while he addressed the detainees as a group in the dayroom. As I begun my search at cell 8 and physically check every bunk and mattress as a picture from underneath the last top bunk fell onto the bunk bellow it.The picture had a razor blade, that appeared to be from a dismantle shaving razor, stuck to the backside. Recreation was ending and I asked the detainees who resided in cell 8 who the picture belonged too. Detainee (b)(6)(b)(7)(C) spokeup, and stated, 'Me" as he pointed to his chest and acknowledged the inappropriate and partially clothed picture of an unknown female.

Reporting Staf (b)(6)(b)(7)(C) _____

Reporting Staf (b)(6)(b)(7)(C) SIG (b)(6)(b)(7)(C) **Position:** C/O
PRINT (FIRST) PRINT (LAST)

☐ *INMATE REFUSED INFORMAL SANCTION* ☑ *FORMAL HEARING REQUESTED* ☐ *REFER TO S.I.D.*

☐ Oral warning ☐ Written reprimand (b)(6)(b)(7)(C) *Yes* (No) *(circle one)*
☐ Restricted movement 24 48 72 *(circle one)* ☐ Loss of visits for 7
☐ Susp. From detail 24 48 72 *(circle one)* ☐ Loss of canteen fo 3/20/19 Date
☐ Loss of phone for 72 hrs ☐ Referred to Classification

BEGIN:_____ AM PM ON _____ (b)(6)(b)(7)(C) 3/20/19 Date
END:_____ AM PM ON _____

INMATE SIGNATURE DATE *Disciplinary Officer's Signature* 3/21/19 Date

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	SUFFOLK

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** _____05/20/2019_____

3. **Date of Disciplinary Proceeding (If Applicable):**
_____

4. **Length of Disciplinary Sanction (If Applicable):**
_____

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☒ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

fight

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    Subject was found with a weapon/contraband in his cell.

(b)(6)(b)(7)(C),

13. **Reviewing Supervisory Officer** **14. Date:** _5/22/2019_____

BRISTOL COUNTY SHERIFF's OFFICE - CPS
MEDICAL TRANSFER SUMMARY

TB Clearance? Yes No

1) PPD Completed:
Date Read Negative (0mm) on 10/25/2018 11:06:22 AM

2) CXR Completed: ☐
Date:
Result:

3) Health Authority Clearance:

4/1/2019
Sign Date

Note: Dates listed above must be within one year of this transfer.

I. PRISONER/ALIEN

Name:	Prisoner/Alien Reg. #	D.O.B.
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)

Departed From:	Date Departed:
Bristol County House of Correcti	4/1/2019

Destination: Reason for Transfer:

Dist. Name: Dist. # Dates in Custody:

II. Current Medical / Mental Health Problems

PROBLEM LIST:
* Medical - Special Needs set on 10/22/2018 9:48:11 PM
------>Bottom Bunk, Stop Date:10/22/2019
* Medical - Seizures set on 11/6/2018 9:33:44 AM
------>Seizures assessment while performing PE on 11/6/2018 9:33:44 AM

Seizure d/o
Migraines
Self reported mild sleep apnea
Anxiety disorder unspecified
Unspecified Depressive disorder

Medication Required For Care En Route

Medication	Dose	Route	Instructions For Use (Included proper time for Administering)	Stop
KEPPRA	1500mg	p. o./q. h. s.	X 120 DAYS	6/4/2019
LEXAPRO (estacilopram oxalate)	20 MG	p. o./q. h. s.	X 90 DAYS	6/25/2019
COLACE (docusate sodium)	100mg	p. o./q. h. s.,	X 120 DAYS	6/4/2019
IRON	325mg	p. o./q. h. s.	X 120 DAYS	6/4/2019

ALLERGIES: NKDA

Additional Comments: BOTTOM BUNK

III. SPECIAL NEEDS AFFECTING TRANSPORTATION

	YES	NO	
Is prisoner medically able to travel by BUS, VAN or CAR?	☑	☐	If no, Why not?
Is prisoner medically able to travel by airplane?	☑	☐	If no, Why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	☑	☐	If no, Why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	☐	☑	If yes, state reason:
Does prisoner require any medical equipment while in transport status?	☐	☑	If yes, What equipment?

Sign Print Name – Certifying Health Authority: **Phone Number:** **Date Signed:**

(b)(6)(b)(7)(C), LPN, DON (b)(6)(b)(7)(C) 4/1/2019

1 - Medical Intake Screening Form

(b)(6)(b)(7)(C)

#(b)(6)(b)(7)(C)

Inmate ID:	(b)(6)(b)(7)(	Location:	-
DOB:	(b)(6)(b)(7)(C)	Ethnicity:	-
Age:	35	Race:	BLACK
Height:	5ft 11in	Interviewer:	LPN (b)(6)(b)(7)(C) LPN, (b)(6)(b)(7)(C) (04/01/2019 1546)
Weight:	200		
Agency:	I.N.S. BOSTON		

1.	Do you have a medical problem such as bleeding or injury that require immediate medical attention?	No	
2.	Have you fainted or had a head injury within the past six months?	No	
3.	Are you currently being followed by a primary care physician?	Yes	
3a.	If yes, when was the date of your last visit?	See note	a year ago
4.	Do you wear glasses or contact lenses?	No	
5.	Do you have prosthesis, splint, crutches, cast or brace that you need while here?	No	
6.	Do you drink alcohol?	No	
7.	Have you had withdrawal seizures?	No	
8.	Do you use drugs?	No	
9.	Have you had withdrawal problems when you stop taking drugs?	No	
10.	Are you currently detoxing from any prescriptions or other substances? (If yes specify exact substance)	No	
10a.	Place on associated detox protocol:	None	
11.	Have you ever been clinically diagnosed with any chronic disease? If yes, explain. Examples- Asthma Cardiovascular Disease Type 1 Diabetes Type 2 Diabetes HIV Cancer Hyperlipidemia Seizure Disorder Hepatitis (A, B or C) Other	Yes	S/R Epilepsy S/R sleep paralysis S/R anemia
12.	Have you traveled out of the country in the last 30 days? If yes, where?	Yes	
13.	Have you had prior incarcerations?	Yes	
14.	Have you ever been treated for a psychiatric illness?	Yes	
14a.	If yes, for what condition and when were you treated?	depression	
15.	Have you ever attempted suicide?	No	
16.	Do you have thoughts or plans to hurt yourself or someone else?	No	
17.	Are you currently hearing voices?	No	
18.	Does the inmate appear tearful?	No	
19.	Is the inmate's communication incoherent?	No	
20.	Is the inmate demonstrating bizarre/unusual behavior?	No	

21.	Do you have any history of in-patient psychiatric treatment?	No	
22.	Do you have a history of out-patient psychiatric treatment?	No	
23.	Do you have current health insurance? Name of health insurance?	Yes	
24.		Blood Pressure 126 sys 84 dia Pulse 85 beats per min Respirations 12 breaths per min Temperature 99.2 °F Weight 200 lbs Height 5ft 11in 27.9 SPO2 98.0 %	
25.	Current medical conditions:	Yes	See above
26.	Medical history:	Yes	
27.	Have you ever been treated with TB Drugs?	No	
28.	Have you ever had a positive TB test?	No	
29.	Related medical issues:	None	
30.	CURRENT PRESCRIBED MEDICATION including dose and frequency (list all)	Yes	Keppra 1500mg Lexapro 20mg Colace Iron
30a.	When was your last dose of prescribed medication taken?	last night	
31.	PHARMACY: 24 Hour Pharmacies CVS 508-747-1465 Walgreens 508-822-3658 Rite Aid 508-880-3237	see health status	
32.	Do you have any allergies to medicine or food? If yes, please list.	No	
33.	Do you have any dental pain at this time?: On a level of "0-10". If other than "0" describe	No	
34.	Condition of teeth:	Good	
35.	Condition of gums:	Healthy	
36.	False teeth:	None	
37.	Oral Hygiene / PCCF handbook given:	Yes	
38.	REFERRALS:	None	
39.	PLACEMENT:	ICE	
40.	Do you want to be tested for HIV?	No	
41.	Have you ever been victimized?	No	
42.	Are there signs of recent trauma, needle marks, bruises or lesions?	No	
42.	Are there any signs of skin issues, rashes, infestations or jaundice?	No	S/R dry skin
43.	Have you ever had special education? (IEP)	No	
45.	Hepatitis A Vacination Information Sheet Given:	No	ICE
46.	Hepatitis A Vacination Administered:	No	ICE
47.	MMR Vaccination Information Sheet Given:	No	

48.	MMR Vaccination Administered:	☑ Refused	

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C) 4/1/19

Initial Physical Health Assessment

(b)(6)(b)(7)(C)

#(b)(6)(b)(7)(C)

Inmate ID:	(b)(6)(b)(7)(C)	**Location:**	SEG : GNE : 114 : 1
DOB:	(b)(6)(b)(7)(C)	**Ethnicity:**	-
Age:	35	**Race:**	African
Height:	5ft 11in	**Interviewer:**	MD (b)(6)(b)(7)(C) MD, (b)(6)(b)(7)(C) (04/03/2019 0916)
Weight:	207		

Inmate Refuses Initial Physical Assessment If yes, please follow refusal protocol.	○ Yes - see note ◉ **No**	
Is this inmate 50 years old or older?	○ Yes ◉ **No**	
New Problem	☑ **Medical** ☐ Dental ☐ Mental Health ☐ None	? put on fe in Bristol county for anemia
Chronic Problem	☑ **Medical** ☐ Dental ☑ **Mental Health** ☐ None	depression /anxiety
Special Needs	Raised in Brooklyn NY fluent in English , primary language Creole	
Current Medications	LEVETIRACETAM 500MG TAB QHS; Directions: 3 TAB [PO] By Mouth QHS ; ESCITALOPRAM OXALATE 20MG TAB QHS; Directions: 1 TAB [PO] By Mouth QHS ; FERROUS SULFATE 325MG TAB QHS; Directions: 1 TAB [PO] By Mouth QHS ; DOCUSATE SODIUM 100MG CAP QHS; Directions: 1 CAP [PO] By Mouth QHS ;	
Allergies	NKMA	

Physical Examination:

Vital Signs	**Blood Pressure**	98 sys 70 dia	
	Pulse	78 beats per min	
	Respirations	18 breaths per min	
	Temperature	98.4 °F	
	Weight	207 lbs	
	Height	5ft 11in 28.9	
	SPO2	98.0 %	
Neuro	○ Not Examined ◉ **Normal** ○ Abnormal		
HEENT	○ Not Examined ◉ **Normal** ○ Abnormal		
Lungs	○ Not Examined ◉ **Normal** ○ Abnormal		

Heart	○ Not Examined ◉ **Normal** ○ Abnormal	
Abdomen	○ Not Examined ◉ **Normal** ○ Abnormal	
Rectal	○ Refused ○ Normal ○ Abnormal ◉ **Deferred**	
Ortho	○ Not Examined ◉ **Normal** ○ Abnormal	
Skin	○ Not Examined ◉ **Normal** ○ Abnormal	
Musculo/Skeletal	○ Not Examined ◉ **Normal** ○ Abnormal	
Assessment	◉ **Stable** ○ Unstable ○ Not Examined	
Referral	☐ Medical ☐ Dental ☐ Mental Health ☑ **Chronic Disease (see below)** ☐ Infectious Disease (see below) ☐ None	

Initial Chronic Disease Assessment

Is Chronic Disease Assessment Indicated:	◉ **Yes** ○ No	
Short term goals:	bottom bunk , monitor for seizures, adjust meds as necessary	
Long term goals:	avoid driving , ladders unless seizures are very well controlled	
Chronic Care Follow-up	☑ **q3 months** ☐ q6 months ☐ Annual ☐ Other (specify)	
Clinical documentation provided:	○ Yes ○ No	
Check all that apply and complete the appropriate clinical history. HEP C - MUST HAVE CLINICAL DOCUMENTATION Asthma - PEFR documentation	☐ Diabetes ☐ Endocrine ☐ HIV ☐ HTN/CV ☑ **Neurological** ☐ Pulmonary/Asthma/COPD ☐ TB ☐ Other	seizure disorder

Check all that apply and complete the appropriate clinical history. HEP C - MUST HAVE CLINICAL DOCUMENTATION Asthma - PEFR documentation	☐ Diabetes ☐ Endocrine	
Check all that apply and complete the appropriate clinical history. HEP C - MUST HAVE CLINICAL DOCUMENTATION Asthma - PEFR documentation	☐ Diabetes ☐ Endocrine	
Medication Change (if any)		
Educational Information / Instruction Given Regarding	☐ Discharge Planning ☐ Medications ☐ Dietary ☐ Dental Health Issues ☐ Mental Health Issues ☐ Other (specify)	
LABS Ordered (if any)	past medical hx seizure disorder , sleepwalking , sleep paralysis and depression , last seizure 7 mo ago , migranes, reportedly told in Bristol county that he was anemic past surgical hx denies mental health hx depression , no suicidal ideation currently substance abuse - nonsmoker , etoh does not drink and denies issues with etoh in the past, no drug use no medical concerns agreeable to signing release of records from Bristol County regarding anemia, roi signed at this visit	
Work Status: Does Inmate/Detainee have clearance to obtain a job while incarcerated? If NO, please explain.	○ Yes ◉ **No**	needs to be seizure free for 6 mo
Comments:		

Comprehensive Mental Health Evaluation

(b)(6)(b)(7)(C)

#(b)(6)(b)(7)(C)

Inmate ID: (b)(6)(b)(7)(C)
DOB: (b)(6)(b)(7)(C)
Age: 35
Height: 5ft 11in
Weight: 207

Interviewer: (b)(6)(b)(7)(C) LICSW, (b)(6)(b)(7) (04/03/2019 0852)

Date of Admission:		04/01/2019
Primary Language:	English	
Civil Status:	Single, w/ a fiance'	
# of Children:	N/A	
If Children, does patient provide support?	○ Yes ○ No	
Notes:	35 y.o., originally from Haiti Has been in the US for 34 years Note: I/M initially refused to come down to medical and 'sighed' at clinician after he answered every question asked of him and made no eye contact.	
Patient's last grade completed:	HS Graduate, went to trade school	
DMH/DMR Services:	Denies	
Special Education:	Denies	
Current Legal Charges:	ICE Detainee: s/r currently fighting his case	
Patient's chief complaint and it's duration:	I/M denies any significant MH issues/concerns at this time.	
Psychiatric Medications:	S/r placed on meds @ Bristol Cty in Oct. of 2018 for "depressed, stressed, nightmares due to physical assaults as an adult" S/r Rx'ed Lexapro. See MAR for details.	
History of Present Illness:	Denies	
In-Patient's Psychiatric Hospitalizations:	Denies	
Substance abuse inventory:	☐ Alcohol ☐ Heroin ☐ Cocaine ☑ **Other (specify)**	Marijuana
Notes on SA:	Started smoking at age 18, time-to-time Denies hx of any drug or alcohol tx	
Developmental, psychosocial, and socio cultural history;	ltw: parents, still alive/married, also in the US s/r 2 sisters	
Family Issues:	s/r family and fiance' are most supportive and have been; detainee transferred to Bristol Cty HOC 10/2018 from PCCF and never hit the street	
Employment/Military History:	ltw: undercover security, June 2018 Denies hx of military service	
Abuse / Neglect (Physical / Sexual)	Denies hx of MA/PA/SA	
Have you ever been charged with a sexual related crime?	Denies	
Legal, correctional, criminal history:	Longest bid has been this one, arrived @ PCCF on 8/21/18-10/22/18, went to BCHOC, returned to PCCF 4.1.19 *I/M was seen for MH f/u's when here last, please note.	
Violence History:	Denies	
Self Mutilation History:	Denies	
Suicide History	Denies	
Family History of Suicide:	Denies	
Current Mental Status:	I/M presents as A+O x3. Well-groomed. Respectful, calm cooperative; appears "annoyed" at every question being asked of him; "sighed" after every answer and made no eye contact. Denies SI/HI, plan or intent. No observed signs of psychosis. Overall	

	irritable/possibly "frustrated" mood w/ blunted affect; although difficult to assess due to lack of eye contact. Speech wnl. No acute distress.

Clinical Impression:

A:	Deferred
B:	
C:	
D:	
Treatment Plan:	☑ **No immediate clinical follow-up necessary** ☐ Completed and implemented Initial Treatment Plan ☑ **Referred to Psychiatric Prescriber** ☐ Other (Specify)
Additional Comment:	Rev'd limits of confidentiality & duty to warn w/ I/M. Rev'd how to access MHS prn/pp via sick slip & encouraged I/M to alert staff if ever feeling @ risk to self/others. I/M is aware his medication was ordered and that he will be scheduled for a psych med eval. MH to f/u pp.

Patient Note

(b)(6)(b)(7)(C)

Author: (b)(6)(b)(7)(C) LICSW, (b)(6)(b)(7)

Highlight Note?: No

Date: 04-26-2019 1015

Access: This note is for Medical Staff only

Note: D – Met w/ ICE Detainee (b)(6)(b)(7)(C) approx. 9:57 AM in MHS per self-request (see sick slip for details). Note: I/M was m/r seen by this clinician for a MH eval on 4.3.19 and was ref'd for a psych med eval as well @ that time. I/M s/r he is having "nightmares" and "sleep paralysis". I/M started the conversation re: these two issues, and as clinician started to ask for more clarification about these nightmares, I/M immediately changed the subject to his Lexapro "being crushed". I/M s/r he feels his med shouldn't be "crushed into a powder form"; indicated he knows the protocol is for his med to be "crushed" but feels that there is inconsistency re: how much it is crushed. I/M c/o physical S/E's to having to ingest his medication in powder form. I/M stated he has addressed this w/ the MO's but some still continue to crush it into powder form. Clinician explained that I/M's concern, though valid, is beyond the scope of MHS and suggested I/M consider writing a sick slip to medical or filing a grievance if he continues to feel misheard re: the consistency of med crushing. Explained that this clinician does not know the medical protocol or procedure. Reminded I/M that he is on the list for a med eval and that he may also discuss his meds and any concerns at that time. I/M mentioned he had been taking Prazosin but it was DC'ed; discussed that this medication used to help w/ his "nightmares" and acting out "physically" in his sleep. I/M stated, "Ok, well, that was it, thanks!" and motioned to get up. I/M denied any current SI/HI, plan or intent. Denied any other MH issues/concerns at this time. Rev'd how to access MHS prn/pp via sick slip.

Related Problems (none)

A –I/M presents as A+O x3. Pleasant, respectful, calm, cooperative. Linear & f/o thought content. Overall euthymic mood w/ congruent affect. Denies SI/HI, plan or intent. No observed signs of psychosis. Good eye contact. Speech wnl. No acute distress.

P- I/M appears stable @ this time. No immediate f/u indicated at this time. Rev'd how to access MHS prn/pp via sick slip & encouraged I/M to alert staff if ever feeling @ risk to self/others. MH to f/u pp.

(b)(6)(b)(7)(C) LICSW

(b) (6), (b) (7)(C)

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Bottom Bunk LOS

Sex: Male
Aliases: (b)(6)(b)(7)(C) , (b)(6)(b)(7)(C) , ,
DOB: (b)(6)(b)(7)(C) (Age 35)
Height: 5ft 11in
Weight: 207 lbs
BMI: 28.9
SSN: (b)(6)(b)(7)(C)
Agency: I.N.S. BOSTON
Location: (b) (7)(E)
Inmate ID: (b)(6)(b)(7)(C)
Allergies:
NKMA

Sick Calls

Mental Health Sick Calls

Triage

- **05/14/2019**: Physicians Orders
- **04/03/2019**: Physicians Orders
- **04/03/2019**: Initial Physical Health Assessment

Medical

- **10/09/2018**: (b)(6)(b)(7)(C) NP

Dental

- No recent records

Mental Health

Viewing 1-1 of 1 Item

04/29/2019 1305 with (b)(6)(b)(7)(C)

Subjective: attempted to see detainee for psych eval -- detainee refused -- refusal form completed	**Note Off Status:** Complete **Note Off By** (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) LPN LPN on 04/29/2019 1312 **Locked:** Yes **Interpreter used:** No
Objective: *blank*	
Assessment: *blank*	
Plan: *blank*	
Education: *blank*	

Entered by: (b)(6)(b)(7)(C) at patient request
Add Addendum
Recategorize to Mental Health
detainee rescheduled as well
(b)(6)(b)(7)(C)
2019-04-29 13:06:21.000

Viewing 1-1 of 1 Item

The Commonwealth of Massachusetts
County of Plymouth
Sheriff's Department
Plymouth County Correctional Facility

26 Long Pond Road
Plymouth, MA 02360
Telephone: (508) 830-5200
Fax: (508) 830-5201
www.pcsimail.org

Joseph D. McDonald, Jr.
Sheriff

Gerald C. Puddister
Special Sheriff

HEALTH SERVICES UNIT

REFUSAL OF MEDICAL CARE

Date: 4/29/19

Name: (b)(6)(b)(7)(C)

ID #: [redacted] Date of Birth: 1/19/84

I have this day refused medical care, as noted in the appropriate box and initialed by the inmate.

Mark The Appropriate Checkbox		*Initial*
☐	Refused Medication	
☐	Refused Medical Care In The Facility	
☐	Refused Dental Care	
☐	Refused A Medical Appointment	
☐	Refused Required Laboratory Services	
☐	Refused Required X-Ray Studies	
☐	Refused A Physical Examination	
☐	Refused Medical Appointment At Lemuel Shattuck Hospital OPD	
☐	Refused Evaluation At The Jordan Hospital	
☐	Refused Evaluation At:	
☑	Other: refused psychiatric evaluation	X

I have been informed of the possible ~~consequences~~ harm to my health as a result of my refusal and that should I change my mind, it is my responsibility to contact the Health Services Unit to request services.

Inmate's Signature: ☑ (b)(6)(b)(7)(C) Date: 4/29/19

The above named inmate refused care as indicated, and has refused to sign this form.

Staff Witness: _____ Date: _____
Please Print

Medical Staff Signature: _____ Date: _____

Cc: Inmate's Medical Record

Medical Department Fax: 1-508-830-5723

Patient Note

(b)(6)(b)(7)(C)

Author: (b)(6)(b)(7)(C)

Date: 05-21-2019 1400

Access: This note is for Medical Staff only

Note: D: Met with detainee in G unit at apx. 1:30 pm for seg assessment. Chart was reviewed prior to assessment and indicates that detainee has been compliant with his prescribed psychiatric medications. Detainee denies any current mh issues/concerns or any issues/concerns with being housed in segregation at this time. Detainee denies current thoughts/intent/plan to harm self/others. Stable.

A: Alert and oriented x3. Detainee was adequately groomed and maintained appropriate eye contact. Speech was normal rate/tone/volume. Mood was euthymic with congruent affect. Thought process was organized and goal directed, no evidence of psychosis. Future oriented and denies current thought/intent/plan to harm self/others. Stable. No acute distress.

P: MHS to f/u per restrictive housing protocol. Detainee aware to contact MHS as needed via sick slip or during daily restrictive housing clinical rounds. Detainee encouraged to immediately alert staff if having thoughts to harm self/others.

Highlight Note?: No

Related Problems (none)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Plymouth

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** _____05/15/2019_____

3. **Date of Disciplinary Proceeding (If Applicable):**
_____ _____

4. **Length of Disciplinary Sanction (If Applicable):**
_____ _____

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☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

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☒ Facility Security: Violent or Disruptive Behavior
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☒ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

Manufacture unauthorized substance (K2 synthetic Marijuana)

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    Subject was found with a weapon/contraband in his cell.

13. **Reviewing Supervisory Officer** (b)(6)(b)(7)(C)
    _A. AFOD (b)(6)(b)(7)(C) _____

14. **Date:** __06/03/2019_____

Plymouth County Correctional Facility

Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
05/15/2019		

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** 76400

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Participant

Housing Location: GNW / 115 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Offense(s):

Code Number of Rule(s) Violated	Offense Type
10A - Manufacture unauthorized substance	Major
10C - Introduction unauthorized substance	Major
01B - Lying to Staff	Minor
10B - Possession unauthorized substance	Major

Otr Inmates Involved: (b)(6)(b)(7)(C) GNW / 115 / 2 Participant (b)(6)(b)(7)(C) [redacted]

Code Number of Rule(s) Violated	Offense Type
10A - Manufacture unauthorized substance	Major
01B - Lying to Staff	Minor
10C - Introduction unauthorized substance	Major
10C - Introduction unauthorized substance	Major

Report Subject: Unauthorized Substance

Statement of Offense:

Sir:
On Wednesday May 15,2019 I was assigned as a unit officer for C3 on the 1500-2300 hrs shift. At approximately 1935 hours while conducting random cell searches I entered cell C425. Upon entereing the cell I could detect an odor of something having been recently burnt in the cell. There were 4 double A batteries on the desk, which are commonly used to light tapers. As I searched I then found a wet brown paper towel underneath the bottom bunk. The paper towel was laid out carefully on a piece of plastic wrap. Both items were smoothed out on the floor and there was a brown liquid substance pooling on the base of the towel/plastic wrap. In my experience as a correctional officer this looked like the begining of the manufacture of synthetic marijuana, commonly called K2. I seized the item and secured the cell door. After returning to the officer's panel I called the detainees housed in the cell, (b)(6)(b)(7)(C) to come speak with me.
Ice Detainee (b)(6)(b)(7)(C) came first and denied any knowledge of the item, stating that it was not his. He brought (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) to the afterwards who only said it was a wet paper towel. He then wanted to go to his cell and "use the bathroom." Lieutenant (b)(6)(b)(7)(C) was notified of the findings.

Respectfully submitted,

(b)(6)(b)(7)(C)
Corrections Officer, C3

Reporting Officer: (b)(6)(b)(7)(C) _____ **Shift Supervisor:** (b)(6)(b)(7)(C) _____

Signature **Signature**

Disposition of Evidence:

Plymouth County Correctional Facility

Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 05/15/2019 **Incident Date** **Incident Time**

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Participant

Housing Location: GNW / 115 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action _____ **Minor Sanction**_____ **Major Violation**_____

Referred to D.A. _____ **Investigation** _____ **Date Commenced**_____

Disciplinary Officer:

_____ _____
Signature **Date**

Reviewing Authority (print name): _____

_____ _____
Signature **Date:**

Appendix G

DONALD W. WYATT DETENTION FACILITY
CONSTANT OBSERVATION WATCH FORM

Name: (b)(6)(b)(7)(C) ID# (b)(6)(b)(7)(C) B: (b)(6)(b)(7)(C)

Clinical Evaluator: (b)(6)(b)(7)(C) Date: 06/05/2019 Time: 11:29AM

Reason for Observation: Engaged in self-injury by inserting a paper clip through his top lip. Continues to verbalize thoughts of SI. Detainee will be placed on a Constant Observation.

Location of Watch: HSU

	YES	NO	Special Instructions/Property
Mattress	✓		Security only
Blanket	✓		Security only
Linen		✓	
Finger Foods	✓		No Utensils. Finger foods only
Utensils		✓	Finger foods only
Undergarments		✓	
Shower (under supervision)		✓	Not authorized at this time
Other Property Allowed*	✓		Smock only

*If YES, special instructions in the section to the right:

(b)(6)(b)(7)(C) HSU Staff Member Signature — 6/5/19 Date — 1200pm Time

Mental Health Referral Form completed by: 6/5/19 Date — 1200pm Time

(b)(6)(b)(7)(C) Staff Signature — 6-5-2019 Date — 12:03Pm Time

(b)(6)(b)(7)(C) — 6/6/19 Date — 10:27pm Time

(b)(6)(b)(7)(C) ATION OF WATCH — 6/6/19 Date — 10:27PM Time

Treatment Plan: Mitts to be discontinued and he will be downgraded to a close observation.

cc: Location of Watch/Correctional Officer, Detainee Medical Record and Warden.

REVIEWED: _____ Date: _____
Warden

DONALD W. WYATT DETENTION FACILITY
Health Services Unit/Mental Health Progress Notes

Name: (b)(6)(b)(7)(C) Date: 06/06/2019

DOB: (b)(6)(b)(7)(C) ID# (b)(6)(b)(7)(C)

Chief Complaint: "I feel better today!"

Interval History:

S: This writer conducted a detailed chart review. Pt has no history of mental health services. Pt was housed in J-2- when it was reported that pt engaged in self-injury by inserting a paperclip into his lip. Pt then verbalized SI it was at this time pt was placed in the HSU and was placed on a Constant (1:1) Mental Health Watch.

O: Pt's vitals appear normal at this time. Pt does not appear to be suffering from any ongoing medical issues as there was minimal bleeding during the incident.

A: Pt met with psychiatry today as pt is currently on a Constant Mental Health Watch. Pt was able to answer the mental health risk assessments during contact by currently denying thoughts of self-injury. Pt reported positive future orientation, and stated, "I just want to be with my cousin in J-1." This writer informed pt that she would consult with the ICE Captain regarding this housing unit issue. Pt appeared agreeable to this. No further issues to report at this time. Pt is aware on how to access mental health services.

P: The Constant Mental Health watch will be discontinued at this time as pt no longer verbalizes thoughts of SI/SIB. Pt will be downgraded to a Close Observation. Pt is aware on how to access mental health services when needed.

Psych ROS:	**Psychotic**	**Manic**	**Depressed**	**PTSD**
	OCD	**GAD**		
Somatic:	**Sleep**	**Energy**	**Appetite**	**Interest**
		Pain	**Weakness**	**Memory**
Examination				
Appearance: Security Smock				
Motor: Normal				
Speech/Language: Normal pace and low volume				
Orientation/LOC: Future Oriented				
Mood/Affect: Appropriate mood with a flat affect				
Thought Content/Pattern: Logical				
Delusions: Currently denies				
Hallucinations: Currently denies				
SI/HI: Currently denies				
Judgment/Insight: Fair				

Impression: Cooperative

AXIS I: N/A

AXIS II: N/A

AXIS III: N/A

AXIS IV: N/A

AXIS V: N/A

Treatment Plan: **The Constant Mental Health watch will be discontinued at this time as pt no longer verbalizes thoughts of SI/SIB. Pt will be downgraded to a Close Observation. Pt is aware on how to access mental health services when needed.**

Nicole (b)(6)(b)(7)(C) **LMHC** **06/06/2019**

(b)(6)(b)(7)(C)

6/6/19

DONALD W. WYATT DETENTION FACILITY
Health Services Unit/Mental Health Progress Notes

Name: (b)(6)(b)(7)(C) Date: 06/05/2019

DOB: 11/14/1982 ID# (b)(6)(b)(7)(C)

Chief Complaint: "I just did that because I wanted to get out of here!"

Interval History:

S: This writer conducted a detailed chart review. Pt has no history of mental health services. Pt was housed in J-2- and it was reported that pt engaged in self-injury by inserting a paperclip into his lip. Pt then verbalized SI it was at this time pt was placed in the HSU and was placed on a Constant (1:1) Mental Health Watch.

O: Pt's vitals appear normal at this time. Pt does not appear to be suffering from any ongoing medical issues as there was minimal bleeding during the incident.

A: When this writer arrived to the HSU, this writer observed that pt was in a security Smock with the HSU Security staff. This writer then assessed pt for an out of cell contact. It was reported that pt engaged in self-injury by insertion. Pt reported that he "found" a paper-clip and inserted in between both his top and bottom lip. Although it was previously reported that pt wanted to engage in self-injury pt reported during this assessment that he no longer wished to harm himself, pt reported that he "wanted to leave the facility. "This writer informed pt that he would be speaking with psychiatry the next day in order to assess pt's safety, stability, and his medication concerns. Pt appeared agreeable to this. Pt was not able to contract for safety during assessment at this time. No further issues to report at this time. Pt is aware on how to access mental health services.

P: The Constant Mental Health watch was initiated at this time as pt is unable to answer the mental health risk assessment questions asked by nursing staff. Pt will speak with psychiatry tomorrow to further assess pt's presentation. It appears that pt engaged in self-injury in order to leave the institution. Pt is aware on how to access mental health services when needed.

Psych ROS:	**Psychotic**	**Manic**	**Depressed**	**PTSD**
	OCD	**GAD**		
Somatic:	**Sleep**	**Energy**	**Appetite**	**Interest**
		Pain	**Weakness**	**Memory**
Examination				
Appearance: Security Smock				
Motor: Normal				
Speech/Language: Normal pace and low volume				
Orientation/LOC: Blocked				
Mood/Affect: Appropriate mood with a flat affect				
Thought Content/Pattern: Goal Directed				
Delusions: Currently denies				
Hallucinations: Currently denies				
SI/HI: Currently reports. Non-accurate reporter.				
Judgment/Insight: Poor				

Impression: Cooperative

AXIS I: (799.9) Deferred

AXIS II: (799.9) Deferred

AXIS III: None

AXIS IV: (V62.5) Incarcerated

AXIS V: 50

Treatment Plan: **The Constant Mental Health watch was initiated at this time as pt is unable to answer the mental health risk assessment questions. Pt will speak with psychiatry today to further assess pt's presentation. It appears that pt engaged in self-injury in order to leave the institution. Pt is aware on how to access mental health services when needed.**

Nicole (b)(6)(b)(7)(C) MS, LMHC **06/05/2019**

(b)(6)(b)(7)(C) 6/5/19

Appendix D

DONALD W. WYATT DETENTION FACILITY
MEDICAL INCIDENT REPORT

Detainee Name: (b)(6)(b)(7)(C) Detainee # (b)(6)(b)(7)(C)

Report Date: 6/5/19 Time: 11 AM Location: J2

Medical Staff Name (Print):

Data:

Code white J2, pt inserted a paper clip through his lips.

Assessment: V/S BP 131/81, T 97.4, P 88 R 18

Upon my arrival (b)(6)(b)(7)(C) was sitting on his bunk, he had inserted a paper clip through both top and bottom lip. No bleeding was noted on either lip, no other injuries noted @ this(x) time, at first he was uncooperative stating he would not allow (b)(6)(b)(7)(C) to remove the paper clip and stated he would do something else if paper clip was removed. Once (b)(6)(b)(7)(C) was calm Dr (b)(6)(b)(7)(C) removed the paper clip. (b)(6)(b)(7)(C) was seen by (b)(6)(b)(7)(C) and placed on Constant observation

Plan: House in HSU Constant observation for his own safety

☐ Detainee is cleared for General Population ☐ Detainee is cleared for Segregation Housing

☐ Detainee is NOT cleared ☒ Other (specify): HSU

Detainee Signature: (b)(6)(b)(7)(C) Date: 6/5/19

Witness of Refusal to Sign: (b)(6)(b)(7)(C) Date:

Medical Staff Signature: Date: 6/5/19

Appendix E

DONALD W. WYATT DETENTION FACILITY
DETAINEE VISUAL INSPECTION FORM

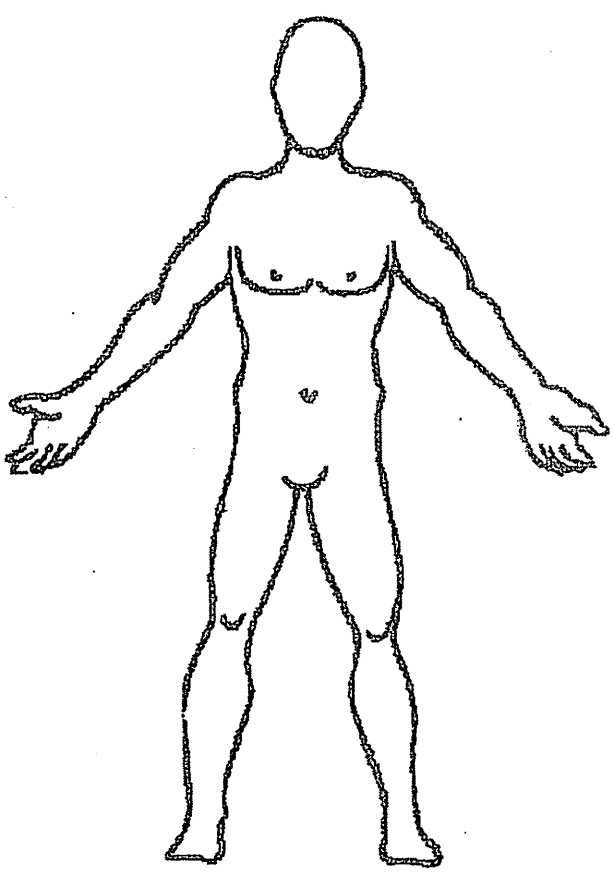
Mark diagrams as appropriate and describe anterior and posterior scars, bruises, contusions and lacerations.

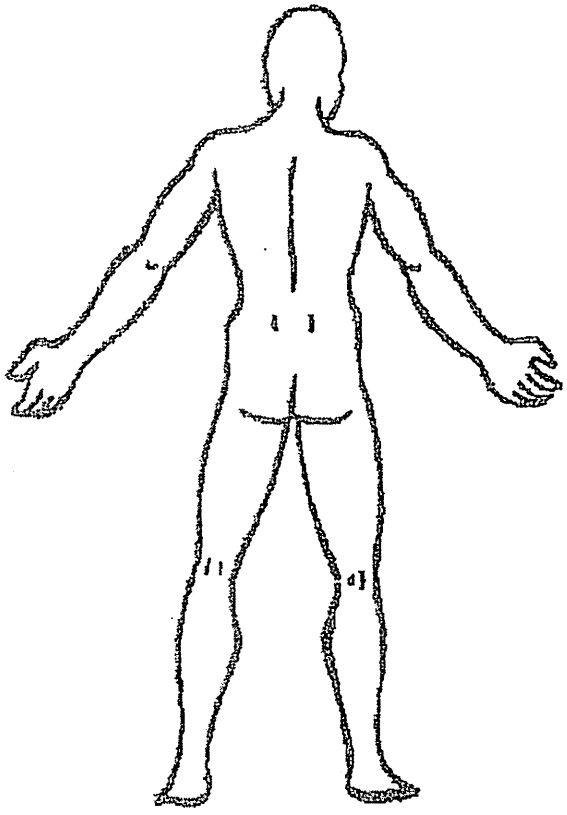
Detainee Name: (Print) (b)(6)(b)(7)(C)

Date: 6/5/19

Time: 1129

Report Number:





Name and Signature of Examining Provider

(b)(6)(b)(7)(C)

Print Examiner's Last Name (b)(6)(b)(7)(C)ame

RN

Title

Signature of Examiner

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[redacted]	Male	1	BOS	Wyatt

1. Type of Notification:

☒Special Vulnerability

☐14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. Initial Date of Placement: 6/5/2019

3. Date of Disciplinary Proceeding (If Applicable):
N/A

4. Length of Disciplinary Sanction (If Applicable):
N/A

*This form is necessary for a detainee in segregation for more than 14 days only if:

☒The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☐ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☐ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☒ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☒ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

Detainee (b)(6)(b)(7)(C) [redacted] was placed on "Constant Observation" (Suicide Watch) due to engaging in self-injurious behavior by insertion. It was reported that he inserted a paper clip through his top lip and attempted to pierce it through his bottom lip. He continued to verbalized thoughts of self-harm to the Medical Director (b)(6)(b)(7)(C) [redacted]) after the incident had occurred as he was upset with his court situation. He will be re-evaluated by Mental Health on June 6, 2019.

6. Did the detainee request segregation?

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

   N/A

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

   There is no indication that the detainee has been diagnosed with a mental illness, serious medical illness, or serious physical disability prior to the incident on June 5, 2019.

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

   N/A

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    On April 4, 2019, subject was encountered at the Columbus, New Mexico Port of Entry having presented himself for admission with a valid Cuban passport. Subject was processed as an Expedited Removal with Credible Fear pursuant to Section 235(b)(1) of the Immigration and Nationality Act. Subject is scheduled to appear before an Immigration Judge on June 25, 2019.

    No criminal history detected at this time.

13. **Reviewing Supervisory Officer:** (b)(6)(b)(7)(C)

14. **Date:** 6/6/19

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2	BOS	Bristol HOC

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:

2. **Initial Date of Placement:** ____5/21/2019_____

3. **Date of Disciplinary Proceeding (If Applicable):**
_____ __5/23/2019_____

4. **Length of Disciplinary Sanction (If Applicable):**
_____ _____6/10/2019_____

*This form is necessary for a detainee in segregation for more than 14 days only if:
- ☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- ☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- ☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

- ☒ Disciplinary
- ☐ Pending Investigation of Disciplinary Violation
- ☒ Facility Security: Violent or Disruptive Behavior
- ☐ Facility Security: Due to Seriousness of Criminal Conviction
- ☐ Facility Security: Gang Member Status (Not Protective Custody)
- ☐ Facility Security Threat: Other
- ☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
- ☐ Protective Custody: Gang Status
- ☐ Protective Custody: Victim of Sexual Assault
- ☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
- ☐ Protective Custody: Other Special Vulnerability
- ☐ Protective Custody: Other
- ☐ Mental Illness
- ☐ Medical: TB or Other Infectious Diseases
- ☐ Medical: Disabled or Infirm
- ☐ Medical: Detox/Withdrawal Observation
- ☐ Medical: Other
- ☐ Hunger Strike
- ☐ Suicide Risk Placement
- ☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

Detainee was involved in a fight with another detainee; causing injury to another person; detainee received 20 days in SEG; expected release date of 6/10/2019.

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

Describe the detainee's immigration history and prior criminal history, if applicable:

(b)(7)(E)

12. **Reviewing Supervisory Offi** (b)(6)(b)(7)(C) **13. Date:** 6/6/19

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[redacted]	M	2	BOS	Bristol HOC

1. Type of Notification:

☐14-Day*
☒30-Day
☐Other 30-Day Interval:

2. Initial Date of Placement: 5/23/2019

3. Date of Disciplinary Proceeding (If Applicable):
5/29/2019

4. Length of Disciplinary Sanction (If Applicable):
6/27/2019

*This form is necessary for a detainee in segregation for more than 14 days only if:

☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.

☐Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or

☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: *(Select Only One)*

☒ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☒ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☐ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

Detainee touched the back side of nursing staff at the Bristol HOC; the incident took place on 5/23/19, the detainee was placed on a MHW which ended on 5/28/2019; detainee reserved appeal; detainee received 30 days in SEG; expected release date of 6/27/2019.

6. Did the detainee request segregation?

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

Describe the detainee's immigration history and prior criminal history, if applicable:

(b)(7)(E)

(b)(6)(b)(7)(C)

12. **Reviewing Supervisory Officer:** (b)(6)(b)(7)(C) AFOD

13. **Date:** 6/18/19

(b)(6)(b)(7)(C)

(b)(7)(E) D-REPORT NO. [redacted] D-BOARD USE ONLY	**BCSO FORMAL DISCIPLINARY REPORT** (FOR USE WITH MAJOR OFFENSES ONLY)	1. REPORT DATE 5-23-19 (MM/DD/YY)

(b)(6)(b)(7)(C) [redacted]

4. INMATE HOUSING UNIT: 3A

5. DIVISION/FACILITY:	6. LOCATION OF INCIDENT:	7. DATE OF INCIDENT:	8. TIME OF INCIDENT:
ICE	ICE - A	5-23-19	1205 PM

9. **Description of Offense:** (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

On Above Date and Time I officer (b)(6)(b)(7)(C) Escorted (b)(6)(b)(7)(C) and student Nurse (b)(6)(b)(7)(C) to ICE B. UNIT Detainee (b)(6)(b)(7)(C) Was called For Sick call. (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) WAS ASKing Personal Questions of student (b)(6)(b)(7)(C) she WAS TAKing His Blood Pressure. This officer (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) orders to stop ASKing Personal Questions After His asset went, Nurse (b)(6)(b)(7)(C) and student nurse (b)(6)(b)(7)(C) Sonny, A Second Detainee, This officer Noticed Detainee (b)(6)(b)(7)(C) WAS WALKing very close to student Nurse. This officer Saw Detainee with His Left Hand Touch student Nurse (b)(6)(b)(7)(C) on her Back Side and grab her Right arm. At this time officer (b)(6)(b)(7)(C) Escorted Both nurse And student Nurse (b)(6)(b)(7)(C) from the UNIT/AND Returned to Place Detainee (b)(6)(b)(7)(C) in Their Retreat.

10. **Was property damage caused?** Yes ☐ No ☑

Describe:

11. **Was medical attention needed?** Yes ☐ No ☑

Describe:

12. **Was additional/emergency assistance required? (i.e. Security, SRT, etc.)** Yes ☐ No ☑

Describe:

13. **Reporting Employee Signature:** c/o (b)(6)(b)(7)(C) **Print Name:** (b)(6)(b)(7)(C) **Date:** 5-23-19

14. (b)(6)(b)(7)(C) and incident reported and I am forwarding this report to the Watch Commander for further review and action. hall be reviewed

(b)(6)(b)(7)(C) [redacted] — Supervisor/designee Signature — Print Name — Date: 5-23-19

15. WA (b)(6)(b)(7)(C) his incident, I am referring this report to the Inmate Discipline Board for further action.

a. Yes ☑ Form atta (b)(6)(b)(7)(C) [redacted] Already on Status ☐

Watch Commander/designee Signature — Print Name — Date: 5-23-19

16. D-BOARD: **TO INMATE: You have been charged with the following Offense(s) Codes Violations:**

(b)(6)(b)(7)(C) [redacted] 1-16 — (b)(6)(b)(7)(C) [redacted] — e. — Date: 05-29-19

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form (I may request an Inmate Request Form from Disciplinary Officer)

(b)(6)(b)(7)(C) [redacted] — Inmate Signature — (b)(6)(b)(7)(C) [redacted] Print Name — Date: 05-29-19

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

(b)(6)(b)(7)(C) [redacted] e Receipt of Formal Discipli — (b)(6)(b)(7)(C) [redacted] Print Name — this form. — Date: 05-29-19

sciplinary matter and resolution have been reviewed.

Reviewing Authority/Designee Signature — Print Name — Date

Original – Inmate Institutional File
Canary - Inmate

05/01/16

BRISTOL COUNTY SHERIFF'S OFFICE

400 Faunce Corner Road North Dartmouth, MA 02747

Notice of Placement into Awaiting Action or Administrative Segregation Order Status

Inmate: (b)(6)(b)(7)(C) ID#: (b)(6)(b)(7)(C)

From: [redacted] Date: 5-23-19

++

☒ Please be advised that effective this date you have been placed on ***Awaiting Action Status*** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

Code Number: Offense:

1-1 Disobeying an order...
1-2 Failing to maintain acceptable cleanliness ...
1-3 Being out of place.
1-4 Refusal to accept a work assignment, housing assignment or program.
1-5 Conduct which disrupts,...
1-6 Gambling ...
1-7 Misuse of issued supplies, goods, services, or property.
1-08 Horseplay ...
1-9 Lost Inmate ID cards.
1-10 Use of obscene, or threatening gestures
1-11 Possession of any material that depicts sexually explicit acts
1-12 Throwing objects, spitting... at another.
1-13 Possession of items not authorized for retention
1-14 Being tattooed while incarcerated, tattooing another
1-15 Violating library procedures
1-16 Violating any department rule or regulation
1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
1-18 Conspiring with another person to commit any of the above offenses
1-19 Killing.
1-20 Assaulting or threatening to assault
1-21 Fighting with or threatening another person
1-22 Sexual assault on a staff member, another inmate or visitor.
1-23 Engaging in sexual acts
1-24 Escape, attempted escape or possession of escape tools.
1-25 Use of any narcotic, controlled substance, illegal drug, ...
1-26 Use of intoxicants and alcohol

Code Number: Offense:

1-27 Participation in or encouraging a riot, work stoppage ...
1-28 Taking or holding any person hostage.
1-29 Making a bomb threat
1-30 Possession of a weapon, ammunition, sharpened instrument, ...
1-31 Possession of any tobacco, ...
1-32 Interfering with staff members in the performance of their duties.
1-33 Causing injury to another person
1-34 Setting fire or making a false fire alarm.
1-35 Vandalizing county property ...
1-36 Threatening to vandalize county property...
1-37 Unauthorized possession of property
1-38 Theft of property or possession of stolen property ...
1-39 Tampering with any locking or security device
1-40 Unauthorized accumulation of prescribed medication....
1-41 Refusing to submit to a urinalysis, breathalyzer, ...
1-42 Refusing or failing to submit to testing such as DNA...
1-43 Failing to comply with count procedures
1-44 Possession ...of unauthorized keys.
1-45 Counterfeiting of any document, ...
1-46 Giving, selling, borrowing, lending or trading to another inmate
1-47 Giving, receiving or offering any staff member a bribe
1-48 Receiving, accepting or obtaining goods by fraud
1-49 Demanding or receiving money or anything of value ...
1-50 Wearing or displaying colors / STG
1-51 Abusing telephone privileges
1-52 Using another inmate's PIN
1-53 Defacing an inmate ID number affixed to inmate property
1-54 Violating law library procedures

++

☐ Please be advised that effective this date you have been placed on an ***Administrative Segregation Order*** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

_____

_____

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours by central Classification.

++

Authorized: (b)(6)(b)(7)(C) **Title:** Cpt.

A copy of this no (b)(6)(b)(7)(C) **e above named inmate.**

Staff signature: [redacted] **date:** 5-23-19 **time:** 1345

DISTRIBUTION: AA Original –Discipline Office Yellow Copy – ADS/ Security Pink Copy – Inmate
ASO Original –ADS Classification Yellow Copy – SIU Pink Copy – Inmate

11/17/16

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☐YES ☒NO

   If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment**

Describe the detainee's immigration history and prior criminal history, if applicable:

Pending BIA decision. (b)(6)(b)(7)(C)

12. **Reviewing Supervisory Officer:** (b)(6)(b)(7)(C) AFOD

13. **Date:** 6/6/19

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Suffolk County HOC

1. **Type of Notification:**

☒14-Day*
☐30-Day
☐Other 30-Day Interval:
_____

2. **Initial Date of Placement:** ___5/24/2019_____

3. **Date of Disciplinary Proceeding (If Applicable):**
_____ _5/29/2019

4. **Length of Disciplinary Sanction (If Applicable):**
_____ _____30 days + ASU time -
_____

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☒Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☐ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☒ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☒ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☒YES ☐NO

   If yes, provide a general description of the medical or mental issue: A slight mood disorder that is weekend because of extensive drug use.

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment Subject views himself as a Transgender.**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    The subject caused a major incident in the 8-4 unit. He stood on top of a table during recreation and began to shout and start a one person disruptive demonstration. He resisted the officer's commands and attempts to place handcuffs on. He was placed in a restraining chair because of non-compliance and threatening behavior.

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Officer**

14. (b)(6)(b)(7)(C)

15. **Date: 6/06/2019**_____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	1	BOS	Suffolk County HOC

1. **Type of Notification:**

☐14-Day*
☐30-Day
☐Other 30-Day Interval:
72 hour___X_____

2. **Initial Date of Placement:** ___5/24/2019_____

3. **Date of Disciplinary Proceeding (If Applicable):**
_____ _5/29/2019

4. **Length of Disciplinary Sanction (If Applicable):**
_____ _____30 days + ASU time -
_____

*This form is necessary for a detainee in segregation for more than 14 days only if:
☐The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
☒Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
☐The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement:** *(Select Only One)*

☐ Disciplinary
☐ Pending Investigation of Disciplinary Violation
☒ Facility Security: Violent or Disruptive Behavior
☐ Facility Security: Due to Seriousness of Criminal Conviction
☐ Facility Security: Gang Member Status (Not Protective Custody)
☐ Facility Security Threat: Other
☐ Protective Custody: Criminal Offense (i.e. Sex Offender)
☐ Protective Custody: Gang Status
☐ Protective Custody: Victim of Sexual Assault
☐ Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
☐ Protective Custody: Other Special Vulnerability
☐ Protective Custody: Other
☒ Mental Illness
☐ Medical: TB or Other Infectious Diseases
☐ Medical: Disabled or Infirm
☐ Medical: Detox/Withdrawal Observation
☐ Medical: Other
☐ Hunger Strike
☐ Suicide Risk Placement
☐Other

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See no. 12 for reason of original placement

6. **Did the detainee request segregation?**

☐YES ☒NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

   ☒YES ☐NO

   If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

   ☒YES ☐NO

   If yes, provide a general description of the medical or mental issue: A slight mood disorder that is weekend because of extensive drug use.

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

   ☐YES ☒NO

   If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

    ☐YES ☒NO

    Explain why or why not:

11. **Additional Comment Subject views himself as a Transgender.**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
    The subject caused a major incident in the 8-4 unit. He stood on top of a table during recreation and began to shout and start a one person disruptive demonstration. He resisted the officer's commands and attempts to place handcuffs on. He was placed in a restraining chair because of non-compliance and threatening behavior. Subject considers himself as a transgender.

13. **Reviewing Supervisory Officer** (b)(6)(b)(7)(C) **15. Date: 6/10/2019**_____

14. **A.FOD Tina Guarna-Armstrong** _____