



BAKER COUNTY SHERIFFS OFFICE

Incident Report



Incident No: BCSO22JIN000283

Reporting Officer: LOOBY, JESSICA

Incident Start: 01/25/2022 12:08:00 PM

Approved By:

Approved On:

Incident Type: CONFINEMENT REMOVAL

Description: DETAINEE REMOVED FROM ADMIN SEG

Reported On: 01/25/2022 12:08 PM

☐ Approved

Perno: BCSO07PER000011

Incident End: 01/25/2022 12:08:00 PM

Perno:

Incident Location: A POD DORM 7

☐ Contraband involved?☐ ERRORS☐ PREA INCIDENT

People Involved

Name	MNI No	Person Type	Race	Sex	Height	Weight	DOB
DE LEON SERRABI, GUILLERMO ANTONIO	BCSO21MNI003200	Inmate	H	M		140	
LOOBY, JESSICA	BCSO07PER000011	Officer					

Narratives

Reporting Officer: LOOBY, JESSICA

Add Date/Time: 01/25/2022

12:14:08 PM

☒ Finished

Editor Name: LOOBY, JESSICA

Edit Date/Time: 01/25/2022

12:26:57 PM

Type: INITIAL

Narrative: On this date 01/25/2022, a review of status for detainee De Leon Serrabi, Guillermo was completed by Administrative staff and Immigration. With this review it was recommended by Administrative staff to release this detainee from confinement due to his placement no longer being valid. At this time this detainee no longer poses a threat to security, staff or other detainees. Due to this detainee being housed in confinement under the advisement of immigration, approval for release was retained from ERO management (email attached). This detainee has been reclassified prior to removal and housing in general population. This incident was forwarded to the shift Lt. for review.

Sgt. Looby #192

Signatures

Rank	Name	ID#	Signature
CORR. SERGEANT	LOOBY, JESSICA		
CORR. CORPORAL			

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

SCANNED

ADMINISTRATIVE SEGREGATION REVIEW

On 1/25/22 Supervisory Immigration Enforcement Agent (SIEA) or contract equivalent Sgt. J. Labriola (Officer) conducted a formal review of the Special housing status of De Jan Serrabi, G. A-Number [REDACTED] who is presently in: (Detainee)

Protective Custody Status ☐
Medical Segregation ☐

Other Administrative Segregation ☒ Alc Security Risk

Authorizing Supervisor: G. Hanley

Authorizing IHSC Officer (if segregation is for medical reasons): _____

Detainee has been in Administrative Segregation for 88 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC 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 taking showers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

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

Detainee Signature: _____ Date/Time: _____

For the reasons above, I Recommend ☐ Do Not Recommend ☐ Removal from PC status.

SIEA Signature: _____ Date/Time: _____

- ☒ Concur with Recommendation
☐ Release
☐ Continue Status

* Antonio

[Signature]
Field Office Director/Representative

1/25/22
Date

Request for Removal